Questionnaire
(Pesticide Retail Shopkeepers)

Epidemiology Division, Indian Institute of Toxicology Research (I.I.T.R.), Lucknow

I. General Information:

ID No: Date:
Name: Age: Sex: Ht: Wt:
Address:
Educational Status: Illiterate/Primary/Middle/High School/Inter/Graduate/others
Type of house: kuccha/ pucca/ mixed
No. of Family members Total income of the Family/head
Sleeping Hours: Working hours:
Source of water: Municipal water / Tap water / Tube well / Well/others/HP (IM II/SHP)

Marital Status: Single/Married:
No. of Children & their age:
Alcohol Intake: Yes/No Frequency >200 ml/Weak: Duration:
Tea/Coffee: No. of Cups
Smoking Habit: Yes/No No. of Cigarette/day: Duration:
No. of Beedi/day: Duration:
Tobacco chewing: Yes/No Duration:
Paan chewing: No. of Paan/day: Duration
Whether your family members smoke: Yes/No

II. Occupational information:

Present Occupation Duration (yrs.)
Type of exposure
Previous Occupation Duration (yrs.)
Type of exposure
Stress in work place and Family:
Do you feel stress at your house: Yes/No
Relationship with family: (Satisfactory/Unsatisfactory)
Do you feel tired at work place: (Yes/No)
Overwork/Long hours of work/Tedious job/others
Any financial stress: (Yes/No)
Other financial commitments

III. Pesticide use information:

Pesticide sell: Insecticides/Herbicides/Fungicides/Fumigants/Others
Malathione, Pyrithrm, DDT & its isomers, Aldrin, Dialdrin, Endosulfan, Parathion, Malathion,
Diazinon, Chloropyrifos, profenofos, Monocrotophos, Cypermethrin, Quinophos, carbofuran
and/others
Exposure to pesticides:
Location: Period of exposure: Work place:
Work place related information:
Shop with open air area, Shop in complex, Shop in busy market,
Exhaust Fan in shop Y/S. shop with ware house: Y/N
Any other information..............

IV. Work practices:

Safety measures taken
Handling of pesticide during selling by bare hands: Y/N
What part of your body usually come in contact with pesticide? No part/hands/legs/face/body
Wear personal protecting equipment during selling/handling – Y/ N
Safety measures used to protect head /Eye /Face/ lungs/skin- Y/N
Do you wash the pesticide spill clothes? Y/N: mixed with family clothes/wash seperately
Do you change cloths after end of day Y/ N: at end of work day/at end of next work day
Any integrated pest management training- Y/ N
Are you aware on the toxic labeling present on the container? Y/N
Do you take bath after selling Y/N: hands only right away/complete bath and shower right away/complete bath and shower at lunch/hands only at the end of the day/complete bath and shower at the end of the day
Do you think that pesticides are toxic? Y/N
Do you eat anything while pesticides selling Y/N
Do you wear full-sleeved shirt while selling Y/N

V. Dietary and cooking practices information:
Food Habits: Veg /Non - Veg Kitchen- outside/inside, Fuel used: LPG/Cow Dung
Intake: Fish/ Egg/ Milk/Dairy product/Vegetables/Juices/Fruits/Salad: per week
Appetite: Reduced/Increased/ No change:
Frequency of meals by habit/time/not based on appetite:

VI. General health information:
Symptoms specific for pesticides exposure:
Burninng/ Itching eye 0 Excessive Salivation/ Drying mouth 5
Excessive Sweating 1 Nausea/Vomiting 6
Burninng/ Itching skin 2 Skin redness/white patches on skin 3
Skin redness

Present Status of Health:
Eyes & Ears:
Blurred vision 0 Runny/Burning nose 4
No problems 1 Excessive Sweating 1
Near vision 2 Excessive Salivation/ Drying mouth 5
Far vision 3 Nausea/Vomiting 6
Watering of eyes 4 Skin redness/white patches on skin 3
Pain in eyes 5
Red swollen eyes 6
Irritation of eyes 7
Hard of hearing 8
Constant noise in ear 9
Any discharge from ear 10
Night Blindness 11
Any other 12

Cardiovascular system
No problems 0
Blood pressure: Normal/Raised/Lowered 1
Pain in chest 2
Difficulty in breathing 3
Palpitation 4
Fast Heart Rate 5
Any other 6

Gastro-Intestinal system:
No problems 0
Appetite reduce 1
Hyperacidity 2
Passing of blood in urine 1
Frequent loose of bowel movements 3
Frequent urination 2
Blood stained diarrhoea 4
Kidney stone 3
Intestinal worms 5
Any other 4

Genito- urinary system:
No problems 0
Passing of blood in urine 1
Frequent urination 2
Kidney stone 3
Any other 4

Musculo skeletal system:
No problems 0
Joints painfully swollen 1
Stiffness in joints & muscles 2
Pain in body 3
Miosis 4
Muscle Twitching 5
Muscle Incoordination 6
Weakness in arms and legs 7
Any other 8
Respiratory system:
No problems 0
Dry cough 1
Productive cough (Time/Year)  2
Bronchial Asthma 3
Dyspnoea 4
Wheezing 5
Frequent cold 6
Irritation / dryness of throat 7
Blood stained sputum 8
Nose secretion 9
Dryness of nose 10
Bleeding of nose 11
Any others 12

Neurological system:
No problems 0
Frequent severe headache 1
Hot or Cold spells 2
Frequent dizziness 3
Frequent fainting 4
Numbness / Tingling 5
Fit / Convulsions 6
Slurring / Stammering 7
Tremors 8
Wrist drop 9
Headache 10
Fatigue 11
Dizziness 12
Disorientation 13
Severe Irritability 14
Convulsive Seizures 15
Forgetfulness 16
Shaking or trembling of Hands 17
Changes in smell/taste 18

Skin:
Part of organ affected:(Exposed/Unexposed) 1
Warm/Burning sensation of skin 2
Itching 3
Colour 4
Inflammation :(Yes/No) 5
Cracking of skin 6
Peeling of skin 7
Nail: Cutted/uncutted 8
Others 9

Medical History:
Rheumatoid arthritis  Stroke  Myocardial infarction  Arrythmia  Angina  
High Blood Pressure  Diabetes  Asthma  Farmer's Lung  Disease  
Chronic Bronchitis  Emphysema  Hay Fever  Pneumonia  Cataracts  
Detached Retina  Retinal Degeneration  Goiter  Grave’s Disease  Other  
Thyroid Disease  Kidney Failure  Chronic Kidney Infection  
Kidney Stones  Nephritis  Other Kidney Disease  Shingles  Eczema  
Mononucleosis  Scleroderma  Lupus  Ulcerative Colitis  
Parkinson’s Disease  Motor Neuron Disease  Epilepsy  Multiple Sclerosis  
Depression  Pesticide Poisoning  Solvent Poisoning  Lead Poisoning  
Head Injury  Injury from farm machinery

Any previous medical treatment:
Have you missed days of work due to illness for the last one year (Y/N) _____
What was the nature of illness? __________
Death in the family for last 5 yrs ( Y/N) 
If Yes, Name:  Relation:  Age:  Cause:

LUNG FUNCTION:
FEV1 (L/sec):  PEFR (L/Min):
Nerve Conduction Studies:
MNCV (m/s):  SNCV (m/s):
Cholinesterase activity :
AChE (IU/L):  BChE (IU/L):
Urinary Metabolites (DAPs):
DMP:  DEP:  DETP: