Special Form to be used for refugees/ persons claiming to have been subjected to "yellow rain" attacks

Base-Line Study (Thailand) Group VII

1. Name	Sample #
2. Birthdate or age	3. Sex: Male Female
4. Residence (address or the like)	
General Health Information 5. General appearance	
6. Any health problems encountered in last 12 months? Yes/No If yes: What type of problems (use reverse side for recording)	
7. Any hospital stay in last 12 months? Yes/No If yes, for what reason (use reverse side for recording)	
Questions on CBW attacks 8. When did you encounter a "yellow rain" or other chemical attack?	
9. Where was this (location)?	
10. What happened? Type of attack? Type of symptoms encountered? Any casualties (use reverse side for recording)	
Date:	Name/Signature