

Appendix 1. Draft Questionnaire

BASELINE TOXICOLOGY STUDY - THAILAND 1984

GROUP SITE SAMPLE #

1. Name _____ 2. Sex M ___ F ___ 3. Age ___ yrs
 4. How long living here _____ mo/yr
 5. If less than 6 months, previous residence _____

 6. Civilian _____ Military _____
 7. Present state of health or current diagnosis if in hospital _____

 8. Any health problems in past 12 months? Indicate system involved:
skin/cardiovascular/respiratory/gastrointestinal/central nervous _____

 9. Hospitalization in past 12 months (diagnosis) _____

 10. Did you ever encounter "yellow rain" or other poison attack?
Yes/No _____
If never, no more questions
If yes, answer questions 11-17.
 11. Last time _____ 12. Where _____
 13. Was attack by aircraft _____ artillery _____ Other _____
 14. Colour of smoke or spray: Yellow ___ White ___ Blue ___ Other ___
 15. Were you made sick by the attack? _____ If yes, what symptoms?
Headache/dizzy _____ Breathing/cough _____ Itch/Red spots _____
Vomiting _____ Bleeding _____ Other _____
 16. Were other people ill after attack? # _____ Did any die? # _____
 17. Were animals sick or dead after attack? _____
- Date _____ Technician _____ Observer _____