Annex I

COMMUNITY MONITORING OF PESTICIDE HEALTH EFFECTS

1.0   Background Information

1.1   Interviewer _____

1.2   Date (DD MM YY)   _____

1.3   Name of respondent: _____

1.4   Gender: Male / Female

1.5   Age:_____

1.6   Contact address   _____

2.0   Pesticides Acquisition and Handling (PAH)

2.1   Do you own a farm? Yes/No. Size ……… (hectares) What type of crops do you grow?   Type   of   crops   I   grow   are; ………………,…………………,…………………..,…………

2.2   What methods do you use to control pests and diseases of your crops? Methods commonly   used   to   control   pests   and   diseases   are; …………………,…………………,…………………,…………….

2.3   If you use pesticides, where do you get/purchase them? We get/purchase pesticides from government as subsidies/retail outlets/vendors/other sources………………, ………………….., …………………

2.4   What criteria do you use to select a pesticide before purchase? We get information through   advertisement/experience/advise   from   extension   staff/sellers/other sources…………., ………………….., …………………

2.5   What volume or quantity do you use per season? The quantity of pesticides we use per season is; ………………. (liters) and/or………………….(kg)

2.6   Where and how do you store pesticides? We store pesticides at; home/farm/other places……………………………. Condition   of   storage   premises; adequate/inadequate. Observed features at storage premises; ……..................., ………………………., …………………..

2.7 What formulations do you commonly purchase and use? The types of formulation we commonly purchase are; liquid/solids/others………….. ….., ……………………………

2.8 In which size of pesticide containers do you normally prefer to purchase a pesticide? The size of pesticides containers we normally prefer to purchase pesticides are in; ……..,….., …….,(liters) and in ……., ……….,……….. (kgs) Do you purchase pesticides in their original containers? Yes/No. If Yes in which language are the labels? Languages written on the labels are; ………….,……………., ……………… If No, in which condition (containers) and languages are the labels? ...., ..., ...

3.0 Pesticides Application Practices (PAP)

3.1 Who normally does the spraying? The person and age of a person who sprays is (a) woman…..(years) man…….(years) children……..(years). Do the breastfeeding mother and pregnant women do spraying? Yes/No

3.2 How do you determine the dose rate during mixing? We determine the dose rate by; ……………, …………. What devices do you use to measure volume /quantity of a pesticide before mixing? The devices we use to measure are; ……………..,……………,……………….,………………….

3.3 How do you protect yourself during mixing and spraying? I protect myself by using; ……………, …………….,……………, ………….Status of protective equipments are;(a)appropriate and adequate (b) inappropriate………………………(explanation)

3.4 Do you own any sprayer? Yes/ No. When and how frequently do you wash it? I wash the sprayer; (a) just after use (b) before use only. How do you dispose off the washings? I dispose of the washings at; …………………………

3.5 What time of the day do you normally spray? I normally spray in the; (a) morning (b) noon (c) evening. What are the weather conditions not favorable for spraying? Weather conditions not favorable for spraying are; windy/ rainy/ hot weather/others……………….., ……………….., ……………….

3.6 How many times do you spray pesticides per season? I do spray pesticides ……………. times per season.

4.0 Pesticides Post Application Practices (PPAP)

4.1 After how many days do you enter the sprayed farm? I do enter the sprayed farm after …………..days.

4.2 After how many days do you normally harvest after the last day of spraying? I do normally harvest after ………..days after the last day of spraying.

4.3 How do you dispose of pesticide empty containers, excess unused pesticides and excess diluted pesticides? I dispose of the empty containers by …………………, …………….,excess unused pesticides by ……………, …………….and excess diluted pesticides by …………………..., …………………

5.0 Pesticides Advisory Services and Training (PAST)

5.1   Have you participated in any training courses on pesticide use, application, interpretation of the label, when to apply, dose rate determination, first aid procedures, etc.?

Type of training	On what?	Who provided?	How long?	When?	How often?
Formal					
Informal					

5.2   Where do you normally get the advice on safe application of pesticides? I normally get advice on safe application of pesticides from (a) agricultural extension staffs (b) health officers (c) pesticides sellers (d) vendors. Others …………, ……………,………………

6.0   Pesticides Health Effects (PHE)

6.1   What do you normally do just after spraying? Just after spraying I do ………….. ………………..,……………….
6.2   Have you ever experienced any health effects during or after mixing/spraying pesticides? Yes / No. If Yes, was the effect immediate or delayed? The effect was (a) immediate (b) delayed. What are the names of pesticides which when used you normally experience such effects? The names of pesticides are; ………………….., …………………………….., …………………………… What were the symptoms of the effects? The symptoms of the effects were; ……………………,…………………….,
6.3   What do you normally do after experiencing pesticide effects? After experiencing such effects I do; ………………………….., …………………………………, …………………………..
6.4   Have you ever sought medical attention due to pesticide effects? Yes /No. If Yes, what treatment did you get? The treatment I got was; ……………………………..