

## Questionnaire for patients intoxicated with fumigants or chemical residues

You have been exposed to fumigants or chemical residues during your job and suffer from physical complaints.

We try to evaluate the individual dangers to persons in your situation and started a study collecting information of all affected patients.

All data send to us will be treated strictly confidentially. To make them anonymous we will separate your answers from your contact details. We will use the contact details only to address you to answer your questions or plan examinations.

### Contact details:

Name: \_\_\_\_\_ First name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

### General data:

Age: \_\_\_\_\_ Sex: w  m

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

Kind of job (for example stevedoring, fumigation, textile warehouse, engine building)

---

### Exposure Data:

1. When and where have you been in contact with fumigants or chemical residues?

Place: \_\_\_\_\_

Date/time span: \_\_\_\_\_

2. During which kind of activity were you exposed to fumigants or chemical residues?

- Stay in a container \_\_\_\_\_
- Handling goods out of containers \_\_\_\_\_
- Warehousing of imported goods \_\_\_\_\_
- Others \_\_\_\_\_

3. Please tell us the substance you were exposed to. If the existence of a substance was proven by measurements, please mark the box „P“ for “proven” after the substance name. If you are not totally sure or the information is only provided by shipping documents or fumigation certificates, please mark the box „S“ for “suspected”.

	P	S		P	S		P	S		Y	S		P	S
Bromo-methane			1,2-Di-chloroethane			Sulfuryl-fluoride			Phosphine			Others*		

\* If you were exposed to other chemicals and either know their names or think you know them, please write the names in the following line:

\_\_\_\_\_

4. Did you find indications for fumigation? Please mark the item and explain on the following line (for example what did you smell, what did the labels look like...).

- Smell \_\_\_\_\_
- Stickers, Labels \_\_\_\_\_
- Shipping documents \_\_\_\_\_
- Fumigation certificate \_\_\_\_\_
- Sealed ventilation slots in container \_\_\_\_\_
- Empty capsules or cans in container \_\_\_\_\_
- Others \_\_\_\_\_

5. Which kind of goods did the container hold (for example textiles, food, engine parts)? Which kind of package materials and pallets were used (wood, plastic, cardboard)?

\_\_\_\_\_

6. Do you know the country of origin of the suspected containers or goods?

\_\_\_\_\_

7. For how long have you been exposed? Have you been exposed in a single event or over a longer period of time?

Minutes     Hours     Days     Weeks     Months     Years

8. Please describe the ambient conditions while in contact with the above mentioned chemicals (for example workshop with dimensions and sort of ventilation or outdoors).

---

9. Please describe the clothes you wore while in contact with the above mentioned chemicals. Which parts of your skin were uncovered and therefore directly exposed?

---

---

10. Please describe your precaution measures as ventilation, protective clothing, gloves, breathing mask/respiratory mask (if known which one) etc.

---

11. Please describe your activities while in contact with the above mentioned chemicals (for example lifting/carrying, or the degree of physical strain...).

---

---

12. Did you eat, drink or smoke on the job or while in contact with the above mentioned chemicals?

Eating     Drinking     Smoking     None

Complaints:

Please try to remember, from which of the following complaints you suffered and for how long.

In the first line of the following table you find an example for the beginning of the complaint “*Example*” 15 minutes after first contact with a fumigant or chemical residue. In this example the symptom lasted for ten days.

If you recognized other symptoms not mentioned in table, please mark the box „?“ and use the line below for more details.

Complaints	Onset of these complaints				Duration of these complaints		
	Immediately	After minutes	After hours	After days	Hours	Days	Until today
<i>Example</i>		1 5				1 0	
Headache							
Vertigo, orientation disturbances							
Dizziness, imbalance							
Nausea							
Other gastro-intestinal complaints							
Reduced fitness, exhaustion							
Complaints concerning the eyes (itching, visual disturbances...)							
Complaints concerning the nose							
Complaints concerning the mouth or throat							
Dyspnoea (in rest, under strain)							
Other complaints of the airways (cough...)							
Complaints concerning the skin (burning, itching...)							
Complaints concerning the muscles (tremor, loss of strength...)							
Paresthesia, numbness							
Disturbance of concentration, reduced retentivity							
Mood changes (disinterest, nervousness...)							
? Other complaints							

---



---



---

Did you consult a physician because of those complaints?  yes  no

Thank you very much for your cooperation!

For further questions you can contact us via telephone (0049-40-428894-501) or via email [zfa@bsg.hamburg.de](mailto:zfa@bsg.hamburg.de).

Prof. Dr. med. X. Baur  
 Dr. med. A. Preisser  
 Dr. med. F. Heblich

Central Institute for Occupational Health and Maritime Health  
 Seewartenstraße 10, Haus 1  
 20495 Hamburg, Germany