

**IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF ILLINOIS**

**In re: PARAQUAT PRODUCTS
LIABILITY LITIGATION**

This Document Relates to All Cases

Case No. 3:21-MD-3004-NJR

MDL No. 3004

PLAINTIFF'S ASSESSMENT QUESTIONNAIRE (PAQ)

You are required to provide the following information regarding yourself, or for each individual on whose behalf you are asserting potential legal claims. Each question must be answered in full, to the best of your ability taking into account the Plaintiff's physical and mental condition at the time that the Plaintiff or the representative is completing this form.

In completing this Plaintiff Assessment Questionnaire, you are under oath and must provide information that is true and correct to the best of your knowledge. If you do not know or cannot recall the information needed to answer a question, please indicate so in response to the question. You may supplement your responses if you learn that they are incomplete or incorrect. For each question, where the space provided does not allow for a complete answer, please attach additional sheets so that all answers are complete. If you attach additional sheets, clearly label the sheets with which question the sheet pertains to.

Please do not leave any questions unanswered or blank; if a question does not apply, respond "N/A".

I. REPRESENTATIVE CAPACITY

If completing this Questionnaire in a representative capacity of the Plaintiff/Decedent on whose behalf this action was filed, please complete the following:

A. Your Name (First, Middle, Last): _____

B. Home address: _____

C. Relationship to the person on whose behalf you are answering these questions:

II. PERSONAL INFORMATION

A. Full name (First, Middle, Last): _____

B. Date of birth: _____

C. Social Security Number: _____

D. Medicare and/or Medicaid Number: _____

III. RESIDENTIAL HISTORY

Identify every place you have lived for ten (10) years before the onset of the symptoms of the injury(ies) you are claiming in this lawsuit:

Street	City	State	From Month(s)/Year(s)	To Month(s)/Year(s)

IV. EMPLOYMENT HISTORY

A. Identify every job you have had for the ten (10) years prior to the onset of the symptoms of the injury(ies) you are claiming in this lawsuit:

Employer Name	From Month(s)/Year(s)	To Month(s)/Years(s)	City	State	Supervisor Names	Job Description(s)	Paraquat Exposure (Y/N)

V. UNION MEMBERSHIP

A. Have you ever been a member of any labor union? Yes: _____ No: _____

B. If yes, state the name and city/state of each such union.

Name of Union	City/State

VI. MILITARY SERVICE

A. Have you served in the military in any capacity? Yes: _____ No: _____

B. If yes, identify the dates of such service, branch, and the highest rank attained.

From Month(s)/ Year(s)	To Month(s)/ Year(s)	Branch	Rank Attained

VII. FAMILY HISTORY

A. Has a close blood relative of yours (parents, siblings, or children) been diagnosed with Parkinson’s disease or any other nervous system disorder or neurodegenerative disorder? Yes: _____ No: _____

B. If yes, please provide the following information:

Relationship to You	Diagnosis	Date of Diagnosis

VIII. MEDICAL HISTORY

A. Identify the names of all primary care providers you have seen from ten (10) years prior to the onset of any symptoms of the injury(ies) you are claiming in this lawsuit; and

B. Identify any neurologists who have treated you for a neurological disorder, including Parkinson’s Disease, since birth.

Primary Care Provider/ Neurologist Name	Name of Facility	City	State	Diagnosis	Month/Year of Diagnosis

- C. Has any medical provider ever determined that the injury(ies) you are claiming in this lawsuit was caused by and/or associated with your exposure to an agricultural, industrial, or other toxic chemical? Yes _____ No _____

Provider Name	Name of Facility	City	State	Name of Chemical	Month/Year

- D. Identify the names of any medical providers you have seen since the onset of symptoms of the injury(ies) you are claiming in this lawsuit. To the extent you received care at a hospital or other institution, provide the name of the hospital or other institution.

Provider Name	Name of Facility	City	State	Month(s)/Year(s) of Treatment	Description of Injuries/Symptoms	Description of Treatment

- E. Has a medical provider ever ordered genetic testing related to your claimed injury(ies) in this lawsuit?

Yes _____ No _____

If yes, identify the type of testing and the results of that testing. _____

IX. INSURANCE AND CLAIM INFORMATION

1. Have you filed a disability claim relating to your injuries claimed in this lawsuit?

Yes _____ No _____

a. If Yes, please indicate: SSD? _____ SSI? _____ Private Insurer? _____

b. If private insurer claim, please identify the company: _____

2. Year the claim was filed: _____

3. Was your application denied? Yes _____ No _____

a. If Yes, what was the reason for denial? _____

b. If Yes, what was the month/year of denial? _____

4. Nature of disability giving rise to filing: _____

5. Who were you determined to be disabled by: (check all that apply):

Social Security	<input type="checkbox"/>
Medical Provider	<input type="checkbox"/>
Insurance company	<input type="checkbox"/>

6. As you fill out this questionnaire, are you still disabled? Yes _____ No _____

X. FARMING HISTORY

A. Did you engage in farming? Yes _____ No _____

B. If yes, please answer the following:

Month(s)/ Year(s)	Name of Business	City	State	Crops Planted or Harvested	Agricultural Chemicals You Applied	How You Applied the Chemicals

XI. TRAINING, CERTIFICATION, LICENSING

A. Have you ever received any formal training, certification or licensing regarding agricultural chemicals of any kind, including, but not limited to paraquat? (“Formal” training includes instruction or tutorial provided by an employment supervisor.)

Yes _____ No _____

B. If yes, please answer the following:

Type of Training/ Certification/Licensing	Month(s)/Year(s) of Completion	Person or Entity Providing Training/Certification/Licensing

XII. WORKPLACE PARAQUAT EXPOSURE

A. For each time you were exposed to paraquat (ie: handled, mixed, applied, assisted in application, sprayed or otherwise came in contact with) while working, provide the following information:

USES	Identify Specific Job Title During Exposure	Approx. Dates of Use (Month(s)/Year(s))
USE #1		
USE #2		
USE #3		
USE #4		

B. For each Use identified above, please provide the following additional information:

USES	Method of Use/Exposure (How Was it Used/Applied)?	Used on Approx. How Many Acres?	Approx. How Many Gallons Used?	How Many Days Per Year on Avg. Was it Applied?	Individual/Entity Who Sold or Supplied You with Paraquat
USE #1					
USE #2					
USE #3					
USE #4					

1. For each Use identified above, if you know, please identify as much of the below information as possible:

	Name of Product	City of Specific Location's Use	State	Crops Used on	Strength or Concentration of Product	What Other Product (If Any) Was Product Mixed With
USE #1						
USE #2						
USE #3						
USE #4						

2. For each Use identified above, if you know, please identify the following:

	Records of Purchase of Product? (Y/N?)	Name of Person/Entity Holding Applicator License	License Number (If Known)
USE #1			
USE #2			
USE #3			
USE #4			

3. For any of the Uses identified above, if you know, please identify as much of the below information as possible:

a. Whether a label was affixed to any of the containers of the paraquat:

Yes _____ No _____ Do Not Recall _____

b. If Yes, whether any safety-related information was provided in addition to the label:

Yes _____ No _____ Do Not Recall _____

c. If Yes, then did you review and follow any instructions or recommendations included on the label or within the safety-related information:

Yes _____ No _____

d. If Yes, please approximate the month/year you remember reviewing:

4. What personal protective equipment did you wear when exposed to paraquat:

Personal Protective Equipment	Check All That Apply	Used During Which Exposure as identified by Use # above or ALL
1. Dust/Mist Filtering or NIOSH/MSHA-Approved Pesticide Respirator	<input type="checkbox"/>	
2. Rubber or Waterproof Gloves	<input type="checkbox"/>	
3. Chemical-resistant or Waterproof Footwear and Socks	<input type="checkbox"/>	
4. Chemical-resistant Headgear for Overhead Exposure or Face Shield	<input type="checkbox"/>	

5. Disposable Suit/Coveralls	<input type="checkbox"/>	
6. Long-sleeved Shirt	<input type="checkbox"/>	
7. Long Pants	<input type="checkbox"/>	
8. Protective Eyewear	<input type="checkbox"/>	
9. Rubber or Waterproof Apron	<input type="checkbox"/>	
10. Any Other Form of Personal Protective Equipment (Identify_____)	<input type="checkbox"/>	

XIII. OTHER PARAQUAT EXPOSURE

A. Do you claim that you were exposed to paraquat and/or a paraquat-based product in a location other than your workplace? Yes _____ No _____
(If no, move to section XIII below.)

B. If Yes, please complete the following information for the exposure to paraquat identified above:

Your location(s) at time of paraquat exposure	Where did your paraquat exposure originate?	Your proximity from where the paraquat originated	City	State	From Month(s)/Year(s)	To Month(s)/Year(s)	Description of paraquat exposure

XIV. USE OF OTHER INDUSTRIAL/AGRICULTURAL CHEMICALS

A. Have you ever been exposed to a “restricted use” agricultural chemical (other than paraquat)?

Yes _____ No _____ I Do Not Recall _____

B. If Yes, please identify the following for each “restricted use” agricultural chemical (other than paraquat) that you handled, mixed, applied, assisted in application, sprayed or otherwise came in contact:

Product Name	Approx. Date Range of Use (Month(s)/Year(s))	Quantity Used	Details of Use

1. Did you wear any personal protective equipment when exposed to other restricted use agricultural chemical(s) identified above? Yes _____ No _____
2. If Yes, please provide the following information: (Check all that apply)

Personal Protective Equipment	Applicable?	With Which (or all) Chemicals Identified Above?
1. Dust/Mist Filtering or NIOSH/MSHA-Approved Pesticide Respirator	<input type="checkbox"/>	
2. Rubber or Waterproof Gloves	<input type="checkbox"/>	
3. Chemical-resistant or Waterproof Footwear and Socks	<input type="checkbox"/>	
4. Chemical-resistant Headgear for Overhead Exposure or Face Shield	<input type="checkbox"/>	
5. Disposable Suit/Coveralls	<input type="checkbox"/>	
6. Long-sleeved Shirt	<input type="checkbox"/>	
7. Long Pants	<input type="checkbox"/>	
8. Protective Eyewear	<input type="checkbox"/>	
9. Rubber or Waterproof Apron	<input type="checkbox"/>	
10. Any Other Form of Personal Protective Equipment (Identify_____)	<input type="checkbox"/>	

XV. SUBSTANCE HISTORY

A. Have you ever used methamphetamines? Yes____ No____

If yes, please identify date range (month(s)/year(s)): _____

XVI. OCCUPATIONAL WELDING HISTORY

A. Have you ever been employed as a welder or welded for more than 50% of your workday? Yes ___ No ___

B. If Yes, identify the following:

From Year	To Year	City	State	Frequency	Did your welding take place in confined space? (Y/N)	Type of welding	Type of metal involved	Type of equipment used

XVII. HISTORY OF HEAD INJURIES

A. Have you ever suffered from any head injuries that required medical treatment and/or concussions diagnosed by a medical professional? Yes ___ No ___

B. If Yes, please provide the following information:

Month/Year of head injury/ concussion	Cause of injury/concussion	Diagnosis	Name of Health Care Provider	City	State

XVIII. KNOWLEDGE REGARDING LAWSUIT

A. Do you have in your possession any documents or information (other than anything obtained through or from your attorneys) that the onset of the symptoms of the injury(ies) you are claiming in this lawsuit are connected in any way to your exposure to paraquat? Yes ___ No ___

If Yes, please identify such documents or information: _____

XIX. WAGE LOSS

A. If you claim that you have been unable to work because of your claimed injury(ies) in this lawsuit, please provide the following information:

Unable to Work From Month/Year	Unable to Work To Month/Year	Name of Employer	City	State

XX. RELEVANT PERSONS/WITNESSES

A. Identify any person whom you believe has firsthand personal knowledge about your exposure and/or claimed injury(ies):

Name of Witness	City	State	Relationship to You

XXI. COMMUNICATIONS REGARDING DEFENDANTS

A. Have you, or anyone acting on your behalf, directly communicated with, interviewed, or obtained statements from (1) any of the Defendants (i.e. Syngenta Crop Protection LLC, Syngenta AG, Chevron USA Inc., or any other defendant named in your specific lawsuit) regarding the allegations in the lawsuit or (2) from *any person or entity* specifically about Defendants’ business with respect to paraquat, the health effects of paraquat, and/or the usage of and practices associated with paraquat in the United States, since the filing of this lawsuit? **This question excludes privileged communications exclusively with your counsel, exclusively between you and your counsel, and between your counsel and experts retained in this litigation.**

Yes___ No___

B. If you answered yes, for each communication referenced above, please identify the following:

Name of Defendant Or Other Person/Entity	Month/Year of Communication

If Other, please identify: _____

XXII. BANKRUPTCY

1. Since you first were exposed to paraquat, have you filed for bankruptcy? Yes ___ No___
 - a. If Yes, provide the following information:

Month/Year You Filed for Bankruptcy	Court Where Bankruptcy was Filed	Name of Your Bankruptcy Attorney, if any	Case Number	Name of Trustee	Month/Year Bankruptcy was Closed/Finalized

XXIII. DOCUMENTATION

Please attach to this Questionnaire the Documents described below that are in your possession, custody or control. For purposes of this Plaintiff’s Assessment Questionnaire, you are not required to obtain records from third party entities (such as insurance carriers or medical providers):

- A. Any and all Documents showing any type of medical care, services, and/or consultation you have received from (1) all primary care providers you have seen from ten (10) years before you began experiencing symptoms for the injury(ies) you claim in this lawsuit through the present; (2) any neurologists who have treated you for a neurological disorder since birth; (3) any providers you have treated you in relation to any brain or head injury identified above; and (4) all providers you have seen since the onset of Parkinson’s Disease symptoms.
- B. Documents in your possession that show proof of your employment history, including Documents indicating the names of and your formal affiliations with any limited liability corporations, partnerships, or other business entities.
- C. All Documents related to any training, certification, or licensing that any person or entity, including you or any of your employers or supervisors, have received related to Restricted Use Chemicals, including but not limited to paraquat.
- D. All Documents (including, without limitation, receipts, invoices, labeling, instructions, warnings, precautions, and marketing materials) relating to your purchase, use, handling, and/or disposal of agricultural chemicals, including but not limited to paraquat, and/or the purchase, use, handling, and/or disposal of Restricted Use Chemicals at farms at which you worked.
- E. All Documents, including all publications or studies, from which you, your family members, or your personal acquaintances have relied upon to learn about the relationship between Parkinson’s disease and paraquat.
- F. All Documents, including public records, identifying, referring, or relating to surveillance, investigation, or other information gathering performed by or on behalf of Plaintiff relating to any of the Defendants in this action, Defendants’ employees (current or former), and Defendants’ disclosed witnesses in this case. This Request includes Documents obtained from any source.
- G. All Documents in your possession that refer or relate to Defendants in this action or Defendants’ employees (current or former). This Request includes but is not limited to surveys, questionnaires, promotional materials, or other Documents or materials exchanged between you and Defendants.
- H. Documents reflecting, depicting, or describing any piece of farm equipment or implement you used to apply paraquat at any time, including without limitation the

tractor, tank, and sprayer (including nozzles). For row crops, this request includes the farm equipment or implement(s) used to prepare, or to plant any crop planted on, acreage treated with paraquat, including without limitation the planter, drill, any type of cultivator or harrow, and fertilizer application equipment. This request encompasses documents such as, without limitation, photographs, videos, equipment manuals or instructions, proof of purchase, warranties, and/or maintenance or repair records.

- I. Inspection of any equipment or implement responsive to Request H (directly above) that remains in your possession.
- J. All Documents identified in your answers to any interrogatories directed to you in this case and all Documents on which you relied in responding to any questions directed to you in this case.

XXIV. AUTHORIZATIONS

Please complete, sign, and provide the following Authorizations, as applicable:

- Authorization for Release of Health Information (Attachment A). For this authorization, include an authorization for release of records for all Health Care Providers listed in this Fact Sheet, including those listed in Sections VIII and XVII.
- Authorization to Disclose Employment Information (Attachment B). For this authorization, include an authorization for release of records for all employers listed in Section IV.
- Request Pertaining to Military Records (Attachment C).

XXV. VERIFICATION

Pursuant to 28 U.S.C. § 1746, I declare that all the information provided in connection with this Plaintiff Assessment Questionnaire is true and correct to the best of my knowledge, information, and belief. I further declare that I have engaged in the best efforts to identify, locate, and supply all of the information and documents requested in this Plaintiff Assessment Questionnaire. I acknowledge that I may supplement the above responses if necessary.

I was exposed to the chemical paraquat. I declare and affirm this based on the information and evidence included in this form including the dates, locations, and exposure information that I have supplied above.

I declare under penalty of perjury that the foregoing is true and correct.

Dated on _____.

Name _____
(please print)

Signature