

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

This Document Relates to:
[member case name and number]

IN RE: PARAQUAT PRODUCTS
LIABILITY LITIGATION

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) Case No. 3:21-md-03004-NJR
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) MDL No. 3004
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PLAINTIFF’S FACT SHEET

This Plaintiff’s Fact Sheet is a legal document. You are required to provide the following information regarding yourself, unless you are incapacitated and unable to testify on your own behalf. If you are unable to testify on your own, your authorized legal representative must complete this form on your behalf. Each question must be answered 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 Fact Sheet, you are under oath and must provide information that is true and correct to the best of your knowledge including using documents in your possession. If you do not know the answer, please indicate that in response to the question. In answering the questions below, you should never guess. 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 according to the question to which each sheet pertains. Please do not leave any questions unanswered or blank. If a question does not apply, please respond “Not Applicable” or “N/A.”

You must complete this Fact Sheet for any claim that you wish to assert against the Syngenta or Chevron Defendants.

After completing this Fact Sheet, you must sign the Fact Sheet on the last page. Your signature certifies that you have answered this Fact Sheet under oath, that your answers are true and accurate to the best of your knowledge.

If you have any questions about this Fact Sheet, you should speak with your attorneys.

I. REPRESENTATIVE CAPACITY

A. If you are completing this Fact Sheet in a representative capacity of the Plaintiff/Decedent on whose behalf this action was filed, please complete the following:

1. Your Name (First, Middle, Last): _____
2. Home address: _____
3. Your relationship to the person upon whose behalf you have completed this Fact Sheet (*e.g.*, parent, guardian, estate administrator):

[If you are completing this Questionnaire in representative capacity, please respond to the following questions on behalf of the person who you represent.]

II. PERSONAL INFORMATION

- A. Full Name (First, Middle, Last): _____
- B. Maiden Name: _____
- C. Date of birth: _____
- D. Identify the following information for every place you have lived for at least one year, through the present, to best of your knowledge and recollection. If you claim that you were exposed to paraquat at any place you lived for less than a year, please include that address as well.

Address (or best approximation)	Years you lived at address (ex. 1/1998-6/2002)	All Persons who lived at address and relationship to you	Paraquat exposure? (Y/N)

III. EMPLOYMENT HISTORY

A. Identify every job you have had since your 18th birthday.

Employer Name	Approximate Date Range of your Employment (Month/Year)	City/State	Supervisor Name(s)	Brief Description of Job Responsibilities	Paraquat Exposure? (Y/N)

B. Have you ever applied for worker’s compensation, social security disability benefits, private disability benefits, or state or federal benefits?

Yes _____ No _____

C. If yes, then as to each application, please provide the following information, including the dollar amount of benefits (if any) received:

Approximate date claim was filed (month/year)	Name of agency	Nature of claimed injury or disability	Ultimate disposition of claim	Amount of benefits received, if any

IV. MILITARY SERVICE

A. If you have served in the military, please identify:

1. Branch of service: _____

2. Years of service: _____

3. Highest rank attained: _____

B. Do you receive disability benefits through the Department of Defense or the Department of Veterans Affairs (yes/no)? For what conditions?

C. Please identify the information below for duty stations:

Location stationed	Approximate dates (month/year)	Description of job duties or military occupational specialty

V. **LITIGATION HISTORY**

A. Have you ever filed a civil lawsuit? (This does not apply to this pending suit or other suits relating to domestic relationships, divorces, or child custody.)

Yes_____ No_____

B. If yes, then as to each lawsuit, separately identify the following:

Case Name and Attorney's Name	Approximate Date Case Filed (Month/Year)	Nature of the Case

VI. FAMILY HISTORY

- A. To the best of your recollection and knowledge, identify all of the following diseases that your parents, siblings, grandparents, or child of yours has been diagnosed with. (Check all that apply)

Disease	Parent, Sibling, Grandparent, or Child with Diagnosis?
1. Parkinson's Disease	
2. Parkinsonism	
3. Alzheimer's Disease	
4. Dementia	
5. Lewy Body Dementia	
6. Huntington's Disease	
7. Wilson's Disease	
8. Tourette Syndrome	
9. Ataxia	
10. Chorea	
11. Dystonia	
12. Multiple System Atrophy	
13. Myoclonus	
14. Progressive Supranuclear Palsy	
15. Tardive Dyskinesia	
16. Crohn's Disease	
17. Glioblastoma	
18. Colorectal Cancer	
19. Lung Cancer	
20. Ovarian Cancer	
21. Gaucher's Disease	
22. Any other neurodegenerative disease	
23. Any other neurological disease or disease of the brain, spine or nerves	

VII. MEDICAL SERVICES

- A. Please identify all Health Care Providers who have ever treated you. For the purposes of this Fact Sheet, “Health Care Provider” is defined as physical therapist or physical therapy department, rehabilitation specialist, physician, osteopath, homeopath, chiropractor, or other persons or entities involved directly in the evaluation, diagnosis, care, and/or treatment of your physical health.

Provider Name (First and Last)	Date(s) of Medical Care, Services, Consultation (Month/Year)	City/State of Practice

- B. If you have been diagnosed with Parkinson’s Disease or Parkinsonism, please confirm that you have provided all Health Care Providers who have diagnosed you or treated you for it in response to your Plaintiff Assessment Questionnaire.

I confirm that I have already provided these records (check if applicable): _____

I have not previously provided this information. It is now provided below:

Provider Name (First and Last)	Date(s) of Medical Care, Services, Consultation	City/State of Practice

- C. If you have been diagnosed with anyother injury you claim as an injury in this lawsuit, please identify all Health Care Providers who have diagnosed you with or treated you for that injury.

Provider Name (First and Last)	Injury/Diagnosis	Date(s) of Medical Care, Services, Consultation	City/State of Practice

- D. Have you undergone genetic testing, including, but not limited to genetic testing related to your Parkinson's disease or Parkinsonism diagnosis? For purposes of this Fact Sheet, "genetic testing" excludes genetic testing that was initiated on the advice of Plaintiffs' counsel or was performed only for genetic variants associated with breast cancer, ovarian cancer, pancreatic cancer, prostate cancer, or Lynch syndrome, as well as genetic testing that did not include testing for any specific genetic variants but instead solely examined your likely ancestry and/or ethnicity.

Yes _____ No _____

- A. If yes, identify the results of that testing.

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VIII. FARMING HISTORY

- A. Please provide the following information for all years in which you were actively engaged in farming or the application of Agricultural Chemicals. “Agricultural Chemicals” means any and all herbicides, pesticides, and insecticides used at each of the locations identified in your responses.

Business Name/Farm Name	Location of Farm (City and State)	Your Role	All Other People Engaged in Farming With You (Such As Co-Workers or Supervisors)	Year(s)

- B. Have you ever been a member of an agricultural or farming organization?
 Yes _____ No _____

- C. If yes, state the name and city/state of each organization and the years of your membership in each such organization.

IX. TRAINING, CERTIFICATION, LICENSING

A. Have you ever been licensed to apply Restricted Use Pesticides?
 Yes _____ No _____

B. If yes, provide the following information for each license received.

Issuing State	Type of License	Years for Which License was Active	Type of Training Related to License	Year of Training/License	Provider of Training

X. PARAQUAT PURCHASE HISTORY

A. Did you ever purchase paraquat?
 Yes _____ No _____

B. If yes, provide the following information with respect to each year you purchased paraquat.

Year	Product Name	Manufacturer Name	Number of Purchases	Amount Purchased	Seller or Distributor

C. If you purchased paraquat, what are the benefits that you understood paraquat had at the time(s) that you purchased it?

D. If you purchased paraquat, why did you choose to purchase paraquat?

E. If you purchased paraquat, were there alternatives available when you purchased paraquat? If so, please list.

XI. MIXING/LOADING PARAQUAT

The next few sections require you to provide information about your exposure to paraquat during mixing, loading, or application of the product, as well as during field reentry or other potential instances of exposure. Each potential type of exposure (e.g., mixing/loading, application, reentry) is treated separately to allow you to provide information as accurately as possible.

- A. Have you ever personally mixed and/or loaded paraquat?
 Yes _____ No _____

IF NO, SKIP SECTION XI, AND CONTINUE WITH SECTION XII.

- B. For each job where you mixed and/or loaded Paraquat, provide the following information to the best of your knowledge and recollection. (If you need additional tables to fully complete this section, go to [Appendix 1](#)).

	Exposure #1
Employer and job title	
Approximate date range	
Name of Farm/Ranch and City/State	
Frequency of mixing/loading during this period	
Mixing method	
Loading method	
Name(s) of paraquat products used during period	
Name(s) of product manufacturer (if known)	
Formulation (for example, liquid formulation or granules)	
Strength or Concentration (for example, 240 g/l or 360 g/l)	
Quantity of Concentrate Mixed or Loaded	
Other product(s), if any, mixed with product	
Name of individual or entity that sold or provided product	
Did you purchase this paraquat product yourself? (Y/N)	

Do you possess records of purchase of this paraquat product? (Y/N)	
Name of person or entity holding license to use Restricted Use Pesticides	
Issuing state for license to use Restricted Use Pesticides	
License number	
Names and of others who witnessed you mixing and/or loading	

	Exposure #2
Employer and job title	
Approximate date range	
Name of Farm/Ranch and City/State	
Frequency of mixing/loading during this period	
Mixing method	
Loading method	
Name(s) of paraquat products used during period	
Name(s) of product manufacturer (if known)	
Formulation (for example, liquid formulation or granules)	
Strength or Concentration (for example, 240 g/l or 360 g/l)	
Quantity of Concentrate Mixed or Loaded	
Other product(s), if any, mixed with product	
Name of individual or entity that sold or provided product	
Did you purchase this paraquat product yourself? (Y/N)	
Do you possess records of purchase of this paraquat product? (Y/N)	

Name of person or entity holding license to use Restricted Use Pesticides	
Issuing state for license to use Restricted Use Pesticides	
License number	
Names and of others who witnessed you mixing and/or loading	

	Exposure #3
Employer and job title	
Approximate date range	
Name of Farm/Ranch and City/State	
Frequency of mixing/loading during this period	
Mixing method	
Loading method	
Name(s) of paraquat products used during period	
Name(s) of product manufacturer (if known)	
Formulation (for example, liquid formulation or granules)	
Strength or Concentration (for example, 240 g/l or 360 g/l)	
Quantity of Concentrate Mixed or Loaded	
Other product(s), if any, mixed with product	
Name of individual or entity that sold or provided product	
Did you purchase this paraquat product yourself? (Y/N)	
Do you possess records of purchase of this paraquat product? (Y/N)	
Name of person or entity holding license to use Restricted Use Pesticides	

Issuing state for license to use Restricted Use Pesticides	
License number	
Names and of others who witnessed you mixing and/or loading	

C. Did you wear personal protective equipment during every instance you mixed and/or loaded paraquat?

Yes _____ No _____

D. If no, please state the approximate number of times (or how often) you mixed and/or loaded paraquat without wearing any personal protective equipment.

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E. If you wore personal protective equipment while mixing and/or loading paraquat, please identify which, if any, of the following you wore and how often you wore that equipment:

Personal Protective Equipment	Applicable?	Describe the Timeframe (e.g., 1982-1988) and Frequency (e.g., always, sometimes, rarely)
1. Dust/Mist Filtering or NIOSH/MSHA-Approved Pesticide Respirator		
2. Rubber or Waterproof Gloves		
3. Chemical-resistant or Waterproof Footwear and Socks		
4. Chemical-resistant Headgear for Overhead Exposure or Face Shield		
5. Disposable Suit/Coveralls		
6. Long-sleeved Shirt		
7. Long Pants		
8. Protective Eyewear		
9. Rubber or Waterproof Apron		
10. Any Other Form of Personal Protective Equipment		

1. If you checked the box for “Any Other Form of Personal Protective Equipment” above, please describe the personal protective equipment used and the timeframe.

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XII. APPLICATION OF PARAQUAT

- A. Have you ever personally applied paraquat? Yes _____ No _____

IF NO, SKIP SECTION XII, AND CONTINUE WITH SECTION XIII.

- B. For each job where you applied Paraquat, provide the following information to the best of your knowledge and recollection. (If you need additional tables to fully complete this section, go to [Appendix 2](#)).

	Exposure #1
Employer and job title	
Approximate date range	
Location	
Frequency of application during this period	
Average quantity applied	
Total acreage to which product was applied	
Application method & duration	
Purpose	
Crops and weeds to which product was applied	
Equipment used	
Number and spacing of nozzles	
Nozzle type	
Application pressure	

Boom or application height	
Name(s) of paraquat products used during period	
Name(s) of product manufacturer (if known)	
Formulation (for example, liquid formulation or granules).	
Strength or Concentration (for example, 240 g/l or 360 g/l)	
Tank Mix (identify all components of the tank mixture containing paraquat, including but not limited to adjuvants, surfactants, spray modifiers, utility agents, or other pesticides).	
Name of individual or entity that sold or provided paraquat product	
Did you purchase this paraquat product yourself? (Y/N)	
Do you possess records of purchase of paraquat product? (Y/N)	
Name of person or entity holding license to use Restricted Use Pesticides	
Issuing state for license	
License number	
Names and of others who witnessed you applying paraquat	

	Exposure #2
Employer and job title	
Approximate date range	
Location	
Frequency of application during this period	
Average quantity applied	
Total acreage to which product was applied	
Application method & duration	
Purpose	
Crops and weeds to which product was applied	
Equipment used	
Number and spacing of nozzles	
Nozzle type	
Application pressure	
Boom or application height	
Name(s) of paraquat products used during period	
Name(s) of product manufacturer (if known)	
Formulation (for example, liquid formulation or granules).	
Strength or Concentration (for example, 240 g/l or 360 g/l)	

Tank Mix (identify all components of the tank mixture containing paraquat, including but not limited to adjuvants, surfactants, spray modifiers, utility agents, or other pesticides)	
Name of individual or entity that sold or provided paraquat product	
Did you purchase this paraquat product yourself? (Y/N)	
Do you possess records of purchase of paraquat product? (Y/N)	
Name of person or entity holding license to use Restricted Use Pesticides	
Issuing state for license	
License number	
Names and of others who witnessed you applying paraquat	

	Exposure #3
Employer and job title	
Approximate date range	
Location	
Frequency of application during this period	
Average quantity applied	
Total acreage to which product was applied	
Application method & duration	

Purpose	
Crops and weeds to which product was applied	
Equipment used	
Number and spacing of nozzles	
Nozzle type	
Application pressure	
Boom or application height	
Name(s) of paraquat products used during period	
Name(s) of product manufacturer (if known)	
Formulation (for example, liquid formulation or granules).	
Strength or Concentration (for example, 240 g/l or 360 g/l)	
Tank Mix (identify all components of the tank mixture containing paraquat, including but not limited to adjuvants, surfactants, spray modifiers, utility agents, or other pesticides).	
Name of individual or entity that sold or provided paraquat product	
Did you purchase this paraquat product yourself? (Y/N)	
Do you possess records of purchase of paraquat product? (Y/N)	

Name of person or entity holding license to use Restricted Use Pesticides	
Issuing state for license	
License number	
Names and of others who witnessed you applying paraquat	

C. Did you wear personal protective equipment during every instance you applied paraquat?

Yes _____ No _____

D. If no, please state the approximate number of times (or how often) you applied paraquat without wearing any personal protective equipment.

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E. If you wore personal protective equipment while applying paraquat, please identify which, if any, of the following you wore and how often you wore that equipment:

Personal Protective Equipment	Applicable?	Describe the Timeframe (e.g., 1982-1988) and Frequency (e.g., always, sometimes, rarely)
1. Dust/Mist Filtering or NIOSH/MSHA-Approved Pesticide Respirator		
2. Rubber or Waterproof Gloves		
3. Chemical-resistant or Waterproof Footwear and Socks		
4. Chemical-resistant Headgear for Overhead Exposure or Face Shield		
5. Disposable Suit/Coveralls		
6. Long-sleeved Shirt		
7. Long Pants		
8. Protective Eyewear		
9. Rubber or Waterproof Apron		
10. Any Other Form of Personal Protective Equipment		

1. If you checked the box for “Any Other Form of Personal Protective Equipment” above, please describe the personal protective equipment used and the timeframe.

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XIII. SPRAY MIST OR DRIFT

- A. Do you claim you were exposed to spray mist or drift from paraquat applied by another person?

Yes _____ No _____

IF NO, SKIP SECTION XIII, AND CONTINUE WITH SECTION XIV.

- B. For each location where you claim you were exposed to spray mist or drift from paraquat applied by another person, provide the following information to the best of your knowledge and recollection. (If you need additional tables to fully complete this section, go to [Appendix 3](#)).

	Exposure Location #1
Approximate date range (for example, January 1985- January 1986)	
Location	
Did you work or live at location where product was applied? (Y/N)	
Basis for believing product applied was paraquat	
Duration of exposure	
Person or entity applying product (if known)	
Relationship to person applying product, if any	
Application method	
Equipment used	
Crops and/or weeds to which product was applied	
Purpose	

Crops and weeds to which product was applied	
Equipment used	
Number and spacing of nozzles	
Nozzle type	
Application pressure	
Boom or application height	
Name(s) of paraquat products used during period	
Name(s) of product manufacturer (if known)	
Formulation (for example, liquid formulation or granules)	
Strength or Concentration (for example, 240 g/l or 360 g/l)	
Tank Mix (identify all components of the tank mixture containing paraquat, including but not limited to adjuvants, surfactants, spray modifiers, utility agents, or other pesticides)	
Name of individual or entity that sold or provided paraquat product	
Did you purchase this paraquat product yourself? (Y/N)	
Do you possess records of purchase of paraquat product? (Y/N)	
Name of person or entity holding license to use Restricted Use Pesticides	
Issuing state for license	
License number	
Names and of others who witnessed spray mist or drift from application	

	Exposure Location #2
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Approximate date range (for example, January 1985- January 1986)	
Location	
Did you work or live at location where product was applied? (Y/N)	
Basis for believing product applied was paraquat	
Duration of exposure	
Person or entity applying product (if known)	
Relationship to person applying product, if any	
Application method	
Equipment used	
Crops and/or weeds to which product was applied	
Purpose	
Crops and weeds to which product was applied	
Equipment used	
Number and spacing of nozzles	
Nozzle type	
Application pressure	
Boom or application height	
Name(s) of paraquat products used during period	
Name(s) of product manufacturer (if known)	
Formulation (for example, liquid formulation or granules)	
Strength or Concentration (for example, 240 g/l or 360 g/l)	
Tank Mix (identify all components of the tank mixture containing paraquat, including but not limited to adjuvants,	

surfactants, spray modifiers, utility agents, or other pesticides)	
Name of individual or entity that sold or provided paraquat product	
Did you purchase this paraquat product yourself? (Y/N)	
Do you possess records of purchase of paraquat product? (Y/N)	
Name of person or entity holding license to use Restricted Use Pesticides	
Issuing state for license	
License number	
Names and of others who witnessed spray mist or drift from application	

	Exposure Location #3
Approximate date range (for example, January 1985-January 1986)	
Location	
Did you work or live at location where product was applied? (Y/N)	
Basis for believing product applied was paraquat	
Duration of exposure	
Person or entity applying product (if known)	
Relationship to person applying product, if any	
Application method	
Equipment used	
Crops and/or weeds to which product was applied	
Purpose	

Crops and weeds to which product was applied	
Equipment used	
Number and spacing of nozzles	
Nozzle type	
Application pressure	
Boom or application height	
Name(s) of paraquat products used during period	
Name(s) of product manufacturer (if known)	
Formulation (for example, liquid formulation or granules)	
Strength or Concentration (for example, 240 g/l or 360 g/l)	
Tank Mix (identify all components of the tank mixture containing paraquat, including but not limited to adjuvants, surfactants, spray modifiers, utility agents, or other pesticides)	
Name of individual or entity that sold or provided paraquat product	
Did you purchase this paraquat product yourself? (Y/N)	
Do you possess records of purchase of paraquat product? (Y/N)	
Name of person or entity holding license to use Restricted Use Pesticides	
Issuing state for license	
License number	
Names and of others who witnessed spray mist or drift from application	

C. Did you wear any personal protective equipment during every instance you were exposed to paraquat by spray mist or drift?

Yes _____ No _____

D. If no, please state the approximate number of times (or how often) you were exposed to Paraquat by spray mist or drift during which you did not wear any personal protective.

E. For each instance you were exposed to paraquat by spray mist or drift while wearing personal protective equipment, please identify what you wore and how often you wore that equipment:

Personal Protective Equipment	Applicable?	Describe the Timeframe (e.g., 1982-1988) and Frequency (e.g., always, sometimes, rarely)
1. Dust/Mist Filtering or NIOSH/MSHA-Approved Pesticide Respirator		
2. Rubber or Waterproof Gloves		
3. Chemical-resistant or Waterproof Footwear and Socks		
4. Chemical-resistant Headgear for Overhead Exposure or Face Shield		
5. Disposable Suit/Coveralls		
6. Long-sleeved Shirt		
7. Long Pants		
8. Protective Eyewear		
9. Rubber or Waterproof Apron		
10. Any Other Form of Personal Protective Equipment		

1. If you checked the box for “Any Other Form of Personal Protective Equipment” above, please describe the personal protective equipment used and the timeframe.

F. To the best of your recollection and knowledge, did you ever enter or reenter fields within 48 hours of paraquat being sprayed in those fields?

Yes _____ No _____

G. If yes, approximately how many times has this occurred (*i.e.*, “entry or reentry occurrences”)?

H. Of those entry or reentry occurrences, approximately how many times did you enter or reenter those fields within 24 hours of paraquat being sprayed in those fields?

I. Of those entry or reentry occurrences, approximately how many times did you enter or reenter those fields within 12 hours of paraquat being sprayed in those fields?

J. For each entry or reentry occurrence, explain generally the purpose of that entry or reentry.

K. For each entry or reentry occurrence, provide the following information.

Year	Location	Frequency of Entry or Reentry	Estimated Duration of Entry or Reentry	Application Method & Duration	Crops and Weeds	Applicator Names and Applicator Nos. ¹	Names of Others Who Witnessed Reentry

L. Did you wear any personal protective equipment during each and every entry and reentry occurrence?

Yes _____ No _____

M. If no, please state the approximate number of entry or reentry occurrences during which you did not wear any personal protective equipment.

¹ Please list the names of all individuals who applied the paraquat and their certification numbers.

- N. For each entry and reentry occurrence where you wore personal protective equipment, please identify which, if any, of the following you wore: (Check all that apply)

Personal Protective Equipment	Applicable?	Describe the Timeframe (e.g., 1982-1988) and Frequency (e.g., always, sometimes, rarely)
1. Dust/Mist Filtering or NIOSH/MSHA-Approved Pesticide Respirator		
2. Rubber or Waterproof Gloves		
3. Chemical-resistant or Waterproof Footwear and Socks		
4. Chemical-resistant Headgear for Overhead Exposure or Face Shield		
5. Disposable Suit/Coveralls		
6. Long-sleeved Shirt		
7. Long Pants		
8. Protective Eyewear		
9. Rubber or Waterproof Apron		
10. Any Other Form of Personal Protective Equipment		

1. If you checked the box for “Any Other Form of Personal Protective Equipment” above, please describe the personal protective equipment used and the timeframe.

XIV. OTHER PARAQUAT EXPOSURE

A. Do you claim that you were exposed to paraquat on any other occasions or through any means not described or accounted for above?

Yes _____ No _____

IF NO, SKIP SECTION XIV, AND CONTINUE WITH SECTION XV.

B. If yes, please provide the following information for those instances of exposure to the best of your knowledge and recollection.

Date(s) (Month/Year)	City/ State	Duration of exposure (Month/ Year)	Type of exposure (e.g. dermal, inhalation, etc.)	Brief description of manner in which you were exposed to paraquat	Name(s) of others who witnessed your exposure

C. For every instance in which you claim that you were exposed to paraquat on other occasions or through means described in this section, did you wear any personal protective equipment?

Yes _____ No _____

D. If no, please state the approximate number of occurrences during which you did not wear any personal protective equipment.

- E. For each occurrence where you wore personal protective equipment, please identify which, if any, of the following you wore: (Check all that apply)

Personal Protective Equipment	Applicable?	Describe the Timeframe (e.g., 1982-1988) and Frequency (e.g., always, sometimes, rarely)
1. Dust/Mist Filtering or NIOSH/MSHA-Approved Pesticide Respirator		
2. Rubber or Waterproof Gloves		
3. Chemical-resistant or Waterproof Footwear and Socks		
4. Chemical-resistant Headgear for Overhead Exposure or Face Shield		
5. Disposable Suit/Coveralls		
6. Long-sleeved Shirt		
7. Long Pants		
8. Protective Eyewear		
9. Rubber or Waterproof Apron		
10. Any Other Form of Personal Protective Equipment		

1. If you checked the box for “Any Other Form of Personal Protective Equipment” above, please describe the personal protective equipment used and the timeframe.

XV. ACUTE PARAQUAT EXPOSURE

A. Do you claim that you swallowed paraquat or that paraquat got in your mouth?

Yes _____ No _____

B. If yes, please identify the approximate month(s)/year(s) when this happened, describe the circumstances, and indicate whether you took an adsorbent (e.g., activated charcoal, bentonite, Fuller's Earth).

C. Do you claim that you got paraquat in your eyes? Yes _____ No _____

D. If yes, please identify the approximate month(s)/year(s) when this happened, describe the circumstances, indicate whether you rinsed your eyes with clean water, and for how long you rinsed your eyes with clean water.

E. Do you claim you got paraquat directly on your skin? Yes _____ No _____

F. If yes, please identify the approximate month(s)/year(s) when this happened, describe the circumstances, indicate whether you immediately washed the affected area with soap and water, and for how long you washed the affected area with soap and water.

G. Do you claim you got paraquat on your clothing? Yes _____ No _____

H. If yes, please identify the approximate month(s)/year(s) when this happened, describe the circumstances, and indicate whether you immediately removed the contaminated clothing and washed the affected area with soap and water.

- I. Have you ever been treated for paraquat poisoning? Yes _____ No _____
- J. If yes, identify the provider of that treatment, the month(s)/date(s) of such treatment, and a description of such treatment.

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XVI. USE OF OTHER INDUSTRIAL/AGRICULTURAL CHEMICALS

- A. To the best of your knowledge and recollection, identify all of the following industrial or Agricultural Chemicals you have ever used, handled, applied, disposed of, or were otherwise exposed to at any time in your life.

Industrial/Agricultural Chemicals	Applicable?
1. 2,4-D (<i>i.e.</i> , Crossbow, Curtail, Weedar, Weedone)	
2. 2, 4, 5, -T (<i>i.e.</i> , Agent Orange, Esteron, Trinoxol)	
3. Acephate (<i>i.e.</i> , Bonide, Martin's Surrender, Orthene)	
4. Acetochlor (<i>i.e.</i> , Harness, Keystone, SureStart, Surpass, Volley, Warrant)	
5. Alachlor (<i>i.e.</i> , Lasso)	
6. Aldrin (<i>i.e.</i> , Octalene)	
7. Arsenic/Arsenate	
8. Atrazine	
9. Bidrin	
10. Boric Acid	
11. Calcium Arsenate	
12. Carbaryl (Sevin)	
13. Chlordane	
14. Chloropicrin (<i>i.e.</i> , Chlor-O-Pic, Metapicrin, Timberfume, Tri-Clor)	
15. Chlorothalonil (<i>i.e.</i> , Bravo, Daconil 2787, Echo, Exotherm Termil, Nopcocide, Repluse, Tuffcide)	
16. Chlorpyrifos (<i>i.e.</i> , Dursban, Lorsban)	
17. Copper Hydroxide (<i>i.e.</i> , Champ, Kocide, NuCop)	
18. Crop Oil	

Industrial/Agricultural Chemicals	Applicable?
19. Cyanazine (Bladex)	
20. DDT	
21. DEET	
22. Diazinon	
23. Dicamba (<i>i.e.</i> , Banvel, Clarity, Sterling Blue)	
24. Dichloropropene (<i>i.e.</i> , Telone)	
25. Dieldrin	
26. Dimite	
27. Dinoseb/ Dinitro (<i>i.e.</i> , Preemerge, Sinox PE, Dow General)	
28. Diquat	
29. Diuron (Karmex)	
30. Ethephon (<i>i.e.</i> , Arvest, Bromeflor)	
31. Glufosinate (<i>i.e.</i> , Cheetah, Rely 280)	
32. Glyphosate (<i>i.e.</i> , RoundUp)	
33. Hexachlorocyclohexane and/or beta-hexachlorocyclohexane	
34. Imazapyr (<i>i.e.</i> , Arsenal, Contain, Habitat)	
35. Insecticides (<i>i.e.</i> , Orthene, Payload, Malathion, Guthion, Phosdrin, Dursban, Lorsban, Counter, Dylox, Penncap, Phoskil, Imidan, Trithion, Folidol, dibrom/Naled)	
36. Lindane	
37. Linuron (<i>i.e.</i> , Londax, Lorox)	
38. Maneb, Mancozeb (<i>i.e.</i> , Agsco, Cover-up, Dithane, Fortuna, Granol, Koverall, Lesco, Manzate, Penncozeb, Roper)	
39. Methoxychlor	
40. Methyl Bromide (<i>i.e.</i> , Brom-o-Gas, Profume, Zytex)	
41. Metolachlor (<i>i.e.</i> , Acuron, Brawl, Dual II Magnum, Matador, Prefix, Sequence)	
42. Napthalene	
43. Nicotine	
44. Parathion	
45. Pendimethalin (<i>i.e.</i> , Acumen, Framework, Stealth)	
46. Pentachlorophenol	

Industrial/Agricultural Chemicals	Applicable?
47. Permethrin	
48. Phosphorus Paste	
49. Potassium cyanate	
50. Propanil (<i>i.e.</i> , Stampede)	
51. Propazine	
52. Pyrethrin	
53. Radox	
54. Ronnel	
55. Rotenone	
56. Simazine (<i>i.e.</i> , Princep)	
57. Sodium Flouride	
58. Strychnine	
59. Thallium Sulfate	
60. Triclopyr (<i>i.e.</i> , Crossbow)	
61. Trifluralin (<i>i.e.</i> , Treflan, Trust, Trilin)	
62. Any Other Industrial or Agricultural Chemicals	

2. If you checked box 62 for “Any other industrial or Agricultural Chemicals” above, please identify the industrial or Agricultural Chemical referenced.

B. Provide the following information with respect to the other industrial or Agricultural Chemicals that were identified in Section XVI(A) above (*i.e.*, questions 1-62 in the above chart) which you used, handled, applied, disposed of, or were exposed to, to the best of your recollection and knowledge.

Product and manufacturer name	Approximate years of use	Frequency	Quantity Used	Method of use	How you obtained the product	The individual or entity from whom you obtained the product	Names & Location (approximate distance between person and Plaintiff) of Others Present

C. Did you wear any personal protective equipment during every instance you used each of the other industrial or Agricultural Chemicals identified above?

Yes _____ No _____

D. If no, please state the approximate number of instances you used any of the other industry or Agricultural Chemical products described above during which you did not wear personal protective equipment.

- E. For each instance you used any of the other industry or Agricultural Chemicals described above while wearing personal protective equipment, please identify which, if any, of the following you wore: (Check all that apply)

Personal Protective Equipment	Applicable?	With Which (orall) Chemicals Identified Above?	Describe the Timeframe (e.g., 1982-1988) and Frequency (e.g., always, sometimes, rarely)
1. Dust/Mist Filtering or NIOSH/MSHA-Approved Pesticide Respirator			
2. Rubber or Waterproof Gloves			
3. Chemical-resistant or Waterproof Footwear and Socks			
4. Chemical-resistant Headgear for Overhead Exposure or Face Shield			
5. Disposable Suit/Coveralls			
6. Long-sleeved Shirt			
7. Long Pants			
8. Protective Eyewear			
9. Rubber or Waterproof Apron			
10. Any Other Form of Personal Protective Equipment (Identify _____)			

F. Identify all the following substances you have been exposed to, to the best of your knowledge and recollection. (Check all that apply)

Substance	Applicable?	Substance Type	Range of Exposure (Years)	Details of Exposure including Circumstances, Duration and Frequency of Exposure
1. Heavy metals (<i>e.g.</i> , iron, mercury, manganese)				
2. Polychlorinated Biphenyls (PCBs)				
3. Solvents (<i>e.g.</i> , hydrocarbon solvents like paint thinners, paint removers, cleaning fluids, trichloroethylene (TCE), organic solvents like acetone)				
4. Wood Preservatives				

XVII. MISCELLANEOUS MEDICAL INFORMATION

A. Identify all medical conditions that you have been diagnosed with or have been medically treated for. (Check all that apply)

Condition	Applicable?	Month/Year of Diagnosis	Any Medical Treatment?	Month/Year of Treatment	Hospital and/or Treatment Provider
Hepatitis C					
Hospitalization for CNS Infection					
Hospitalization for Sepsis					
Influenza Requiring Hospitalization					
Irritable Bowel Syndrome (IBS)					
Japanese Encephalitis					
Lyme Disease					
Measles					
Strep Infection Requiring Hospitalization					
West Nile virus					

B. Have you ever been diagnosed with pulmonary (lung) fibrosis?

Yes _____ No _____

C. If yes, identify the date of the diagnosis and the Health Care Provider who diagnosed you for pulmonary (lung) fibrosis:

D. If you were diagnosed with pulmonary (lung) fibrosis, did you experience any of the following symptoms: (Check all that apply):

Symptom	Applicable?
1. Shortness of breath	
2. Dry, hacking cough	
3. Fast, shallow breathing	
4. Gradual unintended weight loss	
5. Fatigue	
6. Aching joints and muscles	
7. Clubbing (widening and rounding) of the tips of the fingers or toes	
8. Cyanosis (blueish skin in fair-skinned people or gray or white skin around the mouth or eyes in dark-skinned people)	

E. Have you ever used well water as a water source, whether in your home or elsewhere?
 Yes _____ No _____

F. If yes, for each instance where well water was a water source, identify the approximate year(s) of use in the location of the well.

G. Have you ever used any nicotine products? Yes _____ No _____

H. If yes, please identify which products, approximate months/years of usage and frequency of usage:

XVIII. KNOWLEDGE REGARDING LAWSUIT

- A. Identify all individuals, entities, publications, or studies from which you obtained any information (whether oral or written) related to your allegation that Parkinson's disease is connected in any way to your use of paraquat or any other chemical, including but not limited to Agricultural Chemicals, that you may have used during your lifetime. Provide a description of the information you obtained. Your response should not include information provided to you by your attorneys but should include (1) any information you obtained prior to your retention of an attorney, (2) any solicitation letters/communications from any attorneys, and (3) any information you obtained independently from your attorneys or their agents.

XIX. COMMUNICATIONS REGARDING LAWSUIT

- A. When did you first contact your lawyer about this case? In providing a response, provide an approximate date without divulging attorney-client communication.

XX. DAMAGES

- A. Based on what you know at this time, do you have any medical expenses or out-of-pocket expenses due to the injury(ies) you have suffered because of your paraquat exposure? Yes _____ No _____
- B. If yes, please state the approximate amount of medical expenses or out-of-pocket expenses: _____

XXI. DOCUMENTS²

Please attach to this Fact Sheet the Documents described below that are in your possession, custody or control. For purposes of this Plaintiff’s Fact Sheet, Plaintiff is not required to turn over any attorney-client privileged records or to obtain records from third party entities (such as insurance carriers or Health Care Providers).

Note: You were asked to provide some of these documents with the Plaintiff Assessment Questionnaire you previously filled out. If you have already provided these documents, the chart below allows you to so indicate. Items numbered (1), (2), (6), (7), (8), (10), (12), and (16) were not previously requested. In addition to ensuring you have provided all previously requested documents, please review these additional requests carefully to determine whether you have these documents in your possession.

Category	I have already provided all of these documents (check box if applicable)	I am providing all such documents with this Fact Sheet (check box if applicable)	I do not have any such documents (check box if applicable)
(1) Any and all Documents showing any type of medical care, services, and/or consultation you have received from any Health Care Providers identified above including but not limited to (1) all primary Health Care Providers identified in this form; (2) any neurologists identified in this form; (3) any Health Care Providers you have seen in relation to any brain or head injury identified in this form; (4) any Health Care Providers you have seen in relation to any chemical or toxic exposure identified in this form; and (5) all Health Care Providers you have seen since the onset of Parkinson’s disease symptoms identified in this form.			
(2) All documents related to genetic testing you have undergone identified above, including any Documents reflecting the results of such testing.			

² For the purpose of this Fact Sheet, Document is defined as any writing or record of every type that is in your possession, including but not limited to written documents, documents in electronic format, cassettes, videotapes, photographs, charts, computer discs or tapes, and x-rays, drawings, graphs, phone-records, non-identical copies and other data compilations from which information can be obtained and translated, if necessary, by the respondent through electronic devices into reasonably usable form.

Category	I have already provided all of these documents (check box if applicable)	I am providing all such documents with this Fact Sheet (check box if applicable)	I do not have any such documents (check box if applicable)
(3) Documents in your possession sufficient to prove your employment history, including Documents indicating business ownership.			
(4) 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 Agricultural Chemicals in any response to this form.			
(5) 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 any other chemicals in any response to this form.			
(6) All other Documents related to the farming activities on each farm where you lived or worked, including planting and harvesting records or other land-use records, pesticide application records, pest management records, photographs or videos of the farm, maps of the farm, and any records required to be retained by state or federal law, including records of federally restricted use pesticide applications.			
(7) All Documents reflecting any worker's compensation claims since your first exposure to paraquat and identified in this form.			
(8) Documents sufficient to show the acreage and crops for each farm you worked on or at, including but not limited to FSA-578 and 1026A Forms, USDA FSA Detailed Acreage History Report Forms,			

Category	I have already provided all of these documents (check box if applicable)	I am providing all such documents with this Fact Sheet (check box if applicable)	I do not have any such documents (check box if applicable)
and all records from the Risk Management Agency of the USDA.			
(9) All Documents that you relied upon to learn about the relationship between Parkinson's disease and paraquat.			
(10) All Documents known to you at this time that relate to your claim for economic damages in this lawsuit.			
(11) 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.			
(12) All investigative reports by you, including but not limited to financial and criminal background checks, concerning Defendants.			
(13) 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.			
(14) Documents in your possession 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			

Category	I have already provided all of these documents (check box if applicable)	I am providing all such documents with this Fact Sheet (check box if applicable)	I do not have any such documents (check box if applicable)
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.			
(15) Inspection report created at the time of usage of any equipment or implement responsive to Category (14) (directly above) that remains in your possession.			
(16) All Documents identified in your answers to any questions in this Fact Sheet and all Documents on which you relied on responding to any questions in this Fact Sheet.			

XXII. AUTHORIZATIONS

If not already provided, please complete, sign, and provide the following Authorizations, as applicable:

Previously requested authorizations:

- 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.
- Authorization to Disclose Employment Information (Attachment B). For this authorization, include an authorization for release of records for all employers listed in Section III.
- Request Pertaining to Military Records (Attachment C).

Newly requested authorizations:

- Social Security Administration Consent for Release of Information (Attachment D).
- Authorization to Disclose Workers' Compensation Records (Attachment E) (or other appropriate form).
- Authorization to Disclose Insurance Information (Attachment F).
- Authorization to Disclose Disability Information (Attachment G).
- Request Pertaining to Farm Service Agency Records (Attachment H).

XXIII. **VERIFICATION**

Pursuant to 28 U.S.C. § 1746, I declare that all of the information provided in this Plaintiff Fact Sheet 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 Fact Sheet. I acknowledge that I have an obligation to promptly supplement the above responses if I learn that they are in some material respect incomplete or incorrect.

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

Name (please print)

Signature

Date Signed

APPENDIX 1. MIXING/LOADING PARAQUAT (ADDITIONAL SHEETS)

	Exposure #4
Employer and job title	
Approximate date range	
Name of Farm/Ranch and City/State	
Frequency of mixing/loading during this period	
Mixing method	
Loading method	
Name(s) of paraquat products used during period	
Name(s) of product manufacturer (if known)	
Formulation (for example, liquid formulation or granules)	
Strength or Concentration (for example, 240 g/l or 360 g/l)	
Quantity of Concentrate Mixed or Loaded	
Other product(s), if any, mixed with product	
Name of individual or entity that sold or provided product	
Did you purchase this paraquat product yourself? (Y/N)	
Do you possess records of purchase of this paraquat product? (Y/N)	
Name of person or entity holding license to use Restricted Use Pesticides	
Issuing state for license to use Restricted Use Pesticides	
License number	
Names and of others who witnessed you mixing and/or loading	

	Exposure #5
Employer and job title	
Approximate date range	
Name of Farm/Ranch and City/State	
Frequency of mixing/loading during this period	
Mixing method	
Loading method	
Name(s) of paraquat products used during period	
Name(s) of product manufacturer (if known)	
Formulation (for example, liquid formulation or granules)	
Strength or Concentration (for example, 240 g/l or 360 g/l)	
Quantity of Concentrate Mixed or Loaded	
Other product(s), if any, mixed with product	
Name of individual or entity that sold or provided product	
Did you purchase this paraquat product yourself? (Y/N)	
Do you possess records of purchase of this paraquat product? (Y/N)	
Name of person or entity holding license to use Restricted Use Pesticides	
Issuing state for license to use Restricted Use Pesticides	
License number	
Names and of others who witnessed you mixing and/or loading	

	Exposure #6
Employer and job title	
Approximate date range	
Name of Farm/Ranch and City/State	
Frequency of mixing/loading during this period	
Mixing method	
Loading method	
Name(s) of paraquat products used during period	
Name(s) of product manufacturer (if known)	
Formulation (for example, liquid formulation or granules)	
Strength or Concentration (for example, 240 g/l or 360 g/l)	
Quantity of Concentrate Mixed or Loaded	
Other product(s), if any, mixed with product	
Name of individual or entity that sold or provided product	
Did you purchase this paraquat product yourself? (Y/N)	
Do you possess records of purchase of this paraquat product? (Y/N)	
Name of person or entity holding license to use Restricted Use Pesticides	
Issuing state for license to use Restricted Use Pesticides	
License number	
Names and of others who witnessed you mixing and/or loading	

	Exposure #7
Employer and job title	
Approximate date range	
Name of Farm/Ranch and City/State	
Frequency of mixing/loading during this period	
Mixing method	
Loading method	
Name(s) of paraquat products used during period	
Name(s) of product manufacturer (if known)	
Formulation (for example, liquid formulation or granules)	
Strength or Concentration (for example, 240 g/l or 360 g/l)	
Quantity of Concentrate Mixed or Loaded	
Other product(s), if any, mixed with product	
Name of individual or entity that sold or provided product	
Did you purchase this paraquat product yourself? (Y/N)	
Do you possess records of purchase of this paraquat product? (Y/N)	
Name of person or entity holding license to use Restricted Use Pesticides	
Issuing state for license to use Restricted Use Pesticides	
License number	
Names and of others who witnessed you mixing and/or loading	

	Exposure #8
Employer and job title	
Approximate date range	
Name of Farm/Ranch and City/State	
Frequency of mixing/loading during this period	
Mixing method	
Loading method	
Name(s) of paraquat products used during period	
Name(s) of product manufacturer (if known)	
Formulation (for example, liquid formulation or granules)	
Strength or Concentration (for example, 240 g/l or 360 g/l)	
Quantity of Concentrate Mixed or Loaded	
Other product(s), if any, mixed with product	
Name of individual or entity that sold or provided product	
Did you purchase this paraquat product yourself? (Y/N)	
Do you possess records of purchase of this paraquat product? (Y/N)	
Name of person or entity holding license to use Restricted Use Pesticides	
Issuing state for license to use Restricted Use Pesticides	
License number	
Names and of others who witnessed you mixing and/or loading	

	Exposure #9
Employer and job title	
Approximate date range	
Name of Farm/Ranch and City/State	
Frequency of mixing/loading during this period	
Mixing method	
Loading method	
Name(s) of paraquat products used during period	
Name(s) of product manufacturer (if known)	
Formulation (for example, liquid formulation or granules)	
Strength or Concentration (for example, 240 g/l or 360 g/l)	
Quantity of Concentrate Mixed or Loaded	
Other product(s), if any, mixed with product	
Name of individual or entity that sold or provided product	
Did you purchase this paraquat product yourself? (Y/N)	
Do you possess records of purchase of this paraquat product? (Y/N)	
Name of person or entity holding license to use Restricted Use Pesticides	
Issuing state for license to use Restricted Use Pesticides	
License number	
Names and of others who witnessed you mixing and/or loading	

APPENDIX 2. APPLICATION OF PARAQUAT (ADDITIONAL SHEETS)

	Exposure #4
Employer and job title	
Approximate date range	
Location	
Frequency of application during this period	
Average quantity applied	
Total acreage to which product was applied	
Application method & duration	
Purpose	
Crops and weeds to which product was applied	
Equipment used	
Number and spacing of nozzles	
Nozzle type	
Application pressure	
Boom or application height	
Name(s) of paraquat products used during period	
Name(s) of product manufacturer (if known)	
Formulation (for example, liquid formulation or granules).	
Strength or Concentration (for example, 240 g/l or 360 g/l)	

Tank Mix (identify all components of the tank mixture containing paraquat, including but not limited to adjuvants, surfactants, spray modifiers, utility agents, or other pesticides).	
Name of individual or entity that sold or provided paraquat product	
Did you purchase this paraquat product yourself? (Y/N)	
Do you possess records of purchase of paraquat product? (Y/N)	
Name of person or entity holding license to use Restricted Use Pesticides	
Issuing state for license	
License number	
Names and of others who witnessed you applying paraquat	

	Exposure #5
Employer and job title	
Approximate date range	
Location	
Frequency of application during this period	
Average quantity applied	
Total acreage to which product was applied	
Application method & duration	

Purpose	
Crops and weeds to which product was applied	
Equipment used	
Number and spacing of nozzles	
Nozzle type	
Application pressure	
Boom or application height	
Name(s) of paraquat products used during period	
Name(s) of product manufacturer (if known)	
Formulation (for example, liquid formulation or granules).	
Strength or Concentration (for example, 240 g/l or 360 g/l)	
Tank Mix (identify all components of the tank mixture containing paraquat, including but not limited to adjuvants, surfactants, spray modifiers, utility agents, or other pesticides)	
Name of individual or entity that sold or provided paraquat product	
Did you purchase this paraquat product yourself? (Y/N)	
Do you possess records of purchase of paraquat product? (Y/N)	

Name of person or entity holding license to use Restricted Use Pesticides	
Issuing state for license	
License number	
Names and of others who witnessed you applying paraquat	

	Exposure #6
Employer and job title	
Approximate date range	
Location	
Frequency of application during this period	
Average quantity applied	
Total acreage to which product was applied	
Application method & duration	
Purpose	
Crops and weeds to which product was applied	
Equipment used	
Number and spacing of nozzles	
Nozzle type	
Application pressure	
Boom or application height	
Name(s) of paraquat products used during period	
Name(s) of product manufacturer (if known)	

Formulation (for example, liquid formulation or granules).	
Strength or Concentration (for example, 240 g/l or 360 g/l)	
Tank Mix (identify all components of the tank mixture containing paraquat, including but not limited to adjuvants, surfactants, spray modifiers, utility agents, or other pesticides).	
Name of individual or entity that sold or provided paraquat product	
Did you purchase this paraquat product yourself? (Y/N)	
Do you possess records of purchase of paraquat product? (Y/N)	
Name of person or entity holding license to use Restricted Use Pesticides	
Issuing state for license	
License number	
Names and of others who witnessed you applying paraquat	

	Exposure #7
Employer and job title	
Approximate date range	
Location	

Frequency of application during this period	
Average quantity applied	
Total acreage to which product was applied	
Application method & duration	
Purpose	
Crops and weeds to which product was applied	
Equipment used	
Number and spacing of nozzles	
Nozzle type	
Application pressure	
Boom or application height	
Name(s) of paraquat products used during period	
Name(s) of product manufacturer (if known)	
Formulation (for example, liquid formulation or granules).	
Strength or Concentration (for example, 240 g/l or 360 g/l)	
Tank Mix (identify all components of the tank mixture containing paraquat, including but not limited to adjuvants, surfactants, spray modifiers, utility agents, or other pesticides).	

Name of individual or entity that sold or provided paraquat product	
Did you purchase this paraquat product yourself? (Y/N)	
Do you possess records of purchase of paraquat product? (Y/N)	
Name of person or entity holding license to use Restricted Use Pesticides	
Issuing state for license	
License number	
Names and of others who witnessed you applying paraquat	

	Exposure #8
Employer and job title	
Approximate date range	
Location	
Frequency of application during this period	
Average quantity applied	
Total acreage to which product was applied	
Application method & duration	
Purpose	
Crops and weeds to which product was applied	
Equipment used	
Number and spacing of nozzles	

Nozzle type	
Application pressure	
Boom or application height	
Name(s) of paraquat products used during period	
Name(s) of product manufacturer (if known)	
Formulation (for example, liquid formulation or granules).	
Strength or Concentration (for example, 240 g/l or 360 g/l)	
Tank Mix (identify all components of the tank mixture containing paraquat, including but not limited to adjuvants, surfactants, spray modifiers, utility agents, or other pesticides)	
Name of individual or entity that sold or provided paraquat product	
Did you purchase this paraquat product yourself? (Y/N)	
Do you possess records of purchase of paraquat product? (Y/N)	
Name of person or entity holding license to use Restricted Use Pesticides	
Issuing state for license	
License number	

Names and of others who witnessed you applying paraquat	
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	Exposure #9
Employer and job title	
Approximate date range	
Location	
Frequency of application during this period	
Average quantity applied	
Total acreage to which product was applied	
Application method & duration	
Purpose	
Crops and weeds to which product was applied	
Equipment used	
Number and spacing of nozzles	
Nozzle type	
Application pressure	
Boom or application height	
Name(s) of paraquat products used during period	
Name(s) of product manufacturer (if known)	
Formulation (for example, liquid formulation or granules).	

Strength or Concentration (for example, 240 g/l or 360 g/l)	
Tank Mix (identify all components of the tank mixture containing paraquat, including but not limited to adjuvants, surfactants, spray modifiers, utility agents, or other pesticides).	
Name of individual or entity that sold or provided paraquat product	
Did you purchase this paraquat product yourself? (Y/N)	
Do you possess records of purchase of paraquat product? (Y/N)	
Name of person or entity holding license to use Restricted Use Pesticides	
Issuing state for license	
License number	
Names and of others who witnessed you applying paraquat	

APPENDIX 3. SPRAY MIST OR DRIFT(ADDITIONAL SHEETS)

	Exposure Location #4
Approximate date range (for example, January 1985- January 1986)	
Location	
Did you work or live at location where product was applied? (Y/N)	
Basis for believing product applied was paraquat	
Duration of exposure	
Person or entity applying product (if known)	
Relationship to person applying product, if any	
Application method	
Equipment used	
Crops and/or weeds to which product was applied	
Purpose	
Crops and weeds to which product was applied	
Equipment used	
Number and spacing of nozzles	
Nozzle type	
Application pressure	
Boom or application height	
Name(s) of paraquat products used during period	
Name(s) of product manufacturer (if known)	
Formulation (for example, liquid formulation or granules)	
Strength or Concentration (for example, 240 g/l or 360 g/l)	

Tank Mix (identify all components of the tank mixture containing paraquat, including but not limited to adjuvants, surfactants, spray modifiers, utility agents, or other pesticides)	
Name of individual or entity that sold or provided paraquat product	
Did you purchase this paraquat product yourself? (Y/N)	
Do you possess records of purchase of paraquat product? (Y/N)	
Name of person or entity holding license to use Restricted Use Pesticides	
Issuing state for license	
License number	
Names and of others who witnessed spray mist or drift from application	

	Exposure Location #5
Approximate date range (for example, January 1985-January 1986)	
Location	
Did you work or live at location where product was applied? (Y/N)	
Basis for believing product applied was paraquat	
Duration of exposure	
Person or entity applying product (if known)	
Relationship to person applying product, if any	
Application method	
Equipment used	

Crops and/or weeds to which product was applied	
Purpose	
Crops and weeds to which product was applied	
Equipment used	
Number and spacing of nozzles	
Nozzle type	
Application pressure	
Boom or application height	
Name(s) of paraquat products used during period	
Name(s) of product manufacturer (if known)	
Formulation (for example, liquid formulation or granules)	
Strength or Concentration (for example, 240 g/l or 360 g/l)	
Tank Mix (identify all components of the tank mixture containing paraquat, including but not limited to adjuvants, surfactants, spray modifiers, utility agents, or other pesticides)	
Name of individual or entity that sold or provided paraquat product	
Did you purchase this paraquat product yourself? (Y/N)	
Do you possess records of purchase of paraquat product? (Y/N)	
Name of person or entity holding license to use Restricted Use Pesticides	
Issuing state for license	
License number	

Names and of others who witnessed spray mist or drift from application	
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	Exposure Location #6
Approximate date range (for example, January 1985-January 1986)	
Location	
Did you work or live at location where product was applied? (Y/N)	
Basis for believing product applied was paraquat	
Duration of exposure	
Person or entity applying product (if known)	
Relationship to person applying product, if any	
Application method	
Equipment used	
Crops and/or weeds to which product was applied	
Purpose	
Crops and weeds to which product was applied	
Equipment used	
Number and spacing of nozzles	
Nozzle type	
Application pressure	
Boom or application height	
Name(s) of paraquat products used during period	
Name(s) of product manufacturer (if known)	
Formulation (for example, liquid formulation or granules)	

Strength or Concentration (for example, 240 g/l or 360 g/l)	
Tank Mix (identify all components of the tank mixture containing paraquat, including but not limited to adjuvants, surfactants, spray modifiers, utility agents, or other pesticides)	
Name of individual or entity that sold or provided paraquat product	
Did you purchase this paraquat product yourself? (Y/N)	
Do you possess records of purchase of paraquat product? (Y/N)	
Name of person or entity holding license to use Restricted Use Pesticides	
Issuing state for license	
License number	
Names and of others who witnessed spray mist or drift from application	

	Exposure Location #7
Approximate date range (for example, January 1985-January 1986)	
Location	
Did you work or live at location where product was applied? (Y/N)	
Basis for believing product applied was paraquat	
Duration of exposure	
Person or entity applying product (if known)	
Relationship to person applying product, if any	

Application method	
Equipment used	
Crops and/or weeds to which product was applied	
Purpose	
Crops and weeds to which product was applied	
Equipment used	
Number and spacing of nozzles	
Nozzle type	
Application pressure	
Boom or application height	
Name(s) of paraquat products used during period	
Name(s) of product manufacturer (if known)	
Formulation (for example, liquid formulation or granules)	
Strength or Concentration (for example, 240 g/l or 360 g/l)	
Tank Mix (identify all components of the tank mixture containing paraquat, including but not limited to adjuvants, surfactants, spray modifiers, utility agents, or other pesticides)	
Name of individual or entity that sold or provided paraquat product	
Did you purchase this paraquat product yourself? (Y/N)	
Do you possess records of purchase of paraquat product? (Y/N)	
Name of person or entity holding license to use Restricted Use Pesticides	
Issuing state for license	

License number	
Names and of others who witnessed spray mist or drift from application	

	Exposure Location #8
Approximate date range (for example, January 1985-January 1986)	
Location	
Did you work or live at location where product was applied? (Y/N)	
Basis for believing product applied was paraquat	
Duration of exposure	
Person or entity applying product (if known)	
Relationship to person applying product, if any	
Application method	
Equipment used	
Crops and/or weeds to which product was applied	
Purpose	
Crops and weeds to which product was applied	
Equipment used	
Number and spacing of nozzles	
Nozzle type	
Application pressure	
Boom or application height	
Name(s) of paraquat products used during period	

Name(s) of product manufacturer (if known)	
Formulation (for example, liquid formulation or granules)	
Strength or Concentration (for example, 240 g/l or 360 g/l)	
Tank Mix (identify all components of the tank mixture containing paraquat, including but not limited to adjuvants, surfactants, spray modifiers, utility agents, or other pesticides)	
Name of individual or entity that sold or provided paraquat product	
Did you purchase this paraquat product yourself? (Y/N)	
Do you possess records of purchase of paraquat product? (Y/N)	
Name of person or entity holding license to use Restricted Use Pesticides	
Issuing state for license	
License number	
Names and of others who witnessed spray mist or drift from application	

	Exposure Location #9
Approximate date range (for example, January 1985-January 1986)	
Location	
Did you work or live at location where product was applied? (Y/N)	
Basis for believing product applied was paraquat	
Duration of exposure	

Person or entity applying product (if known)	
Relationship to person applying product, if any	
Application method	
Equipment used	
Crops and/or weeds to which product was applied	
Purpose	
Crops and weeds to which product was applied	
Equipment used	
Number and spacing of nozzles	
Nozzle type	
Application pressure	
Boom or application height	
Name(s) of paraquat products used during period	
Name(s) of product manufacturer (if known)	
Formulation (for example, liquid formulation or granules)	
Strength or Concentration (for example, 240 g/l or 360 g/l)	
Tank Mix (identify all components of the tank mixture containing paraquat, including but not limited to adjuvants, surfactants, spray modifiers, utility agents, or other pesticides)	
Name of individual or entity that sold or provided paraquat product	
Did you purchase this paraquat product yourself? (Y/N)	
Do you possess records of purchase of paraquat product? (Y/N)	

Name of person or entity holding license to use Restricted Use Pesticides	
Issuing state for license	
License number	
Names and of others who witnessed spray mist or drift from application	