

☐ More than 10 years

14. On average, how long is your shift?

- ☐ Less than 8 hours per work day
- ☐ 8-10 hours
- ☐ 11-12 hours
- ☐ More than 12 hours

15. During the 6 months before coming to work at Pantaleon (during the off season) what type of work did you do?

- ☐ Cotton
- ☐ Banana
- ☐ Sugarcane with another company
- ☐ Other agricultural products
- ☐ Construction
- ☐ Mining
- ☐ Factory work
- ☐ Transportation
- ☐ Other manual labor
- ☐ Office work
- ☐ Farming my own land
- ☐ Other (Specify)

16. At work how many hours do you spend in the sun?

- ☐ less than 1 hour
- ☐ 1-4 hours
- ☐ 5-8
- ☐ 9-12
- ☐ 13 or more



Parte 2 – Health History

17. Do you suffer from any of the following health conditions?

Condition	You			
	Yes	No	Don't know	Being treated
Asthma (wheezing, cough, difficulty breathing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic back pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broken bones or fractures in the past 10 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure (hypertension)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes (high blood sugar)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kidney disease or kidney damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General Health

18. Have you suffered from a fever for more than 2 days in the last 6 months? Yes No

19. Have you suffered from joint pain in the last 6 months? Yes No

20. Have you had any illness with a skin rash during the last 6 months? ☐ Yes ☐ No

Medications

21. Of these medicines, which do you take on a daily basis?

- ☐ to reduce blood pressure
- ☐ to reduce cholesterol
- ☐ for diabetes
- ☐ for kidneys
- ☐ for pain
- ☐ for allergies
- ☐ for another condition
- ☐ I do not take any medications

Lifestyle

22. ¿How many hours of sleep do you get per work night?

- ☐ Less than 5 hours
- ☐ 5-6 hours
- ☐ 7-8 hours





☐ more than 8 hours

Do you smoke cigarettes?

☐ Yes currently *

☐ Not now, but used to *

☐ Never smoked (less than 100 cigarettes (-5 packs in whole life)

24. When you drink alcohol ¿how many drinks do you have per day?
(a standard drink is a bottle or can of beer, a small glass of alcohol like rum)

☐ Never drink

☐ Less than 1 drink

☐ 1 drink

☐ 2 drinks

☐ 3 drinks

☐ 4 drinks

☐ 5 or more drinks

25. ¿Do you consume drinks that contain sugar like refrescos, Coca-Cola, Pepsi , o fruit juice ?

☐ Yes

☐ No

25.1 yes – how many days per week?

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25.2 ¿How many drinks per day?

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5 or more

26. Where do you live during the harvest?

☐ In the employee housing

☐ In my own local house

27. During the last work week on average, how many liters of water did you drink per

☐ day? 1 or less than 1 liter

☐ 2-4 liters

☐ 5-7 liters

☐ 8-10 liters

☐ 11-13 liters



☐ 14-16 or more



28. How many bags of electrolyte solution on average do you drink per work day?

Part 3 – Safety and Work

29. In general, would you say your health

is:

☐ excellent

☐ Very good

☐ good

☐ average

☐ poor

30. ¿Did you ever leave work during this harvest because of an accident or injury during

☐ work? Yes/no

30a. How many days were you out of work due to the injury?

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31. How many times have you been injured at work during the past 6 months (this harvest)?

☐ 0

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5 or more

32. When you had this injury or illness did you go to the dispensary, clinic, health post or hospital for treatment?

☐ Not applicable

☐ yes

☐ No

33. If yes, where?

☐ Not applicable

☐ Hospital

☐ Health post

☐ Pantaleon clinic

☐ Social security clinic: IGSS (Instituto Guatemalteco de Seguridad Social)

☐ Other (Specify)

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34. If you have had a work-related injury or illness, what type was it? (select all that apply)

- ☐ Traumatic injury (examples: bone fracture, torn muscle, ankle sprain)
- ☐ Skin cut
- ☐ Insect bite
- ☐ Animal bite
- ☐ Eye irritation, reddening
- ☐ Injury by crushing or amputation (example: loss of a finger or extremity)
- ☐ Skin injuries (examples: bruising, blistering, scratches, punctures, burns)
- ☐ Skin rash or hives
- ☐ Pain (muscular, joint or in the bone)
- ☐ Heat stroke (example: dizziness or fainting, from working in the heat)
- ☐ Lung problem (examples: Cough, asthma, difficulty breathing)
- ☐ Nausea, vomiting
- ☐ Head injury or head aches
- ☐ Hearing damage, ringing in the ears
- ☐ No injuries
- ☐ Other (describe)

35. During the current harvest, ¿have you felt any of the following symptoms? (select all that apply)

- ☐ Headache
- ☐ Stomach pain
- ☐ Muscle cramping in arms or legs
- ☐ Fever
- ☐ Diarrhea
- ☐ Painful urination
- ☐ Rapid heartbeat
- ☐ Dizziness
- ☐ Vomiting
- ☐ Fainting
- ☐ Dry mouth
- ☐ Ear pain
- ☐ Upper back pain
- ☐ Lower back pain
- ☐ Difficulty breathing
- ☐ Swelling of the hands or feet





36. What do you do during your days off?

- ☐ Tourism
- ☐ Relax
- ☐ Sport
- ☐ Other recreation
- ☐ Work at home

37. In general, how satisfied are you with work?

- ☐ Very unsatisfied
- ☐ Somewhat unsatisfied
- ☐ No difference
- ☐ Very satisfied

38. How much does your supervisor care about your health and wellbeing?

- ☐ Never
- ☐ Sometimes
- ☐ Almost always
- ☐ Always

39. How much does Pantaleon as a business care about your health and wellbeing?

- ☐ Never
- ☐ Sometimes
- ☐ Almost always
- ☐ Always

40. Where do you get your lunch?

- ☐ Bring from home
- ☐ From Pantaleon



41. Have you taken any of the following medicines during the past 3 months (harvest)? (select all that apply)

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- ☐ Aspirina
- ☐ Ibuprofeno
- ☐ Diclofenaco
- ☐ Acetaminofen
- ☐ Tramal
- ☐ Neurotropas (Compleben o Neurobion)
- ☐ Sin sueño
- ☐ Penicilina
- ☐ Ceftriaxona
- ☐ Tetraciclina
- ☐ Other (Specify)

42. Do you apply pesticides or insecticides on your own land?

- ☐ Yes
- ☐ No

42.a.Specify which pesticide or insecticide

43. When you work for employers other than Pantaleon, do you have potential exposure to pesticides, insecticides or herbicides at work?

- ☐ Yes
- ☐ No
- ☐ Not applicable

Vital signs

44 Weight: . Kg.

45. Height: . Meters

46. Blood pressure:

47. Pulse:

48. Medical exam :

- ☐ Normal
- ☐ Abnormal





Pantaleon

Pantaleón S. A. Concepción S. A.

Health Survey Post-Harvest

Observations

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