

The PIPAH Study

The Prospective Investigation of Pesticide Applicators' Health Study



GENERAL QUESTIONNAIRE

The Prospective Investigation of Pesticide Applicators' Health is a research study of the health of men and women who apply pesticides as part of their work activity. The research is carried out by HSE's Health & Safety Laboratory (HSL, Buxton)

All information provided will be treated as strictly confidential, and will only be used for medical research.

Please read the accompanying information leaflet and complete the consent form before filling in this questionnaire. If you have any questions, please ring the freephone number **0800 093 4809** or email **PIPAH@hsl.gsi.gov.uk**.

INSTRUCTIONS FOR COMPLETING THE QUESTIONNAIRE

Please answer each question like this, making sure that you write inside the boxes using black ink:

Please cross the box of your choice, for example: Male Female

Or, write in the boxes, for example:

Your date of birth Day Month Year

Please note if you make a mistake please block fill the box that is not applicable and put a cross in the correct box, for example:

Yes No

PLEASE USE BLACK INK AND BLOCK CAPITALS THROUGHOUT THE QUESTIONNAIRE.

Alternatively, if you would like to complete the questionnaire online, please go to www.snapsurveys.com/pipah and enter your unique study ID number and password when asked. This link takes you to a secure website, where your data will be kept strictly confidential in accordance with the Data Protection Act (1998).

Study ID Number Online Password

SECTION 1 About you

1. Are you? (please cross one)

Male Female

2. What is your date of birth?

Day Month Year

3. What is today's date?

Day Month Year

4. How tall are you?

feet inches or cm

5. How much do you weigh?

stones pounds or kg

6. Do you have any children? (include living, deceased, stepchildren and adopted children) (please cross one)

Yes No

SECTION 2

Your work history

7. Please describe all of the paid jobs you have had which lasted more than 6 months, beginning with your current or most recent job. (please remember to use block capitals when you complete this section)

Job title	Industry	Location and postcode district of company, business or farm	Main activity of the company or organisation you worked for	Start month and year M M Y Y	End or current month and year (if applicable) M M Y Y
<i>Examples</i>					
J1	CONSULTANT	SHREWSBURY SY5	PROVIDING ADVICE	1 0 1 3	0 1 1 8
J2	FARMER	SHREWSBURY SY5	GROWING CEREAL AND FODDER CROPS; REARING BEEF CATTLE	1 1 9 8	0 9 1 3
J1					
J2					
J3					
J4					
J5					
J6					
J7					

Please write the dates in MM-YY format, for example, November 1985 is written 11-85, and February 2010 is written 02-10

SECTION 3

Your work with pesticides

Please note that for the purpose of this questionnaire, the term "pesticide" includes:

- plant protection products, for example herbicides, plant growth regulators, fungicides, and insecticides;
- biocides used for pest control including insecticides and insect repellents used in livestock houses, and wood preservatives;
- veterinary medicines used against ectoparasites, for example sheep dips and similar products

8. Please indicate your main area of pesticide work, current and past (please cross all that apply)

	Current	Past	Total number of years worked in this area of work
Cereals (<i>wheat, barley, oats, rye etc</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Oilseeds (<i>oilseed rape, linseed</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Potatoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Sugar beet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Grassland and/or fodder crops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Other arable crops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Hops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Orchard crops (<i>apples, pears, plums etc</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Soft fruit (<i>strawberries, currants etc</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Outdoor vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Mushrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Protected edible crops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Protected ornamental crops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Hardy nursery stock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Outdoor ornamental flowers and bulbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Golf courses, bowling greens, sports grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Amenity weed control: roads, pavements etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Forestry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Aquatic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Pest control (rural)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Pest control (urban)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Poultry/ Livestock/ Animal house area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Grain stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Sprays applied around farm yards or gardens

Other (please specify)

Or cross this box if you have never worked with pesticides,
(if never, please go to question 65)

Your work with herbicides

9. Have you ever mixed or applied herbicides? (please cross one)

Yes No (if no, please go to question 17)

10. In an average year, when you applied herbicides, how many days did you use them? (please cross one)

Less than 5 days 40-59 days
 5-9 days 60-150 days
 10-19 days More than 150 days
 20-39 days

11. When did you personally first use herbicides? (please cross one)

Before 1960 In the 1990s
 In the 1960s In the 2000s
 In the 1970s In the 2010s
 In the 1980s

12. How many years did you apply herbicides? (please cross one)

1 year or less 11-20 years
 2-5 years More than 20 years
 6-10 years

13. When applying herbicides, did you usually use personal protective equipment? (please cross one)

Yes No

14. Have you personally handled herbicide concentrate? (please cross one)

Yes, often No, only dilute herbicides
 Yes, sometimes

15. What application method did you usually use when you applied herbicides? (please cross all that apply)

Boom sprayer Aerial (aircraft) application
 Granule spreader Knapsack sprayer
 Other hand held sprayer Weed wiper

Other (please specify)

16. Did you usually repair or maintain your own application or mixing equipment? (please cross one)

Yes No

If yes, did this involve: (please cross all that apply)

Light running repairs/maintenance, such as changing or unblocking a nozzle
 More substantial repairs/maintenance tasks

Your work with plant growth regulators

17. Have you ever mixed or applied plant growth regulators?
(please cross one)

- Yes No (if no, please go to question 25)

18. In an average year, when you applied plant growth regulators, how many days did you use them? (please cross one)

- Less than 5 days 40-59 days
 5-9 days 60-150 days
 10-19 days More than 150 days
 20-39 days

19. When did you personally first use plant growth regulators?
(please cross one)

- Before 1960 In the 1990s
 In the 1960s In the 2000s
 In the 1970s In the 2010s
 In the 1980s

20. How many years did you apply plant growth regulators?
(please cross one)

- 1 year or less 11-20 years
 2-5 years More than 20 years
 6-10 years

21. When applying plant growth regulators, did you usually use personal protective equipment? (please cross one)

- Yes No

22. Have you personally handled plant growth regulator concentrate? (please cross one)

- Yes, often
 Yes, sometimes
 No, only dilute plant growth regulators

23. What application method did you usually use when you applied plant growth regulators? (please cross all that apply)

- Broadcast air assisted sprayer
 Boom sprayer
 Knapsack sprayer

Other (please specify)

24. Did you usually repair or maintain your own application or mixing equipment? (please cross one)

- Yes No

If yes, did this involve: (please cross all that apply)

- Light running repairs/maintenance, such as changing or unblocking a nozzle
 More substantial repairs/maintenance tasks

Your work with fungicides

25. Have you ever mixed or applied fungicides?(please cross one)

- Yes No (if no, please go to question 33)

26. In an average year, when you applied fungicides, how many days did you use them? (please cross one)

- Less than 5 days 40-59 days
 5-9 days 60-150 days
 10-19 days More than 150 days
 20-39 days

27. When did you personally first use fungicides? (please cross one)

- Before 1960 In the 1990s
 In the 1960s In the 2000s
 In the 1970s In the 2010s
 In the 1980s

28. How many years did you apply fungicides? (please cross one)

- 1 year or less 11-20 years
 2-5 years More than 20 years
 6-10 years

29. When applying fungicides, did you usually use personal protective equipment? (please cross one)

- Yes No

30. Have you personally handled fungicide concentrate?
(please cross one)

- Yes, often
 Yes, sometimes
 No, only dilute fungicides

31. What application method did you usually use when you applied fungicide? (please cross all that apply)

- Broadcast air assisted sprayer
 Boom sprayer
 Aerial (aircraft) application
 Knapsack sprayer
 Other hand held sprayer
 Non hand held mist applicator
 Hand held mist applicator/fogger
 Seed treatment equipment

Other (please specify)

32. Did you usually repair or maintain your own application or mixing equipment? (please cross one)

- Yes No

If yes, did this involve: (please cross all that apply)

- Light running repairs/maintenance, such as changing or unblocking a nozzle
 More substantial repairs/maintenance tasks

Your work with insecticides

33. Have you ever mixed or applied insecticides? *(please cross one)*

- Yes No *(if no, please go to question 41)*

34. In an average year, when you applied these insecticides, how many days did you use them? *(please cross one)*

- Less than 5 days 40-59 days
 5-9 days 60-150 days
 10-19 days More than 150 days
 20-39 days

35. When did you personally first use these insecticides? *(please cross one)*

- Before 1960 In the 1990s
 In the 1960s In the 2000s
 In the 1970s In the 2010s
 In the 1980s

36. How many years did you apply these insecticides? *(please cross one)*

- 1 year or less 11-20 years
 2-5 years More than 20 years
 6-10 years

37. When applying these insecticides, did you usually use personal protective equipment? *(please cross one)*

- Yes No

38. Have you personally handled concentrate of these insecticides? *(please cross one)*

- Yes, often
 Yes, sometimes
 No, only dilute insecticides

39. What application method did you usually use when you applied these insecticides? *(please cross all that apply)*

- Broadcast air assisted sprayer
 Boom sprayer
 Aerial (aircraft) application
 Granule spreader
 Knapsack sprayer
 Other hand held sprayer
 Powder or dust applicator
 Non hand held mist applicator
 Hand held mist applicator/fogger
 Seed treatment equipment

Other *(please specify)*

40. Did you usually repair or maintain your own application or mixing equipment? *(please cross one)*

- Yes No

If yes, did this involve: *(please cross all that apply)*

- Light running repairs/maintenance, such as changing or unblocking a nozzle
 More substantial repairs/maintenance tasks

Your work with poultry, livestock, or animal house area insecticides

41. Have you ever mixed or applied poultry, livestock, or animal house area insecticides? *(please cross one)*

- Yes No *(if no, please go to question 49)*

42. In an average year, when you applied these insecticides, how many days did you use them? *(please cross one)*

- Less than 5 days 40-59 days
 5-9 days 60-150 days
 10-19 days More than 150 days
 20-39 days

43. When did you personally first use these insecticides? *(please cross one)*

- Before 1960 In the 1990s
 In the 1960s In the 2000s
 In the 1970s In the 2010s
 In the 1980s

44. How many years did you apply these insecticides? *(please cross one)*

- 1 year or less 11-20 years
 2-5 years More than 20 years
 6-10 years

45. When applying these insecticides, did you usually use personal protective equipment? *(please cross one)*

- Yes No

46. Have you personally handled concentrate of these insecticides? *(please cross one)*

- Yes, often
 Yes, sometimes
 No, only dilute insecticides

47. What application method did you usually use when you applied these insecticides? *(please cross all that apply)*

- Ear tag Fog/ mist animals
 Powder/dust animals Oral dose products
 Plunge dips Injection
 Pour on products Hang pest strips in animal house
 Race applied spray boom/showers
 Spray walls/litter

Other *(please specify)*

48. Did you usually repair or maintain your own application or mixing equipment? *(please cross one)*

- Yes No

If yes, did this involve: *(please cross all that apply)*

- Light running repairs/maintenance, such as changing or unblocking a nozzle
 More substantial repairs/maintenance tasks

Your work with fumigants

49. Have you ever applied fumigants? (please cross one)

- Yes No (if no, please go to question 57)

50. In an average year, when you applied fumigants, how many days did you use them? (please cross one)

- Less than 5 days 40-59 days
 5-9 days 60-150 days
 10-19 days More than 150 days
 20-39 days

51. When did you personally first use fumigants? (please cross one)

- Before 1960 In the 1990s
 In the 1960s In the 2000s
 In the 1970s In the 2010s
 In the 1980s

52. How many years did you apply fumigants? (please cross one)

- 1 year or less 11-20 years
 2-5 years More than 20 years
 6-10 years

53. When applying fumigants, did you usually use personal protective equipment? (please cross one)

- Yes No

54. Have you personally handled fumigant concentrate? (please cross one)

- Yes, often
 Yes, sometimes
 Not applicable

55. What application method did you usually use when you applied fumigants? (please cross all that apply)

- Sealed unit pressure treatment
 Gas canister
 Non hand held fogger
 Resin strips
 Direct soil injection
 Hand held fogger

Other (please specify)

56. Did you usually repair or maintain your own application or mixing equipment? (please cross one)

- Yes No

If yes, did this involve: (please cross all that apply)

- Light running repairs/maintenance, such as changing or unblocking a nozzle
 More substantial repairs/maintenance tasks

Your work with wood preservatives

57. Have you ever mixed or applied wood preservatives? (please cross one)

- Yes No (if no, please go to question 65)

58. In an average year, when you applied wood preservatives, how many days did you use them? (please cross one)

- Less than 5 days 40-59 days
 5-9 days 60-150 days
 10-19 days More than 150 days
 20-39 days

59. When did you personally first use these wood preservatives? (please cross one)

- Before 1960 In the 1990s
 In the 1960s In the 2000s
 In the 1970s In the 2010s
 In the 1980s

60. How many years did you apply wood preservatives? (please cross one)

- 1 year or less 11-20 years
 2-5 years More than 20 years
 6-10 years

61. When applying wood preservatives, did you usually use personal protective equipment? (please cross one)

- Yes No

62. Have you personally handled wood preservative concentrate? (please cross one)

- Yes, often
 Yes, sometimes
 No, only dilute wood preservatives

63. What application method did you usually use when you applied wood preservatives? (please cross all that apply)

- Brushing or spreading Spraying, deluging or fogging
 Immersion Hot & cold steeping in open tanks
 Diffusion Pressure impregnation
 Double vacuum

Other (please specify)

64. Did you usually repair or maintain your own application or mixing equipment? (please cross one)

- Yes No

If yes, did this involve: (please cross all that apply)

- Light running repairs/maintenance, such as changing or unblocking a nozzle
 More substantial repairs/maintenance tasks

Your work with treated seed

65. Have you ever handled or planted treated seed?
(please cross one)

- Yes No (if no, please go to question 72)

66. What was the seed treated with? (please cross one)

- Insecticide only Both insecticide & fungicide
 Fungicide only Do not know

67. In an average year, on how many days did you handle or plant treated seed? (please cross one)

- Less than 5 days 40-59 days
 5-9 days 60-150 days
 10-19 days More than 150 days
 20-39 days

68. When did you personally first handle or plant treated seed?
(please cross one)

- Before 1960 In the 1990s
 In the 1960s In the 2000s
 In the 1970s In the 2010s
 In the 1980s

69. How many years have you handled or planted treated seed?
(please cross one)

- 1 year or less 11-20 years
 2-5 years More than 20 years
 6-10 years

70. How was the treated seed handled? (please cross all that apply)

- Less than 25 kg sacks 50 kg sacks
 25 kg sacks In bulk (for example 1 tonne bags)
Other (please state)

71. Did you usually use personal protective equipment when you handled treated seed? (please cross one)

- Yes No

SECTION 4 Your general health

72. Has your doctor ever told you that you have any of the following? (please cross and give approximate age at diagnosis)

Lungs and airways	Yes	Age at diagnosis
Asthma	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Chronic bronchitis	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Chronic obstructive pulmonary disease (COPD)	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Emphysema	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Farmer's lung disease	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Pleurisy	<input type="checkbox"/>	<input type="text"/> <input type="text"/>

	Yes	Age at diagnosis
Pneumonia (viral or bacteria)	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Pulmonary fibrosis	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Sarcoidosis	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Tuberculosis	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Other chest condition (please specify)	<input type="checkbox"/>	<input type="text"/> <input type="text"/>

Nervous system

Alzheimer's disease	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Anxiety	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Depression	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Depression requiring medication or shock therapy	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Epilepsy or seizures (not related to high fever)	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Motor neuron disease or Amyotrophic lateral sclerosis ALS	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Multiple sclerosis	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Parkinson's disease	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Other neurological problem (related to muscles, nerves, or weakness) (please specify)	<input type="checkbox"/>	<input type="text"/> <input type="text"/>

Heart and Blood Vessels

Angina (chest pains)	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Arrhythmia (irregular heart beat)	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
High blood pressure requiring medication	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Myocardial infarction (heart attack)	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Stroke	<input type="checkbox"/>	<input type="text"/> <input type="text"/>

Muscles and Skeleton

Lupus or SLE	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Rheumatoid arthritis	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Scleroderma	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Work-related back, neck or shoulder injury	<input type="checkbox"/>	<input type="text"/> <input type="text"/>

Eyes Yes Age at diagnosis

Cataracts

Detached retina

Glaucoma

Retinal or macular degeneration

Skin

Acne

Eczema (or atopic dermatitis)

Shingles

Other skin problems (please specify)

Diabetes and Thyroid Gland

Diabetes (not related to pregnancy)

Goitre

Thyrotoxicosis/Grave's disease (excess thyroid hormone)

Other thyroid diseases (please specify)

Kidneys

Chronic kidney infections or pyelonephritis

Kidney failure requiring dialysis or transplant

Kidney stones

Nephritis, or nephrosis

Other kidney disease (please specify)

Liver

Liver function problems (please specify)

Other

Glandular fever or Mononucleosis

Lead poisoning

Pesticide poisoning

Solvent poisoning

Yes Age at diagnosis

Ulcerative colitis or Crohn's disease

Head injury requiring medical attention

Injury from farm machinery requiring medical treatment (not including head injury)

73. In the past 12 months, approximately how often have you experienced the following?

Never Less than once a month 1-3 times a month Once a week More than once a week

Dizziness

Feeling tense, anxious, or nervous

Nausea/vomiting

Feeling unusually tired, sleepy, or low energy most of the day

Sweating a lot more than usual

Difficulty seeing at night

Being absent minded, forgetful, or confused

Headache

Loss of appetite

Fast heart rate

Difficulty with balance

Blurred vision or double vision

Difficulty concentrating

Numbness or pins-and-needles in your hands or feet

Momentary loss of consciousness

Feeling excessively irritable or angry

Shaking or trembling of your hands

Difficulty falling asleep or staying asleep

Difficulty speaking

Weakness in your arms or legs

Changes in your sense of smell or taste

Feeling depressed, indifferent, or withdrawn without particular reason

Twitches, jerks, or involuntary movements of your arms or legs

SECTION 5

Family medical history

74. Do or did any of your BLOOD relatives ever suffer from?

	Your father	Your mother	Your brothers or sisters	Your children
Heart attack before age 50 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kidney failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic bronchitis/emphysema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alzheimer's disease/dementia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parkinson's disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Melanoma of skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other skin cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lymphoma (Hodgkin's disease or non-Hodgkins lymphoma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leukaemia (blood cancer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brain cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lung cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stomach cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bowel or colorectal cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prostate cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breast cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Why are we asking these questions?

These questions on your family medical history, lifestyle, diet, smoking habits, alcohol intake and social circumstances are very important. This is because it is already known that these factors can affect your health. So before we can begin to investigate if pesticides have any long term health effects, we need to be able to adjust for these other factors during the analysis.

SECTION 6

Your lifestyle

75. In a typical week, how many hours do you usually spend physically active and on how many days do you do these activities (include work and leisure activities)?

		Number of days a week you do these activities	Total number of hours a week
Light activities (for example slow walking, house cleaning, childcare)	Summer	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Winter	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Moderate activities (for example walking briskly, ordinary cycling, general gardening, water aerobics)	Summer	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Winter	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Vigorous activities (Activities that make you sweat or breathe hard, such as running or jogging, fast cycling, heavy lifting, heavy housework)	Summer	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Winter	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

76. On a typical day from April to the end of September, how many hours do you spend outdoors between 9am and 4pm? (enter '0' if less than one)

On a working day	<input type="checkbox"/> <input type="checkbox"/>	hours a day
On a weekend or day off	<input type="checkbox"/> <input type="checkbox"/>	hours a day

77. How many days do you work in a typical week from April to September? (enter '0' if less than one)

Number of days worked	<input type="checkbox"/> <input type="checkbox"/>	per week
-----------------------	---	----------

78. If you are working in the sun during April to September, what type of sun protection do you usually use? (please cross all that apply)

- Sunscreen or sunblock
- Wear a baseball-type cap
- Wear another type of hat with a brim
- Wear a long-sleeved shirt
- Do not use any of the above

SECTION 7

Your diet

79. About how many times a week do you usually eat the following vegetables? (enter '0' if none usually)

- broccoli
- cauliflower
- cabbages or sprouts
- cooked tomatoes
- bean curd foods (eg soya, tofu)
- baked beans or pulses (eg lentils, chickpeas, etc)

80. About how many **times a week** do you usually eat the following fruits? (enter '0' if none usually; do not include fruit juice)

an apple

a banana

a pear

prunes

stewed fruit (except prunes)

an orange/satsuma etc

a stone fruit (eg plum, apricot, peach)

grapes, berries

tinned fruit (except prunes)

dried fruit (except prunes)

81. In total how many **pieces of fresh fruit a week** do you usually eat? (enter '0' if none usually)

Number of pieces a week (count one apple, one banana, 10 grapes, 10 berries, etc as one piece)

82. On average how many heaped tablespoons of **salad or vegetables a week** do you usually eat? ((enter '0' if none usually)

raw tomatoes

green salad

raw vegetables (except tomatoes and green salad)

cooked vegetables (except potatoes)

83. How much **wholemeal bread a week** do you eat? (enter '0' if none usually)

Slices, rolls etc of wholemeal bread a week (not white or brown bread)

84. How many bowls of **cereal a week** do you eat? (enter '0' if none usually)

All Bran

Branflakes or muesli

wholewheat (eg Weetabix, shredded wheat)

other cereal (eg oats, rice crispies, cornflakes)

85. How much **yoghurt a week** do you eat? (number of small pots; enter '0' if none usually)

dairy yoghurt or desserts

soya yoghurt or desserts

86. About how many times a week do you eat? (enter '0' if none usually)

any fish (fresh or tinned)

fresh tuna (not tinned)

oily fish (eg salmon, trout, mackerel, sardines, pilchards, herring, kipper, eel and whitebait)

any meat or poultry (fresh or processed)

any poultry (chicken, turkey, etc)

any processed meat (eg bacon, ham, sausages, etc)

87. How much **tea a day** do you usually drink?

cups a day

- do you usually have your tea: (please cross one)

very hot hot warm cool

- do you usually add: (please cross all that apply)

milk sugar artificial sweetener

88. How much **coffee a day** do you usually drink?

cups a day

- do you usually have your coffee: (please cross one)

very hot hot warm cool

- do you usually add: (please cross all that apply)

milk sugar artificial sweetener

89. On average, how much **milk a week** do you drink? (including milk in cereal, cocoa, tea, coffee, cooking, etc)

pints a week OR litres a week

90. What type of milk do you use most often? (please cross one)

cow's milk soya milk other/none

91. Does your diet vary much from week to week? (please cross one)

Never or rarely Often

Sometimes Do not know

92. Have you made any major changes to your diet in the last five years? (please cross one)

No Yes, because of illness

Yes, because of other reasons

93. In the past five years, did you (please cross all that apply)

eat eggs or foods containing eggs eat wheat products

eat dairy products eat sugar or foods/drinks containing sugar

SECTION 8

Tobacco and alcohol

94. Do you smoke tobacco? (please cross one)

Yes No

95. Have you ever smoked as much as 1 cigarette per day, or 1 cigar per week, or 1 oz of tobacco a month, for as long as a year? (please cross one)

Yes No (if no, please go to question 97)

96. How many cigarettes (or equivalent such as roll ups) do you (did you) smoke per day?

per day

For how many years? years

97. About how often do you currently drink alcohol?

(please cross one)

- Daily or almost daily One to three times a month
 Three or four times a week Special occasions only
 Once or twice a week
 Do not drink alcohol now *(if none, please go to question 100)*

98. On average, on a day when you have something to drink, how much do you drink? (please enter number; enter '0' if less than one.)

- | | | | |
|---|----------------------|----------------------|-------------------------|
| Beer, lager or cider, ordinary strength | <input type="text"/> | <input type="text"/> | half pints |
| Beer, lager or cider, strong | <input type="text"/> | <input type="text"/> | half pints |
| Wine, medium size | <input type="text"/> | <input type="text"/> | medium glasses (175 ml) |
| Wine, large size | <input type="text"/> | <input type="text"/> | large glasses (250 ml) |
| Fortified wine, eg sherry or port | <input type="text"/> | <input type="text"/> | measures |
| Spirits, small size | <input type="text"/> | <input type="text"/> | small pub measures |
| Spirits, standard size | <input type="text"/> | <input type="text"/> | standard pub measures |
| Alcopops | <input type="text"/> | <input type="text"/> | bottles (275 ml) |

99. When you drink alcohol is it usually with meals?

(please cross one)

- Yes No It varies

100. In the past, about how often did you drink alcohol?

(please cross one)

- Daily or almost daily One to three times a month
 Three or four times a week Special occasions only
 Once or twice a week Do not drink alcohol

SECTION 9 **Your circumstances**

101. Are you? (please cross one)

- Never married/civil partnered
 Married/Civil partnered
 Living together
 Widowed
 Divorced/Separated
 Other

102. How old were you when you finished full-time school, college or university?

years old

103. What is your highest level of qualification? (please cross one)

- No formal qualifications
 GCSE/O-level or equivalent
 A-level or equivalent
 Vocational qualification
 First degree
 Higher degree
 Other

104. Do you own or rent your home? (please cross one)

- Own (or mortgaged)
 Rent
 Other

105. How many people live in your household?

- Number of children under 16 years living in your household
 Number of people aged 16 years or more (including you)

106. Which of the following describes your current situation? (please cross one)

- Working as an employee
 Self-employed or freelance
 Student
 Retired
 Looking after home and/or family
 Unable to work because of your sickness or disability
 Unemployed
 None of the above

107. Have you ever lived on a farm? (please cross one)

- Yes No *(if no, please go to question 112)*

108. How old were you when you first lived on a farm?

years old

109. Are you still living on a farm? (please cross one)

- Yes No *(if yes, please go to question 111)*

110. How old were you when you stopped living on a farm?

years old

111. What type of farm was it? (please cross all that apply if you have lived on more than one type of farm)

- Crop production, including perennial & non-perennial crops
 Animal production
 Mixed farming

112. Over your lifetime, how many years have you lived or worked on a farm? (please cross one)

- Never lived or worked on a farm 11-20 years
 Less than 5 years 21-30 years
 5-10 years More than 30 years

113. If you worked or lived on a farm (or farms), how many acres were grown on the farm(s) where you worked? (please cross all that apply)

- Less than 5 acres (<2 ha) None
 5-49 acres (2-18 ha)
 50-199 acres (19-80 ha)
 200-499 acres (81-201 ha)
 500-999 acres (202-404 ha)
 More than 1000 acres (>404 ha)

114. Are there any comments you would like to make about this questionnaire?

Thank you for taking part in the study and for completing this questionnaire.

Please return the questionnaire in the envelope provided.

Contact details for the study team

Freephone: 0800 093 4809

Email: PIPAH@hsl.gsi.gov.uk

Address The PIPAH Study
Health and Safety Laboratory
Harpur Hill
Buxton
Derbyshire SK17 9JN

Study team: Dr Anne-Helen Harding (Principal Investigator)
Professor David Fishwick (Study Medical Officer)
Yiqun Chen (Researcher)
Gillian Frost (Researcher)
David Fox (Researcher)
Charlotte Young (Researcher)
Claudia Tarr (Data Management Team Lead)

Before returning your completed questionnaire, please make sure that you have signed the consent form and filled in your contact details.