

The PIPAH Study

Respiratory Health and Working with Pesticides Questionnaire

SECTION 1

Your respiratory health

1. Has **YOUR DOCTOR EVER TOLD YOU** that you have any of the following conditions? *(please cross and give approximate age at diagnosis for all that apply)*

	Yes	Age at diagnosis	
Chronic Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Obstructive Pulmonary Disease (COPD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Farmer's Lung Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulmonary Fibrosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

please specify

2. Do you have any nasal allergies, including hay fever?

Yes

No

3. Do you usually cough first thing in the morning in winter?

Yes

No

If **Yes**, on your days off, is this cough *(please cross one)*

the same

better, or

worse than when you are at work

4. Have you had wheezing or whistling in your chest at any time in the last 12 months?

Yes

No

If **Yes**, on your days off, is this wheezing *(please cross one)*

the same

better, or

worse than when you are at work

5. Does your chest ever get tight or breathing become difficult?

Yes

No

If **Yes**, on your days off, is this chest tightness *(please cross one)*

the same

better, or

worse than when you are at work

6. Do you ever have trouble breathing?

Yes

No

7. Has a doctor ever told you that you have asthma? *(please cross one)*

Yes No

If **No**, go to **Section 2**.

If **Yes**, how old were you when you were first diagnosed with asthma?

years

8. Do you still have asthma? *(please cross one)*

Yes No

If **No**, at what age did it stop? years

9. Was your asthma caused or made worse by your work? *(please cross one)*

Yes No

If **Yes**, what at your work caused or made your asthma worse? *(please specify)*

10. Have you had an attack of asthma in the last 12 months?

Yes No

11. Have you been woken by an attack of shortness of breath at any time in the last 12 months?

Yes No

12. Are you currently taking any medicines, including inhalers, aerosols, or tablets, for asthma?

Yes No

SECTION 2

Your work with pesticides

13. Do you use pesticides outside of any paid work activity, for example in your garden or allotment?

Yes No

14. Have you been in paid work (employed or self-employed) in the past year?

Yes No If **Yes**, please go to **Question 15**

If **No**, are you

Retired – if **retired**, in which year did you retire?

Y	Y	Y	Y
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Other (please specify)

Thank you for completing the questionnaire. Please post this back to the PIPAH study team.

15. Have you personally mixed, loaded, handled or applied pesticides as part of your job in the last year (January to December 2017)? (please put a cross in one box)

Yes

No

If **No**, please post the questionnaire back to the PIPAH study team

16. In your work with pesticides do you normally work as a contractor?

Yes

No

17. Please indicate your main areas of **pesticide work** and enter *an estimate* of the number of days you personally mixed, loaded, handled or applied pesticides in those areas of work, and typically how many hours you spent per day mixing, loading, handling or applying pesticides, in the year January to December 2017. (please cross all that apply)

Worked in this area	Number of days in past year	Typical hours per day
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Example: A cereal grower applies pesticides on 2 different days, on average working with these pesticides for 4 hours per day. This would be recorded as:

Cereals

2

4

Field crops

Cereals (wheat,barley, oats,rye etc)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Oilseeds (oilseed rape, linseed)	<input type="checkbox"/>	<input type="checkbox"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>
Sugar beet	<input type="checkbox"/>	<input type="checkbox"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>
Other arable crops	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

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Horticulture

Hops	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Orchard crops (apples, pears, plums, etc)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Soft fruit (strawberries, currants, etc)	<input type="checkbox"/>	<input type="checkbox"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>
Mushrooms	<input type="checkbox"/>	<input type="checkbox"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>
Protected ornamental crops	<input type="checkbox"/>	<input type="checkbox"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>
Outdoor ornamental flowers and bulbs	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Other

Golf courses, bowling greens, sports grounds	<input type="checkbox"/>	<input type="checkbox"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>
Forestry	<input type="checkbox"/>	<input type="checkbox"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>
Pest control (rural)	<input type="checkbox"/>	<input type="checkbox"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>
Poultry, Livestock or Animal house area	<input type="checkbox"/>	<input type="checkbox"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>
Sprays applied around farm yards or gardens	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

please specify

Thank you for taking the time to complete the questionnaire.

Please post the questionnaire back to the PIPAH study team

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