| Horticulture                                 |             |                |         |
|--|-------------|----------------|---------|
| Hops   |             |                |         |
| Orchard crops (apples, pears, plums, etc)    |             |                |         |
| Soft fruit (strawberries, currants, etc)     |             |                |         |
| Outdoor vegetables                           |             |                |         |
| Mushrooms                                    |             |                |         |
| Protected edible crops                       |             |                |         |
| Protected ornamental crops                   | $\Box$      |                |         |
| Hardy nursery stock                          |             |                |         |
| Outdoor ornamental flowers and bulbs         |             |                |         |
| Other  |             |                |         |
| Golf courses, bowling greens, sports grounds |             |                |         |
| Amenity weed control: roads, pavements etc   |             |                |         |
| Forestry                                     |             |                |         |
| Aquatic                                      |             |                |         |
| Pest control (rural)                         |             |                |         |
| Pest control (urban)                         |             |                |         |
| Poultry, Livestock or Animal house area      |             |                |         |
| Grain stores                                 |             |                |         |
| Sprays applied around farm yards or gardens  |             |                |         |
|  |             |                |         |
| Other  |             |                |         |
| please specify                               |             |                |         |
| Thank you for taking the time to             | -           | _              | nnaire. |
| Please post the questionnaire bac            | k to the Ph | ran study team |         |
|  | 4.4 NI      | 2017           | 170000  |

Version 1.1 – November 2017

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|   |   |   | If <b>No</b> , are you          |  |                                      |                                  |                       |
|---|---|---|---------------------------------|--|--------------------------------------|----------------------------------|-----------------------|
|   | old you that you have asthma? (please cross one)                |   | Retired – if                    | retired, in which year did yo  | u retire?                            | YYYY                             | ]                     |
| Yes   | No  |   | Other (plea                     | se specify)  |                                      |                                  |                       |
| If <b>No</b> , go to <b>Section</b>           | 2.  |   |                                 |  |                                      |                                  |                       |
| If Yes, how old were                          | e you when you were first diagnosed with asthma?                |   |                                 | pleting the questionnaire. Ple   | ·                                    |                                  |                       |
| 8. Do you still have as                       | thma? (please cross one)  |   |                                 | onally mixed, loaded, han<br>year (January to Decembe  |                                      |                                  |                       |
| Yes   | No  |   | Yes                             | No   |                                      |                                  |                       |
| If <b>No</b> , at what age o                  | did it stop? years  |   | If <b>No</b> , please po        | ost the questionnaire back to  | the PIPAH study to                   | eam                              |                       |
| 9. Was your asthma car                        | used or made worse by your work? (please cross one)             |   | 16. In your work v              | vith pesticides do you nor   | mally work as a c                    | ontractor?                       |                       |
| Yes   | No  |   | Yes                             | No   |                                      |                                  |                       |
|   | vork caused or made your asthma worse? (please specify)         | ] | number of day<br>those areas of | e your main areas of <b>pestic</b><br>is you personally mixed, lo<br>work, and typically how m<br>ing or applying pesticides,<br>that apply) | aded, handled o<br>nany hours you sp | r applied pest<br>pent per day r | ticides in<br>mixing, |
| Yes   | No  |   |                                 |  | Worked in this area                  | Number of days in                | Typical hours per     |
| 11. Have you been wo 12 months?               | ken by an attack of shortness of breath at any time in the last |   |                                 | l grower applies pesticides or<br>r 4 hours per day. This would  |                                      | past year on average wo          | day<br>orking with    |
| Yes   | No  |   | Cereals                         | 1 4 Hours per day. This would  | X X                                  |                                  |                       |
| 12. Are you currently to or tablets, for asth | taking any medicines, including inhalers, aerosols,<br>ima?     |   | Field crops                     |  |                                      |                                  |                       |
| Yes   | No  |   | Cereals (wheat,bar              | ley, oats,rye etc)   |                                      |                                  |                       |
|   |   |   | Oilseeds (oilseed ra            | ape, linseed)  | П                                    |                                  |                       |
| SECTION 2                                     | Your work with pesticides                                       | 7 | Potatoes                        |  |                                      |                                  |                       |
| 13. Do you use pesticion garden or allotme    | des outside of any paid work activity, for example in your nt?  |   | Sugar beet                      |  |                                      |                                  |                       |
| Yes   | No  |   | Grassland and/or f              | odder crops  |                                      |                                  |                       |
| 14. Have you been in I in the past year?      | paid work (employed or self-employed)                           |   | Other arable crops              |  |                                      |                                  |                       |
| Yes   | No If <b>Yes</b> , please go to <b>Question 15</b>              |   | Continued over the p            | page   |                                      |                                  |                       |
|   | Version 1.1 – November 201                                      | 7 |                                 |  |                                      | Version 1.1                      | – November 201        |

| Horticulture                                 |                       |               |         |  |                             |  |                              |                               |
|--|-----------------------|---------------|---------|--|-----------------------------|--|------------------------------|-------------------------------|
| Hops   |                       |               |         |  | The PIPAH St                | t <b>udy</b><br>and Working with Pestic              | ides Questionnais            |                               |
| Orchard crops (apples, pears, plums, etc)    |                       |               |         |  | SECTION 1                   | Your respirato                                       |                              |                               |
| Soft fruit (strawberries, currants, etc)     |                       |               |         |  |                             | R EVER TOLD YOU that y                               | ou have any of th            |                               |
| Outdoor vegetables                           |                       |               |         |  | conditions? (please         | cross and give approximate                           | e age at diagnosis fo<br>Yes | or all that app<br>Age at dia |
| Mushrooms                                    | $\overline{}$         |               |         |  | Chronic Bronchitis          |  |                              | Age at tila                   |
| Protected edible crops                       |                       |               |         |  |                             | ulmonary Disease (COPD)                              |                              |                               |
|  |                       |               |         |  | Farmer's Lung Disease       |  |                              |                               |
| Protected ornamental crops                   |                       |               |         |  | Pulmonary Fibrosis          |  |                              |                               |
| Hardy nursery stock                          |                       |               |         |  | Tuberculosis Other          |  |                              |                               |
| Outdoor ornamental flowers and bulbs         |                       |               |         |  |                             |  |                              |                               |
| Other  |                       |               |         |  | please specify              |  |                              |                               |
| Golf courses, bowling greens, sports grounds | ;                     |               |         |  | 2. Do you have any n        | asal allergies, including l                          | nay fever?                   |                               |
| Amenity weed control: roads, pavements etc   |                       |               |         |  | Yes                         | No   |                              |                               |
|  |                       |               |         |  | 3. Do you usually cou       | igh first thing in the mor                           | ning in winter?              |                               |
| Forestry                                     |                       |               |         |  | Yes                         | No   |                              |                               |
| Aquatic                                      |                       |               |         |  | If <b>Yes</b> , on your day | s off, is this cough (please                         | e cross one)                 |                               |
| Pest control (rural)                         |                       |               |         |  | the same                    | better, or worse than                                | when you are at w            | ork                           |
| Pest control (urban)                         |                       |               |         |  | 4. Have you had whe         | ezing or whistling in you                            | chest at any time            | in the last 12                |
|  |                       |               |         |  | Yes                         | No   |                              |                               |
| Poultry, Livestock or Animal house area      |                       |               |         |  | If Veg. on your day         | a aff is this who aring (n)                          | lanca crace anal             |                               |
| Grain stores                                 |                       |               |         |  |                             | s off, is this wheezing (pl<br>better, or worse than |                              | ork ork                       |
| Sprays applied around farm yards or gardens  |                       |               |         |  | 5. Does your chest ev       | er get tight or breathing                            | become difficult             | ?                             |
| Other  |                       |               |         |  | Yes                         | No   |                              |                               |
|  |                       |               |         |  | If <b>Yes</b> , on your day | s off, is this chest tightne                         | ess (please cross on         | e)                            |
| please specify                               |                       |               |         |  | the same                    | better, or worse than                                | when you are at w            | ork                           |
| Thank you for taking the time                | to complete           | the question  | nnaire. |  | 6. Do you ever have t       | rouble breathing?                                    |                              |                               |
| Please post the questionnair                 | e back to the PIPA    | AH study team |         |  | Yes                         | No   |                              |                               |
|  | Version 1.1 – Novembe | er 2017       | A7D8C9  |  |                             | <del>_</del>   | ersion 1.1 – November 201    | 7                             |

| Horticulture                                 |              |                    |   |
|--|--------------|--------------------|---|
| Hops   |              |                    | The PIPAH Study  Respiratory Health and Working with Pesticides Questionna  |
| Orchard crops (apples, pears, plums, etc)    |              |                    | SECTION 1 Your respiratory health   |
| Soft fruit (strawberries, currants, etc)     |              |                    | 1. Has YOUR DOCTOR EVER TOLD YOU that you have any of t   |
| Outdoor vegetables                           |              |                    | conditions? (please cross and give approximate age at diagnosis  Yes  |
| Mushrooms                                    |              |                    | Chronic Bronchitis  |
| Protected edible crops                       |              |                    | Chronic Obstructive Pulmonary Disease (COPD)  |
| Protected ornamental crops                   |              |                    | Farmer's Lung Disease  Pulmonary Fibrosis   |
| Hardy nursery stock                          |              |                    | Tuberculosis  |
|  |              |                    | Other   |
| Outdoor ornamental flowers and bulbs         |              |                    | please specify  |
| Other  |              |                    | 2. Do you have any nasal allergies, including hay fever?  |
| Golf courses, bowling greens, sports grounds |              |                    | Yes No  |
| Amenity weed control: roads, pavements etc   |              |                    |   |
| Forestry                                     |              |                    | 3. Do you usually cough first thing in the morning in winter?   |
| Aquatic                                      |              |                    | If <b>Yes</b> , on your days off, is this cough (please cross one)  |
| Pest control (rural)                         |              |                    | the same better, or worse than when you are at  |
| Pest control (urban)                         |              |                    | 4. Have you had wheezing or whistling in your chest at any tin  |
|  |              |                    | Yes No  |
| Poultry, Livestock or Animal house area      |              |                    | If <b>Yes</b> , on your days off, is this wheezing (please cross one)   |
| Grain stores                                 |              |                    | the same better, or worse than when you are at  |
| Sprays applied around farm yards or gardens  |              |                    | 5. Does your chest ever get tight or breathing become difficu   |
| Other  |              |                    | Yes No  |
| please specify                               |              |                    | If <b>Yes</b> , on your days off, is this chest tightness (please cross of the same better, or worse than when you are at |
| Thank you for taking the time to             | complete     | the questionnaire. | 6. Do you ever have trouble breathing?  |
| Please post the questionnaire bac            | k to the PIP | AH study team      | ☐ Yes ☐ No  |

| Horticulture   |  |  |  |  |
|--|--|--|--|--|
| Hops   |  |  |  |  |
| Orchard crops (apples, pears, plums, etc)                    |  |  |  |  |
| Soft fruit (strawberries, currants, etc)                     |  |  |  |  |
| Outdoor vegetables   |  |  |  |  |
| Mushrooms  |  |  |  |  |
| Protected edible crops                                       |  |  |  |  |
| Protected ornamental crops                                   |  |  |  |  |
| Hardy nursery stock  |  |  |  |  |
| Outdoor ornamental flowers and bulbs                         |  |  |  |  |
| Other  |  |  |  |  |
| Golf courses, bowling greens, sports grounds                 |  |  |  |  |
| Amenity weed control: roads, pavements etc                   |  |  |  |  |
| Forestry   |  |  |  |  |
| Aquatic  |  |  |  |  |
| Pest control (rural)   |  |  |  |  |
| Pest control (urban)   |  |  |  |  |
| Poultry, Livestock or Animal house area                      |  |  |  |  |
| Grain stores   |  |  |  |  |
| Sprays applied around farm yards or gardens                  |  |  |  |  |
| Other  |  |  |  |  |
| please specify   |  |  |  |  |
| Thank you for taking the time to complete the questionnaire. |  |  |  |  |

Please post the questionnaire back to the PIPAH study team

A7D8D1

| 11000024            |
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| owing<br>hat apply) |
| e at diagnosis      |
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|                     |
| e last 12 months?   |
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| Horticulture   |  |  |  |  |  |
|--|--|--|--|--|--|
| Hops   |  |  |  |  |  |
| Orchard crops (apples, pears, plums, etc)                    |  |  |  |  |  |
| Soft fruit (strawberries, currants, etc)                     |  |  |  |  |  |
| Outdoor vegetables   |  |  |  |  |  |
| Mushrooms  |  |  |  |  |  |
| Protected edible crops                                       |  |  |  |  |  |
| Protected ornamental crops                                   |  |  |  |  |  |
| Hardy nursery stock  |  |  |  |  |  |
| Outdoor ornamental flowers and bulbs                         |  |  |  |  |  |
| Other  |  |  |  |  |  |
| Golf courses, bowling greens, sports grounds                 |  |  |  |  |  |
| Amenity weed control: roads, pavements etc                   |  |  |  |  |  |
| Forestry   |  |  |  |  |  |
| Aquatic  |  |  |  |  |  |
| Pest control (rural)   |  |  |  |  |  |
| Pest control (urban)   |  |  |  |  |  |
| Poultry, Livestock or Animal house area                      |  |  |  |  |  |
| Grain stores   |  |  |  |  |  |
| Sprays applied around farm yards or gardens                  |  |  |  |  |  |
| Other  |  |  |  |  |  |
| please specify   |  |  |  |  |  |
| Thank you for taking the time to complete the guestionnaire. |  |  |  |  |  |

Please post the questionnaire back to the PIPAH study team

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|-----------------------------|-------|
|                             |       |

| The PIPAH S                     | Study  | 1100002  |
|---------------------------------|--|--|
| Respiratory Healt               | h and Working with Pest<br>Your respirat               |  |
| 1. Has <b>YOUR DOCT</b>         | OR EVER TOLD YOU that                                  | you have any of the following ate age at diagnosis for all that apply) |
| Chuania Duan ahitia             |  | Yes Age at diagnosis   |
| Chronic Bronchitis              | D. J (CODD)  |  |
|                                 | Pulmonary Disease (COPD)                               |  |
| Farmer's Lung Diseas            | se   |  |
| Pulmonary Fibrosis Tuberculosis |  |  |
| Other                           |  |  |
| Other                           |  |  |
| please specify                  |  |  |
| 2. Do you have any              | nasal allergies, including                             | g hay fever?   |
|                                 |  |  |
| 3. Do you usually co            | ough first thing in the mo                             | orning in winter?  |
| Yes                             | No   |  |
| If <b>Yes</b> , on your da      | ays off, is this cough (pleating better, or worse that | ase cross one)<br>an when you are at work                              |
| 4. Have you had wh              | eezing or whistling in yo                              | ur chest at any time in the last 12 months?                            |
| Yes                             | No   |  |
|                                 | ays off, is this wheezing (                            |  |
| 5. Does your chest o            | ever get tight or breathir                             | ng become difficult?   |
| Yes                             | No   |  |
| If <b>Yes</b> , on your da      | ays off, is this chest tighted better, or worse that   | ness (please cross one)<br>an when you are at work                     |
| 6. Do you ever have             | trouble breathing?                                     |  |
| Yes                             | □No  |  |
|                                 |  |  |

| Horticulture                                 |               |                    |  |
|--|---------------|--------------------|--|
| Hops   |               |                    | The PIPAH Study  Respiratory Health and Working with Pesticides Questionnair   |
| Orchard crops (apples, pears, plums, etc)    |               |                    | SECTION 1 Your respiratory health  |
| Soft fruit (strawberries, currants, etc)     |               |                    | 1. Has YOUR DOCTOR EVER TOLD YOU that you have any of the  |
| Outdoor vegetables                           |               |                    | conditions? (please cross and give approximate age at diagnosis fo   |
| Mushrooms                                    | $\overline{}$ |                    | Chronic Bronchitis   |
| Protected edible crops                       |               |                    | Chronic Obstructive Pulmonary Disease (COPD)   |
| Totalia cubic crops                          | Ш             |                    | Farmer's Lung Disease  |
| Protected ornamental crops                   |               |                    | Pulmonary Fibrosis   |
| Hardy nursery stock                          |               |                    | Tuberculosis   |
| Outdoor ornamental flowers and bulbs         |               |                    | Other  |
| Other  |               |                    | please specify   |
| Golf courses, bowling greens, sports grounds |               |                    | 2. Do you have any nasal allergies, including hay fever?   |
| Amenity weed control: roads, pavements etc   |               |                    | ☐ Yes ☐ No   |
| Forestry                                     |               |                    | 3. Do you usually cough first thing in the morning in winter?  |
| Aquatic                                      |               |                    | Yes No  If <b>Yes</b> , on your days off, is this cough (please cross one)   |
|  |               |                    | the same better, or worse than when you are at w   |
| Pest control (rural)                         |               |                    | 4. Have you had wheezing or whistling in your chest at any time  |
| Pest control (urban)                         |               |                    | Yes No   |
| Poultry, Livestock or Animal house area      |               |                    |  |
| Grain stores                                 |               |                    | If <b>Yes</b> , on your days off, is this wheezing (please cross one)  the same better, or worse than when you are at w      |
| Sprays applied around farm yards or gardens  |               |                    | 5. Does your chest ever get tight or breathing become difficult  |
| Other  |               |                    | ☐ Yes ☐ No   |
| please specify                               |               |                    | If <b>Yes</b> , on your days off, is this chest tightness (please cross one the same better, or worse than when you are at w |
| Thank you for taking the time to             | complete      | the questionnaire. | 6. Do you ever have trouble breathing?   |
| Please post the questionnaire bac            | k to the PIP  | AH study team      | □ Yes □ No   |

| 11000039                                    |
|---|
| 11000033                                    |
|   |
| Following all that apply)  Age at diagnosis |
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| k   |
| the last 12 months?                         |
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| k   |
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| Horticulture                                 |               |               |   |
|--|---------------|---------------|---|
| Hops   |               |               | The PIPAH Study  Respiratory Health and Working with Pesticides Questionnaire   |
| Orchard crops (apples, pears, plums, etc)    |               |               | SECTION 1 Your respiratory health   |
| Soft fruit (strawberries, currants, etc)     |               |               | 1. Has <b>YOUR DOCTOR EVER TOLD YOU</b> that you have any of the follo  |
| Outdoor vegetables                           |               |               | conditions? (please cross and give approximate age at diagnosis for all the Yes   Ag                                      |
| Mushrooms                                    |               |               | Chronic Bronchitis  |
| Protected edible crops                       |               |               | Chronic Obstructive Pulmonary Disease (COPD)  |
| Protected ornamental crops                   |               |               | Farmer's Lung Disease  Pulmonary Fibrosis   |
| Hardy nursery stock                          |               |               | Tuberculosis  |
| Outdoor ornamental flowers and bulbs         |               |               | Other   |
| Other  |               |               | please specify  |
| Golf courses, bowling greens, sports grounds |               |               | 2. Do you have any nasal allergies, including hay fever?  |
| Amenity weed control: roads, pavements etc   |               |               | Yes No  |
| Forestry                                     |               |               | 3. Do you usually cough first thing in the morning in winter?   |
| Aquatic                                      |               |               | Yes No  If <b>Yes</b> , on your days off, is this cough (please cross one)  |
|  |               |               | the same better, or worse than when you are at work   |
| Pest control (rural)                         |               |               | 4. Have you had wheezing or whistling in your chest at any time in the  |
| Pest control (urban)                         |               |               | ☐ Yes ☐ No  |
| Poultry, Livestock or Animal house area      | Ш             |               | If <b>Yes</b> , on your days off, is this wheezing (please cross one)   |
| Grain stores                                 |               |               | the same better, or worse than when you are at work   |
| Sprays applied around farm yards or gardens  |               |               | 5. Does your chest ever get tight or breathing become difficult?  |
| Other  |               |               | Yes No  |
| please specify                               |               |               | If Yes, on your days off, is this chest tightness (please cross one)  the same better, or worse than when you are at work |
| Thank you for taking the time to             | •             | •             | <b>e.</b> 6. Do you ever have trouble breathing?  |
| Please post the questionnaire ba             | ck to the PIP | AH study team | ☐ Yes ☐ No  |

11000041

| Respiratory Health and Working with Pesticion   | des Questionnaire                  |
|---|------------------------------------|
| SECTION 1 Your respirator   | y health                           |
| 1. Has YOUR DOCTOR EVER TOLD YOU that yo conditions? (please cross and give approximate   |                                    |
|   | Yes Age at diagnosis               |
| Chronic Bronchitis  |                                    |
| Chronic Obstructive Pulmonary Disease (COPD)  |                                    |
| Farmer's Lung Disease   |                                    |
| Pulmonary Fibrosis  |                                    |
| Tuberculosis  |                                    |
| Other   |                                    |
| please specify  |                                    |
| Yes No  3. Do you usually cough first thing in the morn Yes No  If Yes, on your days off, is this cough (please of the same better, or worse than worse).  4. Have you had wheezing or whistling in your of the same No | cross one)<br>when you are at work |
| If Yes, on your days off, is this wheezing (pleating the same better, or worse than we have the same better).   | when you are at work               |
| 5. Does your chest ever get tight or breathing  | become difficult?                  |
| Yes No  |                                    |
| If <b>Yes</b> , on your days off, is this chest tightness than we better, or worse than we have   |                                    |
| 6. Do you ever have trouble breathing?  |                                    |
|   |                                    |

11000047

| Respiratory Health and Working with Pesticides Questionnaire |  |  |  |  |
|--|--|--|--|--|
| SECTION 1  | Your respirato   | ry health  |  |  |
|  |  | ou have any of the following<br>e age at diagnosis for all that apply) |  |  |
|  |  | Yes Age at diagnosis   |  |  |
| Chronic Bronchitis   |  |  |  |  |
| Chronic Obstructive F  | Pulmonary Disease (COPD)                               |  |  |  |
| Farmer's Lung Disease  | 9  |  |  |  |
| Pulmonary Fibrosis   |  |  |  |  |
| Tuberculosis   |  |  |  |  |
| Other  |  |  |  |  |
| please specify   |  |  |  |  |
|  | nasal allergies, including h                           | nay fever?   |  |  |
| Yes  | No   |  |  |  |
| 3. Do you usually co   | ugh first thing in the mor                             | ning in winter?  |  |  |
| Yes  | No   |  |  |  |
| If <b>Yes</b> , on your day                                  | ys off, is this cough (please<br>better, or worse than | e cross one)<br>when you are at work                                   |  |  |
| 4. Have you had whe  | ezing or whistling in your                             | chest at any time in the last 12 months                                |  |  |
| Yes  | No   |  |  |  |
|  | ys off, is this wheezing (pl                           | ease cross one)<br>when you are at work                                |  |  |
| 5. Does your chest e   | ver get tight or breathing                             | become difficult?  |  |  |
| Yes  | No   |  |  |  |
|  | ys off, is this chest tightne<br>better, or worse than |  |  |  |
| 6. Do you ever have  | trouble breathing?                                     |  |  |  |
|  |  |  |  |  |

| Horticulture   |  |  |  |  |
|--|--|--|--|--|
| Hops   |  |  |  |  |
| Orchard crops (apples, pears, plums, etc)                    |  |  |  |  |
| Soft fruit (strawberries, currants, etc)                     |  |  |  |  |
| Outdoor vegetables   |  |  |  |  |
| Mushrooms  |  |  |  |  |
| Protected edible crops                                       |  |  |  |  |
| Protected ornamental crops                                   |  |  |  |  |
| Hardy nursery stock  |  |  |  |  |
| Outdoor ornamental flowers and bulbs                         |  |  |  |  |
| Other  |  |  |  |  |
| Golf courses, bowling greens, sports grounds                 |  |  |  |  |
| Amenity weed control: roads, pavements etc                   |  |  |  |  |
| Forestry   |  |  |  |  |
| Aquatic  |  |  |  |  |
| Pest control (rural)   |  |  |  |  |
| Pest control (urban)   |  |  |  |  |
| Poultry, Livestock or Animal house area                      |  |  |  |  |
| Grain stores   |  |  |  |  |
| Sprays applied around farm yards or gardens                  |  |  |  |  |
| Other  |  |  |  |  |
| please specify   |  |  |  |  |
| Thank you for taking the time to complete the questionnaire. |  |  |  |  |

Please post the questionnaire back to the PIPAH study team

| Version 1.1 – November 2017 | A7D8F4 |
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|                             |        |

| The PIPAH S Respiratory Health           |  | ith Pesticides ( | Questionnai   | ire                      |
|--|--|------------------|---------------|--------------------------|
| SECTION 1                                | Your   | respiratory he   | alth          |                          |
| 1. Has YOUR DOCTO<br>conditions? (please |  |                  |               |                          |
|  |  |                  | Yes           | Age at diagnosis         |
| Chronic Bronchitis                       |  |                  |               |                          |
| Chronic Obstructive                      | Pulmonary Disease                            | e (COPD)         |               |                          |
| Farmer's Lung Diseas                     | е  |                  |               |                          |
| Pulmonary Fibrosis                       |  |                  |               |                          |
| Tuberculosis                             |  |                  |               |                          |
| Other                                    |  |                  |               |                          |
| please specify                           |  |                  |               |                          |
| 2. Do you have any Yes                   | No   |                  |               |                          |
| 3. Do you usually co                     |  | n the morning    | in winter?    |                          |
| Yes                                      | ∐ No   |                  | ,             |                          |
| If <b>Yes</b> , on your da               | ys off, is this could better, or $ \square $ |                  |               | vork                     |
| 4. Have you had who                      | eezing or whistli                            | ng in your ches  | t at any time | e in the last 12 months? |
| Yes                                      | No   |                  |               |                          |
| If <b>Yes</b> , on your da               | ys off, is this wh                           |                  |               | vork                     |
| 5. Does your chest e                     | ver get tight or                             | breathing beco   | ome difficul  | t?                       |
| Yes                                      | No   |                  |               |                          |
| If <b>Yes</b> , on your da               | ys off, is this che<br>better, or            |                  |               |                          |
| 6. Do you ever have                      | trouble breathi                              | ng?              |               |                          |
| Yes                                      | No   |                  |               |                          |
| _  | _  |                  |               |                          |

| Horticulture                                 |                      |                   | TI DIDALLO: I   |
|--|----------------------|-------------------|---|
| Hops   |                      |                   | The PIPAH Study  Respiratory Health and Working with Pesticides Questionnaire |
| Orchard crops (apples, pears, plums, etc)    |                      |                   | SECTION 1 Your respiratory health   |
| Soft fruit (strawberries, currants, etc)     |                      |                   | 1. Has YOUR DOCTOR EVER TOLD YOU that you have any of the f                   |
| Outdoor vegetables                           |                      |                   | conditions? (please cross and give approximate age at diagnosis for a         |
| Mushrooms                                    |                      |                   | Chronic Bronchitis  |
| Protected edible crops                       |                      |                   | Chronic Obstructive Pulmonary Disease (COPD)                                  |
| Protected ornamental crops                   |                      |                   | Farmer's Lung Disease  Pulmonary Fibrosis                                     |
| Hardy nursery stock                          |                      |                   | Tuberculosis  |
| Outdoor ornamental flowers and bulbs         |                      |                   | Other   |
| Other  |                      |                   | please specify  |
| Golf courses, bowling greens, sports grounds |                      |                   | 2. Do you have any nasal allergies, including hay fever?                      |
| Amenity weed control: roads, pavements etc   |                      |                   | Yes No  |
| Forestry                                     |                      |                   | 3. Do you usually cough first thing in the morning in winter?                 |
| Aquatic                                      |                      |                   | Yes No  If <b>Yes</b> , on your days off, is this cough (please cross one)    |
|  |                      |                   | the same better, or worse than when you are at wor                            |
| Pest control (rural)                         |                      |                   | 4. Have you had wheezing or whistling in your chest at any time in            |
| Pest control (urban)                         |                      |                   | Yes No  |
| Poultry, Livestock or Animal house area      |                      |                   | If <b>Yes</b> , on your days off, is this wheezing (please cross one)         |
| Grain stores                                 |                      |                   | the same better, or worse than when you are at wor                            |
| Sprays applied around farm yards or gardens  |                      |                   | 5. Does your chest ever get tight or breathing become difficult?              |
| Other  |                      |                   | ☐ Yes ☐ No  |
| please specify                               |                      |                   | If Yes, on your days off, is this chest tightness (please cross one)          |
| Thank you for taking the time to             | complete             | the questionnaire | the same better, or worse than when you are at wor                            |
| Please post the questionnaire ba             | •                    | •                 | o. Do you ever have trouble breathing:  |
| · · ·  | rsion 1.1 – Novemb   | •                 | Yes No  Version 1.1 – November 2017   |
| vei  | SIGIT I.I TNOVEITIDE | CI ZOII AIDOFI    | version 1.1 – November 2017   |

| Horticulture                                 |             |
|--|-------------|
| Hops   |             |
| Orchard crops (apples, pears, plums, etc)    |             |
| Soft fruit (strawberries, currants, etc)     |             |
| Outdoor vegetables                           |             |
| Mushrooms                                    |             |
| Protected edible crops                       |             |
| Protected ornamental crops                   |             |
| Hardy nursery stock                          |             |
| Outdoor ornamental flowers and bulbs         |             |
| Other  |             |
| Golf courses, bowling greens, sports grounds |             |
| Amenity weed control: roads, pavements etc   |             |
| Forestry                                     |             |
| Aquatic                                      |             |
| Pest control (rural)                         |             |
| Pest control (urban)                         |             |
| Poultry, Livestock or Animal house area      |             |
| Grain stores                                 |             |
| Sprays applied around farm yards or gardens  |             |
| Other  |             |
| please specify                               |             |
|  | <br>at at t |

Thank you for taking the time to complete the questionnaire.

Please post the questionnaire back to the PIPAH study team

Yes

No

A7D8FE

| Horticulture                                 |      |
|--|------|
| Hops   |      |
| Orchard crops (apples, pears, plums, etc)    |      |
| Soft fruit (strawberries, currants, etc)     |      |
| Outdoor vegetables                           |      |
| Mushrooms                                    |      |
| Protected edible crops                       |      |
| Protected ornamental crops                   |      |
| Hardy nursery stock                          |      |
| Outdoor ornamental flowers and bulbs         |      |
| Other  |      |
| Golf courses, bowling greens, sports grounds |      |
| Amenity weed control: roads, pavements etc   |      |
| Forestry                                     |      |
| Aquatic                                      |      |
| Pest control (rural)                         |      |
| Pest control (urban)                         |      |
| Poultry, Livestock or Animal house area      |      |
| Grain stores                                 |      |
| Sprays applied around farm yards or gardens  |      |
| Other  |      |
| please specify                               |      |
|  | <br> |

Thank you for taking the time to complete the questionnaire.

Please post the questionnaire back to the PIPAH study team

Yes

No

| Horticulture   |   |  |   |
|--|---|--|---|
| Hops   |   |  | The PIPAH Study  Respiratory Health and Working with Pesticides Questionnaire   |
| Orchard crops (apples, pears, plums, etc)                    |   |  | SECTION 1 Your respiratory health   |
| Soft fruit (strawberries, currants, etc)                     |   |  | 1. Has <b>YOUR DOCTOR EVER TOLD YOU</b> that you have any of the  |
| Outdoor vegetables   |   |  | conditions? (please cross and give approximate age at diagnosis for   |
| Mushrooms  |   |  | Chronic Bronchitis  |
| Protected edible crops                                       |   |  | Chronic Obstructive Pulmonary Disease (COPD)  |
| Protected ornamental crops                                   |   |  | Farmer's Lung Disease  Pulmonary Fibrosis   |
| Hardy nursery stock  |   |  | Tuberculosis  |
| Outdoor ornamental flowers and bulbs                         |   |  | Other   |
| Other  | _ |  | please specify  |
| Golf courses, bowling greens, sports grounds                 |   |  | 2. Do you have any nasal allergies, including hay fever?  |
| Amenity weed control: roads, pavements etc                   |   |  | Yes No  |
| Forestry   |   |  | 3. Do you usually cough first thing in the morning in winter?  Yes  No  |
| Aquatic  |   |  | If <b>Yes</b> , on your days off, is this cough (please cross one)  |
| Pest control (rural)   |   |  | the same better, or worse than when you are at wor  |
| Pest control (urban)   |   |  | 4. Have you had wheezing or whistling in your chest at any time ir  |
| Poultry, Livestock or Animal house area                      |   |  | Yes No  |
| Grain stores   |   |  | If <b>Yes</b> , on your days off, is this wheezing (please cross one)  the same better, or worse than when you are at wo          |
| Sprays applied around farm yards or gardens                  |   |  | 5. Does your chest ever get tight or breathing become difficult?  |
| Other  |   |  | Yes No  |
| please specify   |   |  | If <b>Yes</b> , on your days off, is this chest tightness (please cross one) the same better, or worse than when you are at worse |
| Thank you for taking the time to complete the questionnaire. |   |  | 6. Do you ever have trouble breathing?  |
| Please post the questionnaire back to the PIPAH study team   |   |  | ☐ Yes ☐ No  |

Version 1.1 – November 2017

A7D909

Version 1.1 – November 2017

A7D909

| Horticulture                                 |                    |                  |  |
|--|--------------------|------------------|--|
| Hops   |                    |                  | The PIPAH Study  Respiratory Health and Working with Pesticides Questionnaire  |
| Orchard crops (apples, pears, plums, etc)    |                    |                  | SECTION 1 Your respiratory health  |
| Soft fruit (strawberries, currants, etc)     |                    |                  | 1. Has <b>YOUR DOCTOR EVER TOLD YOU</b> that you have any of the follow  |
| Outdoor vegetables                           |                    |                  | conditions? (please cross and give approximate age at diagnosis for all that   |
| Mushrooms                                    |                    |                  | Chronic Bronchitis   |
| Protected edible crops                       |                    |                  | Chronic Obstructive Pulmonary Disease (COPD)   |
|  |                    |                  | Farmer's Lung Disease  |
| Protected ornamental crops                   |                    |                  | Pulmonary Fibrosis   |
| Hardy nursery stock                          |                    |                  | Tuberculosis   |
| Outdoor ornamental flowers and bulbs         |                    |                  | Other  |
| Other  |                    |                  | please specify   |
| Golf courses, bowling greens, sports grounds |                    |                  | 2. Do you have any nasal allergies, including hay fever?   |
|  |                    |                  | ☐ Yes ☐ No   |
| Amenity weed control: roads, pavements etc   |                    |                  | 3. Do you usually cough first thing in the morning in winter?  |
| Forestry                                     |                    |                  | Yes No   |
| Aquatic                                      |                    |                  | If Yes, on your days off, is this cough (please cross one)   |
| Pest control (rural)                         |                    |                  | the same better, or worse than when you are at work  |
| Post control (urban)                         |                    |                  | 4. Have you had wheezing or whistling in your chest at any time in the   |
| Pest control (urban)                         |                    |                  | ☐ Yes ☐ No   |
| Poultry, Livestock or Animal house area      |                    |                  |  |
| Grain stores                                 |                    |                  | If <b>Yes</b> , on your days off, is this wheezing (please cross one)  the same better, or worse than when you are at work |
| Sprays applied around farm yards or gardens  |                    |                  | 5. Does your chest ever get tight or breathing become difficult?   |
| Other  |                    |                  | ☐ Yes ☐ No   |
| please specify                               |                    |                  | If <b>Yes</b> , on your days off, is this chest tightness (please cross one)   |
| Thank you for taking the time to             | complete           | the questionneis | the same better, or worse than when you are at work  |
|  | •                  | •                | 6. Do you ever have trouble breathing?   |
| Please post the questionnaire bac            | ck to the PIPA     | AH study team    | ☐ Yes ☐ No   |
| Vers   | sion 1.1 – Novembe | er 2017 A7D90C   | Version 1.1 – November 2017  |

| Horticulture   |          |                    |   |
|--|----------|--------------------|---|
| Hops   |          |                    | The PIPAH Study Respiratory Health and Working with Pesticides Questionnaire  |
| Orchard crops (apples, pears, plums, etc)                  |          |                    | SECTION 1 Your respiratory health   |
| Soft fruit (strawberries, currants, etc)                   |          |                    | 1. Has YOUR DOCTOR EVER TOLD YOU that you have any of the fo  |
| Outdoor vegetables   |          |                    | conditions? (please cross and give approximate age at diagnosis for al  |
| Mushrooms  |          |                    | Chronic Bronchitis  |
| Protected edible crops                                     |          |                    | Chronic Obstructive Pulmonary Disease (COPD)  |
|  |          |                    | Farmer's Lung Disease   |
| Protected ornamental crops                                 |          |                    | Pulmonary Fibrosis  |
| Hardy nursery stock  |          |                    | Tuberculosis  |
| Outdoor ornamental flowers and bulbs                       |          |                    | Other   |
| Other  |          |                    | please specify  |
| Golf courses, bowling greens, sports grounds               |          |                    | 2. Do you have any nasal allergies, including hay fever?  |
| Amenity weed control: roads, pavements etc                 |          |                    | Yes No  |
| Forestry   |          |                    | 3. Do you usually cough first thing in the morning in winter?  Yes  No  |
| Aquatic  |          |                    | If Yes, on your days off, is this cough (please cross one)  |
| Pest control (rural)                                       |          |                    | the same better, or worse than when you are at work   |
| Pest control (urban)                                       |          |                    | 4. Have you had wheezing or whistling in your chest at any time in t  |
| Poultry, Livestock or Animal house area                    |          |                    | Yes No  |
| Grain stores   |          |                    | If Yes, on your days off, is this wheezing (please cross one)   |
| Grain Stores   | Ш        |                    | the same better, or worse than when you are at work   |
| Sprays applied around farm yards or gardens                |          |                    | 5. Does your chest ever get tight or breathing become difficult?  |
| Other  |          |                    | Yes No  |
| please specify   |          |                    | If <b>Yes</b> , on your days off, is this chest tightness (please cross one)  the same better, or worse than when you are at work |
| Thank you for taking the time to                           | complete | e the questionnair | 6. Do you ever have trouble breathing?  |
| Please post the questionnaire back to the PIPAH study team |          |                    | ☐ Yes ☐ No  |

| Horticulture   |          |                      |   |
|--|----------|----------------------|---|
| Hops   |          |                      | The PIPAH Study Respiratory Health and Working with Pesticides Questionnaire  |
| Orchard crops (apples, pears, plums, etc)                  |          |                      | SECTION 1 Your respiratory health   |
| Soft fruit (strawberries, currants, etc)                   |          |                      | 1. Has YOUR DOCTOR EVER TOLD YOU that you have any of the fo  |
| Outdoor vegetables   |          |                      | conditions? (please cross and give approximate age at diagnosis for all<br>Yes   A  |
| Mushrooms  |          |                      | Chronic Bronchitis  |
| Protected edible crops                                     |          |                      | Chronic Obstructive Pulmonary Disease (COPD)  |
| Protected ornamental crops                                 |          |                      | Farmer's Lung Disease  Pulmonary Fibrosis   |
| Hardy nursery stock  |          |                      | Tuberculosis  |
| Outdoor ornamental flowers and bulbs                       |          |                      | Other   |
| Other  |          |                      | please specify  |
| Golf courses, bowling greens, sports grounds               |          |                      | 2. Do you have any nasal allergies, including hay fever?  |
| Amenity weed control: roads, pavements etc                 |          |                      | Yes No  |
| Forestry   |          |                      | 3. Do you usually cough first thing in the morning in winter?   |
| Aquatic  |          |                      | Yes No  If <b>Yes</b> , on your days off, is this cough (please cross one)  |
| Pest control (rural)                                       |          |                      | the same better, or worse than when you are at work   |
| Pest control (urban)                                       |          |                      | 4. Have you had wheezing or whistling in your chest at any time in t  |
| Poultry, Livestock or Animal house area                    |          |                      | ☐ Yes ☐ No  |
|  |          |                      | If Yes, on your days off, is this wheezing (please cross one)   |
| Grain stores   |          |                      | the same better, or worse than when you are at work   |
| Sprays applied around farm yards or gardens                |          |                      | 5. Does your chest ever get tight or breathing become difficult?  |
| Other  |          |                      | Yes No  |
| please specify   |          |                      | If <b>Yes</b> , on your days off, is this chest tightness (please cross one)  the same better, or worse than when you are at work |
| Thank you for taking the time to                           | complete | e the questionnaire. | 6. Do you ever have trouble breathing?  |
| Please post the questionnaire back to the PIPAH study team |          |                      | Yes No  |

Version 1.1 – November 2017

A7D918

Version 1.1 – November 2017

A7D918

| Respiratory Health and Working with Pesticides Questionnaire  Orchard crops (apples, pears, plums, etc)  | Horticulture                                |                  |               |         |   |
|--|---|------------------|---------------|---------|---|
| SECTION 1 Your respiratory health  Set full (strawberries, currants, etc)  | Hops  |                  |               |         | The PIPAH Study  Respiratory Health and Working with Pesticides Questionnaire |
| Conditions? (please cross and give approximate age at diagnosis for all that approximate age at all approximate age at diagnosis for all that approximate age at all approximate age at diagnosis for all that approximate age at diagnosis for all that approximate age at diagnosis for all that approximate age at diagnosis for  | Orchard crops (apples, pears, plums, etc)   |                  |               |         |   |
| Mushrooms  | Soft fruit (strawberries, currants, etc)    |                  |               |         |   |
| Advantic Control (rural)  Pest control (rura | Outdoor vegetables                          |                  |               |         |   |
| Farmer's Lung Disease  | Mushrooms                                   |                  |               |         | _   _   |
| Protected ornamental crops  Hardy nursery stock  Outdoor ornamental flowers and bulbs  Other  Golf courses, bowling greens, sports grounds  Amenity weed control: roads, pavements etc  Forestry  Aquatic  Pest control (rural)  Pest control (ruran)  Pest control (rurban)  Poultry, Livestock or Animal house area  Grain stores  Grain stores  Thank you for taking the time to complete the questionnaire.  Please post the questionnaire back to the PIPAH study team  Pulmonary Fibrosis  Tuberculosis  Other  Other  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  4. Have you had wearing or whistling in your chest at any time in the last of the same better, or worse than when you are at work  Fyes, on your days off, is this wheezing (please cross one)  If Yes, on your days off, is this chest tightness (please cross one)  If Yes, on your days off, is this chest tightness (please cross one)  If Yes, on your days off, is this chest tightness (please cross one)  If Yes, on your days off, is this chest tightness (please cross one)  If Yes, on your days off, is this chest tightness (please cross one)  If Yes, on your days off, is this chest tightness (please cross one)  If Yes, on your days off, is this chest tightness (please cross one)  If Yes, on your days off, is this chest tightness (please cross one)  If Yes, on your days off, is this chest tightness (please cross one)  If Yes, on your days off, is this chest tightness (please cross one)  If Yes, on your days off, is this chest tightness (please cross one)  If Yes, on your days off, is this chest tightness (please cross one)  If Yes, on your days off, is this chest tightness (please cross one)  If Yes, on your days off, is this chest tightness (please cross one)  If Yes, on your days off, is this chest tightness (please cross one)  If Yes, on your days off, is this wheeling the time to complete the questionnaire.   | Protected edible crops                      |                  |               |         |   |
| Tuberculosis Other   Delase specify   Dutdoor ornamental flowers and bulbs   Dutdoor ornamental flowers   Dutdoor ornamental flowers and bulbs   Dutdoor ornamental flowers and bulbs   Dutdoor ornamental flowers   Dutd | Protected ornamental crops                  |                  |               |         |   |
| Outdoor ornamental flowers and bulbs   | ·   |                  |               |         |   |
| Please specify   |   |                  |               |         | Other   |
| 2. Do you have any nasal allergies, including hay fever?    Yes  |   |                  |               |         | please specify  |
| Amenity weed control: roads, pavements etc  Forestry  Aquatic  Pest control (rural)  Poultry, Livestock or Animal house area  Grain stores  Sprays applied around farm yards or gardens  Other  Please post the questionnaire back to the PIPAH study team  Yes   No  3. Do you usually cough first thing in the morning in winter?  Yes   No  1f 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 of the same   better, or   worse than when you are at work  5. Does 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   |   |                  |               |         | 2. Do you have any nasal allergies, including hay fever?                      |
| Forestry   | Amenity weed control: roads, pavements etc  |                  |               |         | Yes No  |
| Aquatic  |   |                  |               |         | 3. Do you usually cough first thing in the morning in winter?                 |
| Thank you for taking the time to complete the questionnaire.   Pest control (rural)  | Forestry                                    |                  |               |         | Yes No  |
| Pest control (rural)  Pest control (rural)  Pest control (urban)  Poultry, Livestock or Animal house area  Grain stores  Grain stores  Sprays applied around farm yards or gardens  Other  Please specify  Thank you for taking the time to complete the questionnaire.  Please post the questionnaire back to the PIPAH study team  4. Have you had wheezing or whistling in your chest at any time in the last of the last o | Aquatic                                     |                  |               |         |   |
| Pest control (urban)  Poultry, Livestock or Animal house area  Grain stores  Grain stores  Sprays applied around farm yards or gardens  Other  Dlease specify  Thank you for taking the time to complete the questionnaire.  Please post the questionnaire back to the PIPAH study team  Proultry, Livestock or Animal house area  If Yes, on your days off, is this wheezing (please cross one)    the same   better, or   worse than when you are at work    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    Obeyou ever have trouble breathing?   Yes   No   | Pest control (rural)                        |                  |               |         | the same better, or worse than when you are at work                           |
| Poultry, Livestock or Animal house area  | Pest control (urhan)                        |                  |               |         | 4. Have you had wheezing or whistling in your chest at any time in the last   |
| If Yes, on your days off, is this wheezing (please cross one)   the same   better, or   worse than when you are at work   Sprays applied around farm yards or gardens  |   |                  |               |         | Yes No  |
| the same   better, or   worse than when you are at work     Sprays applied around farm yards or gardens                   Other                 Dease specify       Thank you for taking the time to complete the questionnaire.    Please post the questionnaire back to the PIPAH study team     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     No   No   No     Yes   No   No     Yes   No   No     Yes   No   No   No     Yes   No   No   No   No     Yes   No   No   No   No   No     Yes   No   No   No   No   No     Yes   No   No   No   No   No   No     Yes   No   No   No   No   No   No   No   N  | Poultry, Livestock or Animal house area     |                  |               |         | If Yes on your days off is this wheezing (places cross and)                   |
| Other    Yes   No  | Grain stores                                |                  |               |         |   |
| If Yes, on your days off, is this chest tightness (please cross one)    the same   better, or   worse than when you are at work     Thank you for taking the time to complete the questionnaire.    Please post the questionnaire back to the PIPAH study team   Yes   No  | Sprays applied around farm yards or gardens |                  |               |         | 5. Does your chest ever get tight or breathing become difficult?              |
| Thank you for taking the time to complete the questionnaire.  Please post the questionnaire back to the PIPAH study team    the same   better, or   worse than when you are at work    6. Do you ever have trouble breathing?    Yes   No  | Other                                       |                  |               |         | Yes No  |
| Thank you for taking the time to complete the questionnaire.  Please post the questionnaire back to the PIPAH study team  6. Do you ever have trouble breathing?  Yes  | please specify                              |                  |               |         |   |
| Please post the questionnaire back to the PIPAH study team  Yes No   | Thank you for taking the time to            | complete         | the question  | nnaire. |   |
| i les Lino   | Please post the questionnaire bac           | k to the PIP.    | AH study team |         |   |
| Version 1.1 – November 2017 A7D91F Version 1.1 – November 2017   | Vers  | ion 1.1 – Novemb | er 2017       | A7D91F  | Version 1.1 – November 2017   |

| Horticulture                                 |              |               |   |
|--|--------------|---------------|---|
| Hops   |              |               | The PIPAH Study  Respiratory Health and Working with Pesticides Questionnaire |
| Orchard crops (apples, pears, plums, etc)    |              |               | SECTION 1 Your respiratory health   |
| Soft fruit (strawberries, currants, etc)     |              |               | 1. Has YOUR DOCTOR EVER TOLD YOU that you have any of the fo                  |
| Outdoor vegetables                           |              |               | conditions? (please cross and give approximate age at diagnosis for al        |
| Mushrooms                                    |              |               | Chronic Bronchitis  |
| Protected edible crops                       |              |               | Chronic Obstructive Pulmonary Disease (COPD)                                  |
| Protected ornamental crops                   |              |               | Farmer's Lung Disease  Pulmonary Fibrosis                                     |
| Hardy nursery stock                          |              |               | Tuberculosis  |
| Outdoor ornamental flowers and bulbs         |              |               | Other   |
| Other  |              |               | please specify  |
| Golf courses, bowling greens, sports grounds |              |               | 2. Do you have any nasal allergies, including hay fever?                      |
| Amenity weed control: roads, pavements etc   |              |               | Yes No  |
| Forestry                                     |              |               | 3. Do you usually cough first thing in the morning in winter?                 |
| Aquatic                                      |              |               | Yes No  If <b>Yes</b> , on your days off, is this cough (please cross one)    |
| Pest control (rural)                         |              |               | the same better, or worse than when you are at work                           |
| Pest control (urban)                         |              |               | 4. Have you had wheezing or whistling in your chest at any time in t          |
| Poultry, Livestock or Animal house area      |              |               | Yes No  |
| Grain stores                                 |              |               | If Yes, on your days off, is this wheezing (please cross one)                 |
| Sprays applied around farm yards or gardens  |              |               | the same better, or worse than when you are at work                           |
|  |              |               | 5. Does your chest ever get tight or breathing become difficult?  Yes  No     |
| Other  |              |               | If <b>Yes</b> , on your days off, is this chest tightness (please cross one)  |
| please specify                               |              |               | the same better, or worse than when you are at work                           |
| Thank you for taking the time to             | -            | ·             | 6. Do you ever have trouble breathing?  |
| Please post the questionnaire bac            | k to the PIP | AH study team | Yes No  |

| Horticulture                                 |               |  |   |
|--|---------------|--|---|
| Hops   |               |  | The PIPAH Study  Respiratory Health and Working with Pesticides Questionnal   |
| Orchard crops (apples, pears, plums, etc)    |               |  | SECTION 1 Your respiratory health   |
| Soft fruit (strawberries, currants, etc)     |               |  | 1. Has <b>YOUR DOCTOR EVER TOLD YOU</b> that you have any of the  |
| Outdoor vegetables                           | П             |  | conditions? (please cross and give approximate age at diagnosis a   |
| Mushrooms                                    | $\overline{}$ |  | Chronic Bronchitis  |
| Protected edible crops                       |               |  | Chronic Obstructive Pulmonary Disease (COPD)  |
|  |               |  | Farmer's Lung Disease   |
| Protected ornamental crops                   |               |  | Pulmonary Fibrosis  |
| Hardy nursery stock                          |               |  | Tuberculosis  |
| Outdoor ornamental flowers and bulbs         |               |  |   |
| Other  |               |  | please specify  |
| Golf courses, bowling greens, sports grounds |               |  | 2. Do you have any nasal allergies, including hay fever?  |
| Amenity weed control: roads, pavements etc   |               |  | Yes No  |
| Forestry                                     | П             |  | 3. Do you usually cough first thing in the morning in winter?   |
| Aquatic                                      | $\overline{}$ |  | If <b>Yes</b> , on your days off, is this cough (please cross one)  |
| Pest control (rural)                         |               |  | the same better, or worse than when you are at w  |
| Pest control (urban)                         |               |  | 4. Have you had wheezing or whistling in your chest at any time   |
| Poultry, Livestock or Animal house area      |               |  | Yes No  |
|  |               |  | If Yes, on your days off, is this wheezing (please cross one)   |
| Grain stores                                 |               |  | the same better, or worse than when you are at w  |
| Sprays applied around farm yards or gardens  |               |  | 5. Does your chest ever get tight or breathing become difficul  |
| Other  |               |  | Yes No  |
| please specify                               |               |  | If <b>Yes</b> , on your days off, is this chest tightness (please cross of the same better, or worse than when you are at |
| Thank you for taking the time to             | complete      | 6. Do you ever have trouble breathing? |   |
| Please post the questionnaire bac            |               |  | o. Do you ever have double breading.  |