### SECTION 1  Your respiratory health

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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

---

Thank you for taking the time to complete the questionnaire.

Please post the questionnaire back to the PIPAH study team

---

**The PIPAH Study**

Respiratory Health and Working with Pesticides Questionnaire

**SECTION 1  Your respiratory health**

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- better, or
- worse than when you are at work

6. Do you ever have trouble breathing?

- Yes
- No

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Thank you for taking the time to complete the questionnaire.

Please post the questionnaire back to the PIPAH study team

---
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?  □ □ □ □

□ 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)

<table>
<thead>
<tr>
<th>Worked in this area</th>
<th>Number of days in past year</th>
<th>Typical hours per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cereals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Field crops</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cereals (wheat, barley, oats, rye etc)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oilseeds (oilseed rape, linseed)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Potatoes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sugar beet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grassland and/or fodder crops</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other arable crops</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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  □  □  □  □
### 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)

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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
   - worse

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
   - worse

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
   - worse

6. Do you ever have trouble breathing?

- Yes
- No

---

**The PIPAH Study**

Respiratory Health and Working with Pesticides Questionnaire

**Horticulture**

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<th>Activity</th>
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<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hops</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orchard crops (apples, pears, plums, etc)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soft fruit (strawberries, currants, etc)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outdoor vegetables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mushrooms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protected edible crops</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protected ornamental crops</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hardy nursery stock</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outdoor ornamental flowers and bulbs</td>
<td></td>
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**Other**

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<tr>
<th>Activity</th>
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<tr>
<td>Golf courses, bowling greens, sports grounds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amenity weed control: roads, pavements etc</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forestry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aquatic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pest control (rural)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pest control (urban)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poultry, Livestock or Animal house area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grain stores</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sprays applied around farm yards or gardens</td>
<td></td>
<td></td>
</tr>
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*Thank you for taking the time to complete the questionnaire.*

Please post the questionnaire back to the PIPAH study team.
### SECTION 1  Your respiratory health

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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

- 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

- 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

- the same
- better, or
- worse than when you are at work

#### 6. Do you ever have trouble breathing?

- [ ] Yes
- [ ] No

---

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- [ ] No

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

   - [ ] Yes
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4. **Have you had wheezing or whistling in your chest at any time in the last 12 months?**

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   **If Yes, on your days off, is this wheezing** (please cross one)
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5. **Does your chest ever get tight or breathing become difficult?**

   - [ ] Yes
   - [ ] No

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6. **Do you ever have trouble breathing?**

   - [ ] Yes
   - [ ] No

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**The PIPAH Study**

Respiratory Health and Working with Pesticides Questionnaire

**SECTION 1** Your respiratory health

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

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- better, or
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6. **Do you ever have trouble breathing?**

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**The PIPAH Study**

Respiratory Health and Working with Pesticides Questionnaire

**Version 1.1 – November 2017**

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   - Farmer’s Lung Disease
   - Pulmonary Fibrosis
   - Tuberculosis
   - Other 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?
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   - No
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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

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**The PIPAH Study**

Respiratory Health and Working with Pesticides Questionnaire

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**The PIPAH Study**
Respiratory Health and Working with Pesticides Questionnaire

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