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 ☐ 1 ☒ 8 Month ☐ 0 ☒ 3 Year ☐ 1 ☒ 9 ☒ 6 ☒ 0

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)

<table>
<thead>
<tr>
<th>Job title</th>
<th>Industry</th>
<th>Location and postcode</th>
<th>Main activity of the company or organisation you worked for</th>
<th>Start month and year</th>
<th>End or current month and year (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Examples</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J1 CONSULTANT</td>
<td>AGRICULTURE</td>
<td>SHREWSBURY SY5</td>
<td>PROVIDING ADVICE</td>
<td>10/13/01</td>
<td>11/13/01</td>
</tr>
<tr>
<td>J2 FARMER</td>
<td>AGRICULTURE</td>
<td>SHREWSBURY SY5</td>
<td>GROWING CEREAL AND FODDER CROPS; REARING BEEF CATTLE</td>
<td>11/09/10</td>
<td>09/01/13</td>
</tr>
<tr>
<td>J3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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)

SECTION 3 Your work with pesticides

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

11. When did you personally first use herbicides? (Please cross one)
□ Before 1960 □ In the 1960s □ In the 1970s □ In the 1980s □ In the 1990s □ In the 2000s □ In the 2010s □ In the 2010s

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

Version 4.3.3 – October 2017
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
   - 5-9 days
   - 10-19 days
   - 20-39 days
   - 40-59 days
   - 60-150 days
   - More than 150 days

19. When did you personally first use plant growth regulators? (please cross one)
   - Before 1960
   - In the 1960s
   - In the 1970s
   - In the 1980s
   - In the 1990s
   - In the 2000s
   - In the 2010s

20. How many years did you apply plant growth regulators? (please cross one)
   - 1 year or less
   - 2-5 years
   - More than 20 years
   - 6-10 years
   - 11-20 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
   - 5-9 days
   - 10-19 days
   - 20-39 days
   - 40-59 days
   - 60-150 days
   - More than 150 days

27. When did you personally first use fungicides? (please cross one)
   - Before 1960
   - In the 1960s
   - In the 1970s
   - In the 1980s
   - In the 1990s
   - In the 2000s
   - In the 2010s

28. How many years did you apply fungicides? (please cross one)
   - 1 year or less
   - 2-5 years
   - More than 20 years
   - 6-10 years
   - 11-20 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

Version 4.3.3 – October 2017
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
   - 5-9 days
   - 10-19 days
   - 20-39 days
   - 40-59 days
   - 60-150 days
   - More than 150 days

35. When did you personally first use these insecticides? (please cross one)
   - Before 1960
   - In the 1960s
   - In the 1970s
   - In the 1980s
   - In the 1990s
   - In the 2000s
   - In the 2010s
   - In the 2010s

36. How many years did you apply these insecticides? (please cross one)
   - 1 year or less
   - 2-5 years
   - 6-10 years
   - 11-20 years
   - More than 20 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

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

43. When did you personally first use these insecticides? (please cross one)
   - Before 1960
   - In the 1960s
   - In the 1970s
   - In the 1980s
   - In the 1990s
   - In the 2000s
   - In the 2010s

44. How many years did you apply these insecticides? (please cross one)
   - 1 year or less
   - 2-5 years
   - 6-10 years
   - 11-20 years
   - More than 20 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/shower
   - 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
   - 5-9 days
   - 10-19 days
   - 20-39 days

51. When did you personally first use fumigants? (please cross one)
   - Before 1960
   - In the 1960s
   - In the 1970s
   - In the 1980s

52. How many years did you apply fumigants? (please cross one)
   - 1 year or less
   - 2-5 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
   - 5-9 days
   - 10-19 days
   - 20-39 days

59. When did you personally first use these wood preservatives? (please cross one)
   - Before 1960
   - In the 1960s
   - In the 1970s
   - In the 1980s

60. How many years did you apply wood preservatives? (please cross one)
   - 1 year or less
   - 2-5 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

Chronic bronchitis

Chronic obstructive pulmonary disease (COPD)

Emphysema

Farmer's lung disease

Pleurisy

Pneumonia (viral or bacteria)

Pulmonary fibrosis

Sarcoidosis

Tuberculosis

Other chest condition (please specify)

Nervous system

Alzheimer’s disease

Anxiety

Depression

Depression requiring medication or shock therapy

Epilepsy or seizures (not related to high fever)

Motor neuron disease or Amyotrophic lateral sclerosis ALS

Multiple sclerosis

Parkinson’s disease

Other neurological problem (related to muscles, nerves, or weakness) (please specify)

Heart and Blood Vessels

Angina (chest pains)

Arrhythmia (irregular heart beat)

High blood pressure requiring medication

Myocardial infarction (heart attack)

Stroke

Muscles and Skeleton

Lupus or SLE

Rheumatoid arthritis

Scleroderma

Work-related back, neck or shoulder injury

Version 4.3.3 – October 2017
### Eyes
- 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

---

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

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Never</th>
<th>Less than once a month</th>
<th>1-3 times a month</th>
<th>Once a week</th>
<th>More than once a week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dizziness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling tense, anxious, or nervous</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nausea/vomiting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling unusually tired, sleepy, or low energy most of the day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sweating a lot more than usual</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty seeing at night</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Being absent minded, forgetful, or confused</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headache</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loss of appetite</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fast heart rate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty with balance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blurred vision or double vision</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty concentrating</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Numbness or pins-and-needles in your hands or feet</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Momentary loss of consciousness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling excessively irritable or angry</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shaking or trembling of your hands</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty falling asleep or staying asleep</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty speaking</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weakness in your arms or legs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Changes in your sense of smell or taste</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling depressed, indifferent, or withdrawn without particular reason</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Twitches, jerks, or involuntary movements of your arms or legs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SECTION 5  Family medical history

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Your father</th>
<th>Your mother</th>
<th>Your brothers or sisters</th>
<th>Your children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart attack before age 50 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stroke</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney failure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic bronchitis/emphysema</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alzheimer’s disease/dementia</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parkinson’s disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Severe depression</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Melanoma of skin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other skin cancer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lymphoma (Hodgkin’s disease or non-Hodgkins lymphoma)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leukaemia (blood cancer)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brain cancer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lung cancer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stomach cancer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bowel or colorectal cancer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prostate cancer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast cancer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other cancer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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)?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Number of days a week you do these activities</th>
<th>Total number of hours a week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Light activities (for example slow walking, house cleaning, childcare)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate activities (for example walking briskly, ordinary cycling, general gardening, water aerobics)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vigorous activities (Activities that make you sweat or breathe hard, such as running or jogging, fast cycling, heavy lifting, heavy housework)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Day type</th>
<th>Hours a day</th>
</tr>
</thead>
<tbody>
<tr>
<td>On a working day</td>
<td></td>
</tr>
<tr>
<td>On a weekend or day off</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Number of days worked per week</th>
</tr>
</thead>
</table>

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)

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/dinks 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?
97. About how often do you currently drink alcohol? (please cross one)
- Daily or almost daily
- Three or four times a week
- 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 half pints
- Beer, lager or cider, strong half pints
- Wine, medium size medium glasses (175 ml)
- Wine, large size large glasses (250 ml)
- Fortified wine, eg sherry or port measures
- Spirits, small size small pub measures
- Spirits, standard size standard pub measures
- Alcopops 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
- Three or four times a week
- 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?

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?

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?

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
- Less than 5 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)
- 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)
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.