The PIPAH Study

The Prospective Investigation of Pesticide Applicators' Health Study

FOLLOW-UP GENERAL QUESTIONNAIRE (2019)

The Prospective Investigation of Pesticide Applicators' Health Study 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 (HSE, Buxton).

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

If you have any questions, please ring the freephone number **0800 093 4809** or email **PIPAH@hse.gov.uk**

INSTRUCTIONS FOR COMPLETING THE QUESTIONNAIRE

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

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

Or, write in the boxes, for example:

Typical number of hours per day spent working with pesticide [4]

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.

Study ID Number

SECTION 1 About you

1. What is today's date?

Day ☐☐ Month ☐☐ Year ☐☐☐☐

2. How tall are you?

☐ feet ☐☐ inches or ☐☐☐ cm

3. How much do you weigh?

☐☐ stones ☐☐ pounds or ☐☐☐ kg

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

☐ Yes ☐ No

5. Do you use pesticides outside of work activities, for example in your garden? *(please cross one)*

☐ Yes ☐ No

6. Have you been in paid work (employed or self-employed) since January xxxx

☐ Yes ☐ No

If **Yes**, please go to **Question 7** *(Work History in Section 2)*

If **No**, are you:

☐ Retired

☐ Other *(please specify)*

In which year did you retire or stop working?'

☐☐☐☐

Please go to **Section 4** *(Your general health)*

SECTION 2 Your work history

7. Please describe all of the paid jobs you have had since January XXXX which lasted **more than 6 months**.

- If one of your paid jobs started before XXXX, please enter the actual start month and year for this job.
- If the job you are describing is your current job, please put a cross in the column called 'Current Job'.
- If you are a contractor, please consider this as one job unless you changed employment.
- If you retired since January XXXX, please put 'Retired' as your current job.

Current job		Job title	Industry	Location	Postcode district	Main activity of the company or organisation you worked for	Start month and year M M Y Y	End month and year (if applicable) M M Y Y
		Example: A study participant began working as a farmer in March 1997 and stopped in October 2018. He now works as a consultant for the rest of the year. This information would be recorded as:					Please write the dates in MM-YY format, for example, November 1985 is written 11-85, and February 2010 is written 02-10	
☐	*J1*	*FARMER*	*AGRICULTURE*	*SHREWSBURY*	*SY5*	*GROWING CEREAL AND FODDER CROPS; REARING BEEF CATTLE*	0 3 9 7	1 0 1 8
☒	*J2*	*CONSULTANT*	*AGRICULTURE*	*SHREWSBURY*	*SY5*	*PROVIDING ADVICE*	1 1 1 8	
☐	**J1**							
☐	**J2**							
☐	**J3**							
☐	**J4**							
☐	**J5**							
☐	**J6**							
☐	**J7**							

SECTION 3 Your work with pesticides

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

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

8. In the last year (January to December 2018) have you personally mixed, loaded, handled or applied pesticides as part of your job *(please put a cross in one box)*

☐ Yes ☐ No If **No**, please go to **Section 4**

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

☐ Yes ☐ No

10. For the year January to December 2018, 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 *(please cross all that apply)*

	Worked in this area	Number of days in past year	Typical hours per day
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	[x]	[2]	[4]
Field crops			
Cereals (wheat,barley, oats,rye etc)	☐	☐☐☐	☐☐
Oilseeds (oilseed rape, linseed)	☐	☐☐☐	☐☐
Potatoes	☐	☐☐☐	☐☐
Sugar beet	☐	☐☐☐	☐☐
Grassland and/or fodder crops	☐	☐☐☐	☐☐
Other arable crops	☐	☐☐☐	☐☐
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)

SECTION 4 Your general health

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

Lungs and airways	*Yes*	*Age at diagnosis*
Asthma	☐	☐☐
If yes, was asthma related to work exposures?	☐ Yes ☐ No	
If yes, what was that exposure *(please specify)*		
Chronic bronchitis	☐	☐☐
Chronic obstructive pulmonary disease (COPD)	☐	☐☐
Emphysema	☐	☐☐
Farmer's lung disease	☐	☐☐
Lung cancer	☐	☐☐
Mesothelioma	☐	☐☐
Pleurisy	☐	☐☐
Pneumonia (viral or bacterial)	☐	☐☐

	Yes	Age at diagnosis
Pulmonary fibrosis	☐	☐☐
Sarcoidosis	☐	☐☐
Tuberculosis	☐	☐☐
Other chest condition *(please specify)*	☐	☐☐

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

Nervous system	Yes	Age at diagnosis
Anxiety	☐	☐☐
Depression	☐	☐☐
Depression requiring medication or shock therapy	☐	☐☐
Work related stress	☐	☐☐
Other mental ill health problem not mentioned above *(please specify)*	☐	☐☐
Alzheimer's disease	☐	☐☐
Other dementia *(please specify)*	☐	☐☐
Brain tumour	☐	☐☐
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)*	☐	☐☐

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

Heart and Blood Vessels	Yes	Age at diagnosis
Angina (chest pains)	☐	☐☐
Arrhythmia (irregular heart beat)	☐	☐☐
High blood pressure requiring medication	☐	☐☐
Leukaemia	☐	☐☐
Lymphoma	☐	☐☐
Myocardial infarction (heart attack)	☐	☐☐
Peripheral vascular disease	☐	☐☐
Stroke	☐	☐☐

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

Muscles and Skeleton	Yes	Age at diagnosis
Lupus or SLE	☐	☐☐
Rheumatoid arthritis	☐	☐☐
Scleroderma	☐	☐☐
Work-related back, neck or shoulder injury	☐	☐☐
Other connective tissue disorders *(please specify)*	☐	☐☐

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

Eyes	Yes	Age at diagnosis
Cataracts	☐	☐☐
Detached retina	☐	☐☐
Glaucoma	☐	☐☐
Ocular melanoma	☐	☐☐
Retinal or macular degeneration	☐	☐☐

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

Skin	Yes	Age at diagnosis
Acne	☐	☐☐
Dermatitis - work-related	☐	☐☐
Eczema (or atopic dermatitis)	☐	☐☐
Shingles	☐	☐☐
Skin cancer – melanoma	☐	☐☐
Skin cancer – non-melanoma	☐	☐☐
Skin cancer – unknown	☐	☐☐
Other skin problems *(please specify)*	☐	☐☐

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

Diabetes and Thyroid Gland	Yes	Age at diagnosis
Diabetes – type 1	☐	☐☐
Diabetes – type 2	☐	☐☐

	Yes	Age at diagnosis
Goitre	☐	☐☐
Thyrotoxicosis/Grave's disease (excess thyroid hormone)	☐	☐☐
Other thyroid disease problems *(please specify)*	☐	☐☐

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

Kidneys	Yes	Age at diagnosis
Chronic kidney infections or pyelonephritis	☐	☐☐
Kidney cancer	☐	☐☐
Kidney failure not requiring any treatment	☐	☐☐
Kidney failure requiring dialysis or transplant	☐	☐☐
Kidney stones	☐	☐☐
Nephritis, or nephrosis	☐	☐☐
Other kidney disease *(please specify)*	☐	☐☐

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

Liver	Yes	Age at diagnosis
Liver cancer	☐	☐☐
Liver function problems *(please specify)*	☐	☐☐

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

Other	Yes	Age at diagnosis
Breast cancer	☐	☐☐
Bowel cancer	☐	☐☐
Prostate cancer	☐	☐☐
Stomach cancer	☐	☐☐
Other cancer not mentioned above *(please specify)*	☐	☐☐
Glandular fever or Mononucleosis	☐	☐☐
Lead poisoning	☐	☐☐
Pesticide poisoning	☐	☐☐
Solvent poisoning	☐	☐☐
Ulcerative colitis or Crohn's disease	☐	☐☐
Head injury requiring medical attention	☐	☐☐
Injury from farm machinery requiring medical treatment (not including head injury)	☐	☐☐

Allergies

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

☐ Yes ☐ No

13. Have you ever had any kind of skin allergy, including eczema?

☐ Yes ☐ No

14. Are you allergic to any insect stings or bites?

☐ Yes ☐ No

15. Do you have any food sensitivities?

☐ Yes ☐ No

If yes, please specify:

General health

16. During the past year, how many days did you miss from work because of health problems? *(Include hours you missed on sick days, times you went in late, left early, etc., because of your health problems)*

☐☐☐ days in the last year

17. In the past 12 months, approximately how often have you experienced the following? *(please cross one in each row)*

	Never	*Less than once a month*	*1-3 times a month*	*Once a week*	*More than once a week*
Dizziness	☐	☐	☐	☐	☐
Feeling tense, anxious, or nervous	☐	☐	☐	☐	☐
Nausea/vomiting	☐	☐	☐	☐	☐
Feeling unusually tired, sleepy, or low energy most of the day	☐	☐	☐	☐	☐
Sweating a lot more than usual	☐	☐	☐	☐	☐
Difficulty seeing at night	☐	☐	☐	☐	☐

	Never	Less than once a month	1-3 times a month	Once a week	More than once a week
Being absent minded, forgetful, or confused	☐	☐	☐	☐	☐
Headache	☐	☐	☐	☐	☐
Loss of appetite	☐	☐	☐	☐	☐
Fast heart rate	☐	☐	☐	☐	☐
Difficulty with balance	☐	☐	☐	☐	☐
Blurred vision or double vision	☐	☐	☐	☐	☐
Difficulty concentrating	☐	☐	☐	☐	☐
Numbness or pins-and-needles in your hands or feet	☐	☐	☐	☐	☐
Momentary loss of consciousness	☐	☐	☐	☐	☐
Feeling excessively irritable or angry	☐	☐	☐	☐	☐
Shaking or trembling of your hands	☐	☐	☐	☐	☐
Difficulty falling asleep or staying asleep	☐	☐	☐	☐	☐
Difficulty speaking	☐	☐	☐	☐	☐
Weakness in your arms or legs	☐	☐	☐	☐	☐
Changes in your sense of smell or taste	☐	☐	☐	☐	☐
Feeling depressed, indifferent, or withdrawn without particular reason	☐	☐	☐	☐	☐
Twitches, jerks, or involuntary movements of your arms or legs	☐	☐	☐	☐	☐

Health related quality of life

18. Under each heading, please cross the ONE box that best describes your health TODAY

MOBILITY

I have no problems in walking about	☐
I have slight problems in walking about	☐
I have moderate problems in walking about	☐
I have severe problems in walking about	☐
I am unable to walk about	☐

SELF-CARE

I have no problems washing or dressing myself	☐
I have slight problems washing or dressing myself	☐
I have moderate problems washing or dressing myself	☐
I have severe problems washing or dressing myself	☐
I am unable to wash or dress myself	☐

USUAL ACTIVITIES
(e.g. work, study, housework, family or leisure activities)

I have no problems doing my usual activities	☐
I have slight problems doing my usual activities	☐
I have moderate problems doing my usual activities	☐
I have severe problems doing my usual activities	☐
I am unable to do my usual activities	☐

PAIN / DISCOMFORT

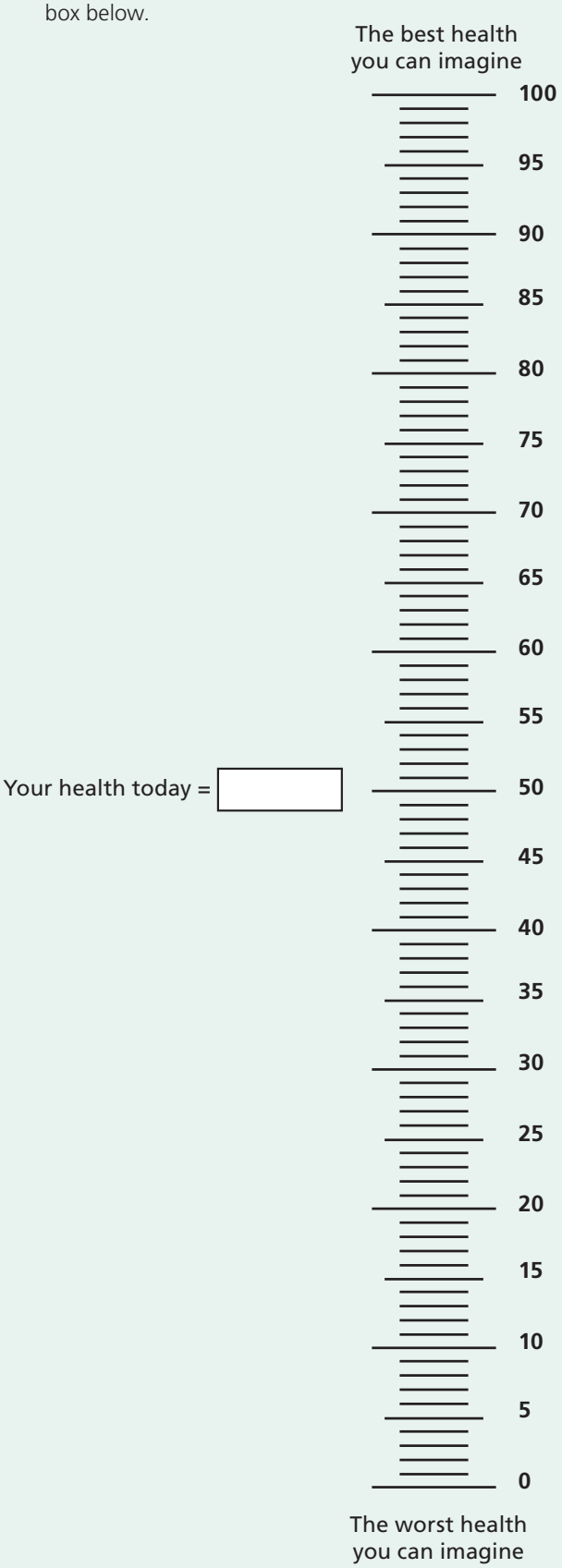
I have no pain or discomfort	☐
I have slight pain or discomfort	☐
I have moderate pain or discomfort	☐
I have severe pain or discomfort	☐
I have extreme pain or discomfort	☐

ANXIETY / DEPRESSION

I am not anxious or depressed	☐
I am slightly anxious or depressed	☐
I am moderately anxious or depressed	☐
I am severely anxious or depressed	☐
I am extremely anxious or depressed	☐

EQ-5D

- We would like to know how good or bad your health is TODAY
- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine. 0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is TODAY.
- Now, please write the number you marked on the scale in the box below.



EQ-5D

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Personal well-being

19. **The following four questions relate to aspects of your life. There are no right or wrong answers. For each of these questions please answer on a scale of nought to 10, where nought is 'not at all' and 10 is 'completely'.**

For example, for the first question, if someone is completely satisfied with their life nowadays, they would enter '10'

	0 ('not at all') to 10 ('completely')
Overall, how satisfied are you with your life nowadays?	☐☐
Overall, to what extent do you feel that the things you do in your life are worthwhile?	☐☐
Overall, how happy did you feel yesterday?	☐☐
On a scale where nought is 'not at all anxious' and 10 is 'completely anxious', overall, how anxious did you feel yesterday?	☐☐

SECTION 5 Family medical history

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

	Your father	*Your mother*	*Your brothers or sisters*	*Your children*
Heart attack before age 50 years	☐	☐	☐	☐
Stroke	☐	☐	☐	☐
Diabetes	☐	☐	☐	☐
Kidney failure	☐	☐	☐	☐
Asthma	☐	☐	☐	☐
Chronic bronchitis	☐	☐	☐	☐
Chronic Obstructive Pulmonary Disease (COPD)	☐	☐	☐	☐
Emphysema	☐	☐	☐	☐
Alzheimer's disease/ dementia	☐	☐	☐	☐
Parkinson's disease	☐	☐	☐	☐
Severe depression	☐	☐	☐	☐
Melanoma of skin	☐	☐	☐	☐

	Your father	*Your mother*	*Your brothers or sisters*	*Your children*
Other skin cancer	☐	☐	☐	☐
Lymphoma (Hodgkin's disease or non-Hodgkins lymphoma)	☐	☐	☐	☐
Leukaemia (blood cancer)	☐	☐	☐	☐
Brain tumour	☐	☐	☐	☐
Lung cancer	☐	☐	☐	☐
Stomach cancer	☐	☐	☐	☐
Bowel or colorectal cancer	☐	☐	☐	☐
Prostate cancer	☐	☐	☐	☐
Breast cancer	☐	☐	☐	☐
Other cancer	☐	☐	☐	☐

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

Physical activity

21. **Please tell us about the type and amount of physical activity involved in your work** *(please cross one box)*

☐ I am not in employment (e.g. retired, retired for health reasons, unemployed, full-time carer etc.)

☐ I spend most of my time at work sitting (such as in an office)

☐ I spend most of my time at work standing or walking. However, my work does not require much intense physical effort (e.g. shop assistant, hairdresser, security guard, childminder, etc.)

☐ My work involves definite physical effort including handling of heavy objects and use of tools (e.g. plumber, electrician, carpenter, cleaner, hospital nurse, gardener, postal delivery workers etc.)

☐ My work involves vigorous physical activity including handling of very heavy objects (e.g. scaffolder, construction worker, refuse collector, etc.)

22. **During the last week, how many hours did you spend on each of the following activities?** *Please answer whether you are in employment or not*

	None	*Some but less than 1 hour*	*1 hour or more but less than 3 hours*	*3 hours or more*
Physical exercise such as swimming, jogging, aerobics, football, tennis, gym workout etc.	☐	☐	☐	☐
Cycling, including cycling to work and during leisure time	☐	☐	☐	☐
Walking, including walking to work, shopping, for pleasure etc.	☐	☐	☐	☐
Housework/Childcare	☐	☐	☐	☐
Gardening/DIY	☐	☐	☐	☐

23. **How would you describe your usual walking pace?** *(please cross one box)*

☐ Slow pace (less than 3 mph)
☐ Steady average pace
☐ Brisk pace
☐ Fast pace (over 4 mph)

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

On a working day ☐☐ hours a day

On a non working day ☐☐ hours a day

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

Number of days worked ☐☐ per week

26. 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
- ☐ Not applicable

SECTION 7 Your diet

27. About how many PIECES OF FRUIT do you eat EACH WEEK? *(count one apple, one banana or 10 grapes as one piece, or one tablespoon of stewed, tinned or dry fruit as one piece; 0 if less than one)*

☐☐ fresh or frozen fruit ☐☐ dried fruit

☐☐ tinned fruit ☐☐ stewed fruit

28. About how much do you eat EACH WEEK of: *(number of tablespoons a week; '0' if less than one)*

☐☐ cooked vegetables *(except potatoes)*

☐☐ salad items/raw vegetables

29. How much BREAD do you eat EACH WEEK? *(slices or rolls a week; '0' if less than one)*

☐☐ wholemeal bread *(include white with added wholemeal eg 50/50)*

☐☐ white bread ☐☐ other bread

30. How many bowls of CEREAL do you eat EACH WEEK? *('0' if less than one)*

☐☐ All Bran

☐☐ Branflakes or muesli

☐☐ wholewheat *(eg Weetabix, shredded wheat)*

☐☐ other cereal *(eg oats, porridge, cornflakes)*

31. How much YOGHURT do you eat EACH WEEK *('0' if less than one)*

☐☐ dairy yoghurt or desserts *(number of small pots)*

☐☐ soya yoghurt or desserts *(number of small pots)*

32. About how many TIMES A WEEK do you usually eat? *('0' if less than one)*

☐☐ any fish *(fresh, frozen or tinned)*

☐☐ tinned tuna

☐☐ oily fish *(eg salmon, sardines, pilchards, herring, kipper, eel and whitebait)*

☐☐ any bacon, ham, sausages, salami

☐☐ any beef, lamb, pork *(fresh or frozen)*

☐☐ any poultry *(chicken, turkey, etc)*

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

- ☐ Never or rarely
- ☐ Often
- ☐ Sometimes
- ☐ Do not know

34. 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

35. Please cross the box(es) if you NEVER eat or drink *(please cross all that apply)*

- ☐ Eggs or foods containing eggs
- ☐ Dairy products
- ☐ Fish
- ☐ Meat or poultry
- ☐ Wheat or gluten containing products
- ☐ Sugar or food/drinks containing sugar

SECTION 8 Tobacco and alcohol

36. Do you smoke tobacco? *(please cross one)*

- ☐ Yes
- ☐ No

37. 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 39)*

38. At what age did you first smoke regularly?

☐☐ years

Do/did you smoke mainly cigarettes? *(please cross one)*

- ☐ Yes
- ☐ No

If mainly a cigarette smoker, how many cigarettes do/did you smoke a day?

☐☐☐ per day

If ex-smoker, at what age did you last smoke?

☐☐ years

39. About how often do you currently drink alcohol? *(please cross one)*

- ☐ Daily or almost daily
- ☐ One to three times a month
- ☐ Three or four times a week
- ☐ Special occasions only
- ☐ Once or twice a week
- ☐ Do not drink alcohol now *(if none, please go to question 42)*

40. 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)

41. When you drink alcohol is it usually with meals? *(please cross one)*

☐ Yes ☐ No ☐ It varies

42. In the past, about how often did you drink alcohol? *(please cross one)*

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

SECTION 9 Your circumstances

43. Are you? *(please cross one)*

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

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

☐☐ years old

45. 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 *(please specify)*

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

☐ Own (or mortgaged)
☐ Rent
☐ Other

47. 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)

48. 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

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

☐ Yes ☐ No *(if no, please go to question 53)*

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

☐☐ years old

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

☐ Yes *(if yes, please go to question 53)* ☐ No

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

☐☐ years old

53. Have you ever worked on a farm? *(please cross one)*

☐ Yes ☐ No *(if no, please go to question 59)*

54. How old were you when you started working on a farm?

☐☐ years old

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

☐ Less than 5 years ☐ 21-30 years
☐ 5-10 years ☐ More than 30 years
☐ 11-20 years

56. Do you currently work on a farm? *(please cross one)*

- ☐ Yes
- ☐ No *(if no, please go to question 59)*

57. How many hectares/acres are grown on the farm where you work? *(please cross one)*

- ☐ Less than 15 hectares (37 acres)
- ☐ 15-29 hectares (37-73 acres)
- ☐ 30-49 hectares (74-123 acres)
- ☐ 50-99 hectares (124-246 acres)
- ☐ 100 hectares or more (247 acres)
- ☐ None

58. Which animals are raised on the farm where you work? *(please cross all that apply)*

- ☐ None
- ☐ Cattle (beef)
- ☐ Cattle (dairy)
- ☐ Goats
- ☐ Horses or donkeys
- ☐ Pigs
- ☐ Poultry (broiler, commercial scale)
- ☐ Poultry (eggs, commercial scale)
- ☐ Sheep
- ☐ Other farm animals (please specify)

59. What type of farm(s) have you **lived or worked on**? *(please cross all that apply)*

- ☐ Crop production, including perennial & non-perennial crops
- ☐ Animal production
- ☐ Mixed farming
- ☐ Never lived or worked on a farm

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

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

Contact details for the study team

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Please return the questionnaire in the envelope provided.