

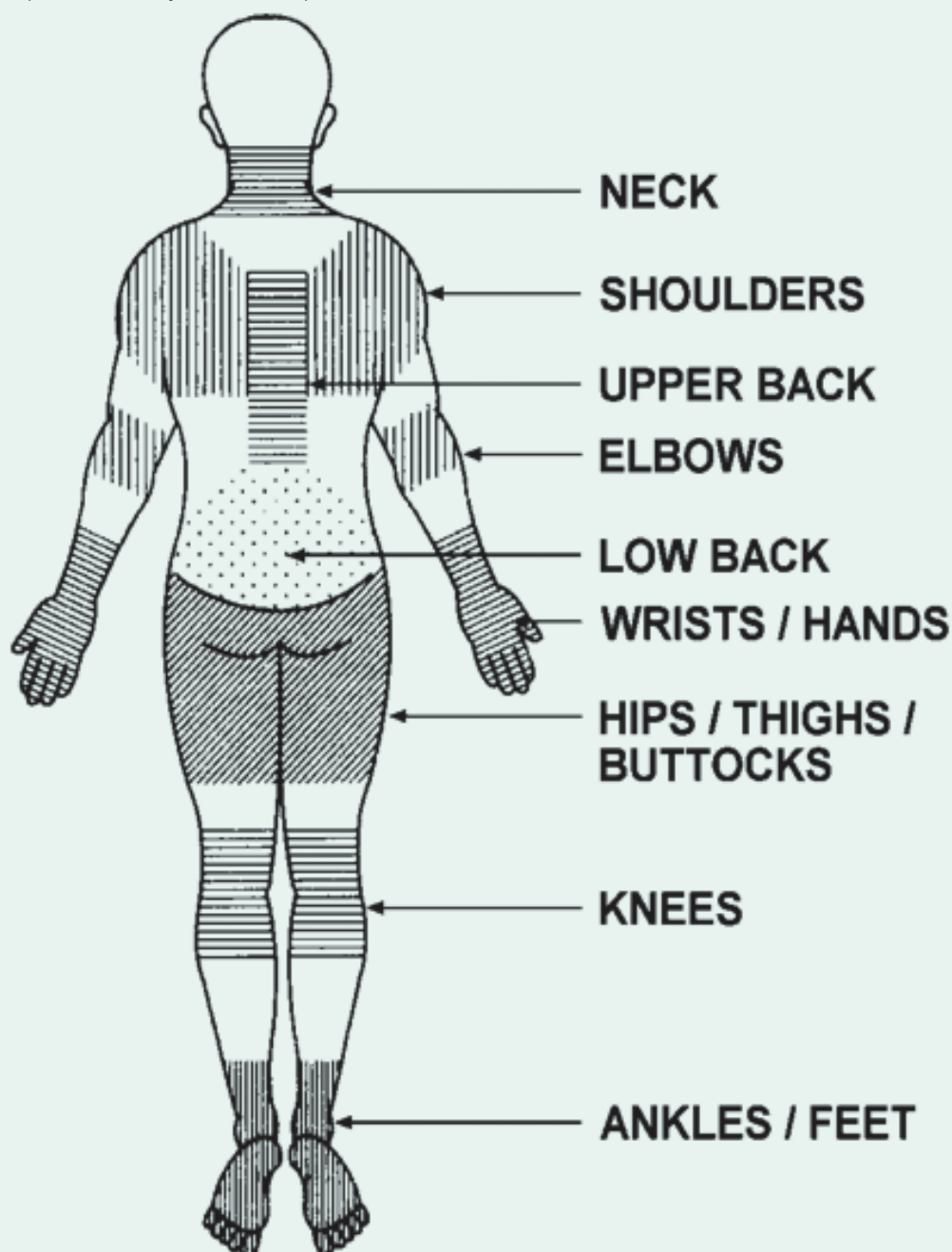
## MUSCULOSKELETAL HEALTH AND WORKING WITH PESTICIDES QUESTIONNAIRE

Study ID Number

### SECTION 1

### Your Musculoskeletal Health

This section asks about musculoskeletal troubles, such as aches or pains, you may have had in the last three months. The picture shows how the body has been divided. The areas of the body are not sharply defined and some parts overlap. You should decide which part, if any, is or has been affected. Please answer all the questions. If you do not work, please cross the 'not applicable' option for the job-related questions.



Have you at any time in the last three months had trouble (such as ache, pain, discomfort, numbness, tingling, or pins and needles) in your:	During the last three months has this trouble prevented you from carrying out normal activities (eg job, housework, hobbies)?	During the last three months has this trouble been caused or made worse by your job?	During the last three months, how much time off work have you had because of this trouble?
Neck	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> None Total number of days off <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Not applicable
Shoulders	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> None Total number of days off <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Not applicable
Elbows	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> None Total number of days off <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Not applicable
Wrists/hands	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> None Total number of days off <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Not applicable
Upper back	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> None Total number of days off <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Not applicable
Lower back (small of back)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> None Total number of days off <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Not applicable
Hips/ thighs/ buttocks	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> None Total number of days off <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Not applicable
Knees	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> None Total number of days off <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Not applicable
Ankles/ feet	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> None Total number of days off <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Not applicable

## SECTION 2

## Your work with pesticides

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

Yes  No

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

Yes  No (if Yes, please go to question 3)

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 to the PIPAH study team.

3. Have you personally mixed, loaded, handled or applied pesticides as part of your job in the last year (January to December 2019)? (please put a cross in one box)

Yes  No

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

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

Yes  No

5. 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 2019. (please cross all that apply)

	Worked in this area	Number of days in the past year	Typical hours per day
<i>Example: A cereal grower applies pesticides on 2 different days, on average working with these pesticides for 4 hours</i>			
Cereals	<input checked="" type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 4
<b>Field crops</b>			
Cereals (wheat, barley, oats, rye etc)	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Oilseeds (oilseed rape, linseed)	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Potatoes	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Sugar beet	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Grassland and/or fodder crops	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other arable crops	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

	Worked in this area	Number of days in the past year	Typical hours per day
<b>Horticulture</b>			
Hops	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Orchard crops (apples, pears, plums etc)	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Soft fruit (strawberries, currants etc)	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Outdoor vegetables	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mushrooms	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Protected edible crops	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Protected ornamental crops	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Hardy nursery stock	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Outdoor ornamental flowers and bulbs	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Other</b>			
Golf courses, bowling greens, sports grounds	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Amenity weed control: roads, pavements etc	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Forestry	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Aquatic	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Pest control (rural)	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Pest control (urban)	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Poultry/ Livestock/ Animal house area	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Grain stores	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Sprays applied around farm yards or gardens	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other (please specify)		<input type="text"/>	

**Thank you for taking the time to complete the questionnaire.**

Please post the questionnaire back to the PIPAH study team in the reply paid envelope provided.

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