



PESTICIDE USE QUESTIONNAIRE (2016)

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 (HSL, Buxton).

This questionnaire is a follow-up to the one(s) you completed previously. It is designed to provide an overall picture of your use of pesticides during the past year. To make this easier for you, we are asking for your 'best estimates' rather than for very detailed information.

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@hsl.gsi.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: Yes No

Or, write in the boxes, for example:

Typical number of hours per day spent working with pesticide

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

Alternatively, if you would like to complete the questionnaire online, please go to www.snapsurveys.com/pipah2017 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 Password

SECTION 1 Your work history

1. Please enter today's date

Day Month Year

2. Have you been in paid work (employed or self-employed) in the last 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)

You do not need to complete the rest of the questionnaire. Please return the questionnaire in the reply paid envelope provided. Thank you.

SECTION 1

Your work history

3. Please describe all of the paid jobs you have had in the last 12 months (January to December 2016). If you are a contractor, please consider this as one job unless you changed employment. If you had a paid job in 2016 which you started before 2016, please enter the actual start month and year for this job. If a job you are describing is your current job, please put a cross in the column called 'Current Job'.

Current job	Job title	Industry	Location	Postcode district	Main activity of the company or organisation you worked for	Start month and year			End month and year (if applicable)				
						M	Y	Y	M	M	Y	Y	
	<i>Example: A study participant began working as a farmer in March 1987 and stopped in October 2016. He then worked as a consultant for the rest of the year. This information would be recorded as:</i>												
<input type="checkbox"/>	J1 FARMER	AGRICULTURE	SHREWSBURY	SY5	GROWING CEREAL AND FODDER CROPS; REARING BEEF CATTLE	0	3	8	7	1	0	1	6
<input checked="" type="checkbox"/>	J2 CONSULTANT	AGRICULTURE	SHREWSBURY	SY5	PROVIDING ADVICE	1	1	1	6				
<input type="checkbox"/>	J1												
<input type="checkbox"/>	J2												
<input type="checkbox"/>	J3												
<input type="checkbox"/>	J4												
<input type="checkbox"/>	J5												
<input type="checkbox"/>	J6												
<input type="checkbox"/>	J7												

SECTION 2

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.

4. Have you personally mixed, loaded, handled or applied pesticides as part of your job in the last year (January to December 2016)? (please put a cross in one box)

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

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

Yes No

(I) Do you own or work on a farm?

Yes No If **No**, please go to **question 6**

(II) How many acres were grown on the farm where you worked? (please put a cross in one box)

- None
- 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)

(III) Which animals were raised on the farm where you worked? (please cross all that apply)

- None
- Beef cattle
- Dairy cattle
- Pigs
- Sheep
- Poultry (broiler, commercial scale)
- Poultry (eggs, commercial scale)
- Other farm animals (please specify).....

6. 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 2016. (please put a cross in all boxes that apply)

	Worked in this area	Number of days in past year	Typical
<i>Example: A PIPAH study member is a cereal grower, and applies pesticides to them on 2 different occasions, on average working with these pesticides for 4 hours a day. This would be recorded as:</i>			
Cereals	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Field crops			
Cereals (wheat,barley, oats,rye etc)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Oilseeds (oilseed rape, linseed)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Potatoes	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Sugar beet	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Grassland and/or fodder crops	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other arable crops	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Horticulture			
Hops	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Orchard crops (apples, pears, plums, etc)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Soft fruit (strawberries, currants, etc)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Outdoor vegetables	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Mushrooms	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Protected edible crops	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Protected ornamental crops	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Hardy nursery stock	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Outdoor ornamental flowers and bulbs	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other			
Golf courses, bowling greens, sports grounds	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Amenity weed control: roads, pavements etc	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Forestry	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Aquatic	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Pest control (rural)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Pest control (urban)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Poultry, Livestock or Animal house area	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Grain stores	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Sprays applied around farm yards or gardens	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
please specify	<input type="text"/>		

SECTION 2

Your work with pesticides continued

7. We would like to ask about the specific pesticides you used in the 12 month period from January to December 2016, and about some of your work practices. We know it may be difficult to answer some of these questions exactly but an approximate answer is better than none.

Please list all of the pesticides that you personally mixed, loaded, handled or applied in 2016.

Please *estimate* the number of days you personally mixed, loaded, handled or applied these pesticides, and typically how many hours you spent per day mixing, loading, handling or applying each pesticide.

Along with this questionnaire we have included a booklet which lists all Pesticide Products, including professional, amateur and withdrawn products. You may want to refer to this booklet when completing this question.

Pesticide product name	Number of days used in past year	Typical number of hours per day
<i>Example: a study participant used Reglone on 10 different days during the year, working with it for an average of 5 hours on each of those days. He also used Met52 (on 6 days during the year, working with it for around 4 hours on each day. This would be recorded as:</i>		
Reglone	<input type="text"/> <input type="text"/> 1 <input type="text"/> 0	<input type="text"/> <input type="text"/> 5
Met52	<input type="text"/> <input type="text"/> <input type="text"/> 6	<input type="text"/> <input type="text"/> 4
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SECTION 2

Your work with pesticides continued

Pesticide product name	Number of days used in past year	Typical number of hours per day
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SECTION 2

Your work with pesticides continued

Pesticide product name	Number of days used in past year	Typical number of hours per day
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SECTION 2

Your work with pesticides continued

Pesticide product name	Number of days used in past year	Typical number of hours per day
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SECTION 2

Your work with pesticides continued

8. What types of personal protective equipment (PPE) and engineering controls did you normally use when you personally **mixed, loaded or handled pesticides** which were liquid (including pastes and gels), dry (including granular) or 'other'? A separate list of codes is provided on the **yellow** coloured card. Please enter all the relevant codes into the boxes provided or cross the "Did not mix/load/handle" box.

Example: if a study participant normally used nitrile gloves, an apron, a face shield, a type 6 chemical protective suit and rubber boots when mixing, loading or handling a liquid pesticide, this would be recorded as:

Gloves	Boots	CE marked clothes	General work wear	Face shield	Respiratory protection	Other items	Other items	Other items	Engineering controls	Did not mix, handle or load
Liquid pesticides										
GN	RB		C1	F5		AP				
Liquid pesticides										
Dry pesticides										
'Other' pesticides (please specify)										

9. Which application method(s) did you use when you personally **applied pesticides** which were liquid, dry or 'other', and what types of personal protective equipment (PPE) and engineering controls (PPE) did you use? Please list the most frequently used application method first and the least frequently used method last. A separate list of application method codes is provided on the **blue** coloured card and the list of PPE and engineering codes is provided on the **yellow** coloured card. Please enter all the relevant codes into the table.

Example: if a study participant usually applied liquid pesticides using a variable geometry boom (wearing long-sleeved work wear with full-length trousers and leather boots in an enclosed cab with in-cab filtration system) and occasionally applied liquid pesticides using a motorised knapsack (wearing 2-piece rainwear, a half mask with reusable filter, rubber boots and neoprene gloves) this would be recorded as:

Application method number	Application method	Cab	Gloves	Boots	CE marked clothes	General work wear	Face shield/eye protection	Respiratory protection	Other items	Other items	Other items
<i>Example</i>											
	VA	CF		LB		C4			LS	LT	
	MK		GE	RB		C5		RR			
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

10. When you apply pesticides, do you use at least the recommended personal protective equipment and engineering controls? (please cross one)

- Never
 Often
 Rarely
 Always
 Sometimes

SECTION 3

Other aspects of your work with pesticides

11. Do you mix, load, handle or apply more than one pesticide product in a working day?
(please put a cross in one box)

Yes, often Yes, sometimes No

12. Do you personally mix pesticide concentrate?
(please put a cross in one box)

Yes, often Yes, sometimes No

If **No**, please go to **question 13**

If **Yes**, where do you mix pesticide concentrate?
(please put a cross in one box)

Indoors Outdoors Indoors and outdoors

Do you mix different pesticides together in a tank for a single application? (please put a cross in one box)

Yes, often Yes, sometimes No

13. Do you usually store mixed chemicals?
(please put a cross in one box)

Yes No

14. How often do you personally clean your pesticide application equipment after using it?
(please put a cross in one box)

Never
 Annually
 After each spray round

Other (please specify)

If **Never**, please go to **question 15**

For a normal cleaning session, how long do you usually spend cleaning your pesticide application equipment?

hours minutes

Do you wear any personal protective equipment when cleaning your pesticide application equipment?
(please put a cross in one box)

Yes No

If **Yes**, please refer to the list of **personal protective equipment** on the separate **yellow** card, and enter in the table below the relevant codes for the items you wear.

15. Do you usually repair or maintain your own pesticide application equipment?
(please put a cross in one box)

Yes No

If **Yes**, does this involve: (please cross all that apply)

Light running repairs/maintenance, such as changing or unblocking a nozzle

More substantial repairs/maintenance tasks

16. Do you apply pesticides in protected environments (glasshouse, polytunnel, etc)? (please put a cross in one box)

Yes No

If **Yes**, on average how many hours after applying pesticide do you re-enter this protected environment?

hours

17. Do you apply pesticides in outdoor environments (field and horticultural crops, etc)? (please put a cross in one box)

Yes No

If **Yes**, on average how many days after applying pesticide do you return to this outdoor environment?

days

18. After working with pesticides, do you usually wash your hands before eating?
(please put a cross in one box)

Yes No

19. After working with pesticides, do you usually bathe or shower before continuing with other activities?
(please put a cross in one box)

Yes No

20. Do you usually wear the same work clothes (not PPE) you used when working with pesticides two or more days without washing them?
(please put a cross in one box)

Yes No

21. Are the clothes (not PPE) you use when working with pesticides usually washed separately?
(please put a cross in one box)

Yes No

22. Do you usually take your work boots or shoes off before entering your home?
(please put a cross in one box)

Yes No

23. Are agricultural or professional pesticides ever stored (even temporarily) in your home, basement or garage?
(please put a cross in one box)

Yes No

SECTION 3

Other aspects of your work with pesticides continued

24. Do you tend to have symptoms (such as headaches, nausea, difficulty breathing, etc) after applying pesticides under normal circumstances? *(please put a cross in one box)*

- Never Often
 Rarely Always
 Sometimes

25. **During the year 2016**, did you have any incidents with pesticides that caused you unusually high personal exposure (for example from accidental spillage or failure of personal protective equipment)?
(please put a cross in one box)

- Yes No

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

How many incidents like this did you have in 2016?

incidents

Following any of these incidents, did you have symptoms (such as headaches, nausea, difficulty breathing, etc) which you thought may have been related to the incident?
(please put a cross in one box)

- Yes No

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

Did you consult your doctor following any of these incidents?

- Yes No

Were you hospitalised following any of these incidents?

- Yes No

SECTION 4

Questionnaire feedback

We would like to know if we can improve this questionnaire. If you have time, then we would appreciate your feedback on it.

Did you find it easy or difficult to understand what the questions were asking? *(please put a cross in one box)*

- Very easy Fairly difficult
 Fairly easy Very difficult
 Neither easy nor difficult

Did you find it easy or difficult to complete the questions?
(please put a cross in one box)

- Very easy Fairly difficult
 Fairly easy Very difficult
 Neither easy nor difficult

(I) Do you use Gatekeeper to record your use of pesticides?

- Yes No (If no, please go to the next question)

(II) Would you be able to send your Field Traceability Report to the PIPAH study team?

- Yes No (No, please go to the next question)

If yes, please could you send a paper or an electronic copy (PDF) of the Field Traceability Report to the PIPAH study either in the reply paid envelope or to the email address given at the front of the questionnaire. Please make sure that you add your study ID number to the document so that we know that it belongs to you.

If you found any of the questions difficult to understand or to complete, which questions were difficult? What made these questions difficult?

Approximately how long did you take to complete the questionnaire? *(please put a cross in one box)*

- Less than 30 minutes
 30 minutes to less than 1 hour
 1 hour to less than 1 hour 30 minutes
 1 hour 30 minutes to less than 2 hours
 More than 2 hours

We would welcome any other comments you may have about this questionnaire or the PIPAH study

Thank you for taking the time to complete the questionnaire.

Please return the completed questionnaire in the reply paid envelope.

We are very grateful for your continuing support for the PIPAH study.