

Horticulture

Hops	<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"/>
Soft fruit (strawberries, currants, etc)	<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"/>
Mushrooms	<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"/>
Protected ornamental crops	<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"/>
Outdoor ornamental flowers and bulbs	<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"/>
Amenity weed control: roads, pavements etc	<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"/>
Aquatic	<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"/>
Pest control (urban)	<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"/>
Grain stores	<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"/>
Other	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

please specify

Thank you for taking the time to complete the questionnaire.

Please post the questionnaire back to the PIPAH study team

The PIPAH Study

Respiratory Health and Working with Pesticides Questionnaire

SECTION 1

Your respiratory health

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

	Yes	Age at diagnosis
Chronic Bronchitis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Chronic Obstructive Pulmonary Disease (COPD)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Farmer's Lung Disease	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Pulmonary Fibrosis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

please specify

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

Yes No

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

Yes No

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

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

4. Have you had wheezing or whistling in your chest at any time in the last 12 months?

Yes No

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

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

5. Does your chest ever get tight or breathing become difficult?

Yes No

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

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

6. Do you ever have trouble breathing?

Yes No

Horticulture

Hops	<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"/>
Soft fruit (strawberries, currants, etc)	<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"/>
Mushrooms	<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"/>
Protected ornamental crops	<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"/>
Outdoor ornamental flowers and bulbs	<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"/>
Amenity weed control: roads, pavements etc	<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"/>
Aquatic	<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"/>
Pest control (urban)	<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"/>
Grain stores	<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"/>
Other	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

please specify

Thank you for taking the time to complete the questionnaire.

Please post the questionnaire back to the PIPAH study team

The PIPAH Study**Respiratory Health and Working with Pesticides Questionnaire****SECTION 1****Your respiratory health**

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

	Yes	Age at diagnosis
Chronic Bronchitis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Chronic Obstructive Pulmonary Disease (COPD)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Farmer's Lung Disease	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Pulmonary Fibrosis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

please specify

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

Yes No

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

Yes No

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

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

4. Have you had wheezing or whistling in your chest at any time in the last 12 months?

Yes No

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

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

5. Does your chest ever get tight or breathing become difficult?

Yes No

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

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

6. Do you ever have trouble breathing?

Yes No

Horticulture

Hops	<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"/>
Soft fruit (strawberries, currants, etc)	<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"/>
Mushrooms	<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"/>
Protected ornamental crops	<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"/>
Outdoor ornamental flowers and bulbs	<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"/>
Amenity weed control: roads, pavements etc	<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"/>
Aquatic	<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"/>
Pest control (urban)	<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"/>
Grain stores	<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"/>
Other	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

please specify

Thank you for taking the time to complete the questionnaire.

Please post the questionnaire back to the PIPAH study team

The PIPAH Study**Respiratory Health and Working with Pesticides Questionnaire****SECTION 1****Your respiratory health**

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

	Yes	Age at diagnosis
Chronic Bronchitis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Chronic Obstructive Pulmonary Disease (COPD)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Farmer's Lung Disease	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Pulmonary Fibrosis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

please specify

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

 Yes No

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

 Yes NoIf **Yes**, on your days off, is this cough (please cross one) the same better, or worse than when you are at work

4. Have you had wheezing or whistling in your chest at any time in the last 12 months?

 Yes NoIf **Yes**, on your days off, is this wheezing (please cross one) the same better, or worse than when you are at work

5. Does your chest ever get tight or breathing become difficult?

 Yes NoIf **Yes**, on your days off, is this chest tightness (please cross one) the same better, or worse than when you are at work

6. Do you ever have trouble breathing?

 Yes No

Horticulture

Hops	<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"/>
Soft fruit (strawberries, currants, etc)	<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"/>
Mushrooms	<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"/>
Protected ornamental crops	<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"/>
Outdoor ornamental flowers and bulbs	<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"/>
Amenity weed control: roads, pavements etc	<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"/>
Aquatic	<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"/>
Pest control (urban)	<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"/>
Grain stores	<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"/>
Other	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

please specify

Thank you for taking the time to complete the questionnaire.

Please post the questionnaire back to the PIPAH study team

The PIPAH Study**Respiratory Health and Working with Pesticides Questionnaire****SECTION 1****Your respiratory health**

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

	Yes	Age at diagnosis
Chronic Bronchitis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Chronic Obstructive Pulmonary Disease (COPD)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Farmer's Lung Disease	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Pulmonary Fibrosis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

please specify

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

Yes No

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

Yes No

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

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

4. Have you had wheezing or whistling in your chest at any time in the last 12 months?

Yes No

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

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

5. Does your chest ever get tight or breathing become difficult?

Yes No

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

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

6. Do you ever have trouble breathing?

Yes No

Horticulture

Hops	<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"/>
Soft fruit (strawberries, currants, etc)	<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"/>
Mushrooms	<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"/>
Protected ornamental crops	<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"/>
Outdoor ornamental flowers and bulbs	<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"/>
Amenity weed control: roads, pavements etc	<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"/>
Aquatic	<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"/>
Pest control (urban)	<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"/>
Grain stores	<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"/>
Other	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

please specify

Thank you for taking the time to complete the questionnaire.

Please post the questionnaire back to the PIPAH study team

The PIPAH Study**Respiratory Health and Working with Pesticides Questionnaire****SECTION 1****Your respiratory health**

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

	Yes	Age at diagnosis
Chronic Bronchitis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Chronic Obstructive Pulmonary Disease (COPD)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Farmer's Lung Disease	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Pulmonary Fibrosis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

please specify

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

 Yes No

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

 Yes NoIf **Yes**, on your days off, is this cough (please cross one) the same better, or worse than when you are at work

4. Have you had wheezing or whistling in your chest at any time in the last 12 months?

 Yes NoIf **Yes**, on your days off, is this wheezing (please cross one) the same better, or worse than when you are at work

5. Does your chest ever get tight or breathing become difficult?

 Yes NoIf **Yes**, on your days off, is this chest tightness (please cross one) the same better, or worse than when you are at work

6. Do you ever have trouble breathing?

 Yes No

Horticulture

Hops	<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"/>
Soft fruit (strawberries, currants, etc)	<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"/>
Mushrooms	<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"/>
Protected ornamental crops	<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"/>
Outdoor ornamental flowers and bulbs	<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"/>
Amenity weed control: roads, pavements etc	<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"/>
Aquatic	<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"/>
Pest control (urban)	<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"/>
Grain stores	<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"/>
Other	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

please specify

Thank you for taking the time to complete the questionnaire.

Please post the questionnaire back to the PIPAH study team

The PIPAH Study**Respiratory Health and Working with Pesticides Questionnaire****SECTION 1****Your respiratory health**

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

	Yes	Age at diagnosis
Chronic Bronchitis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Chronic Obstructive Pulmonary Disease (COPD)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Farmer's Lung Disease	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Pulmonary Fibrosis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

please specify

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

Yes No

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

Yes No

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

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

4. Have you had wheezing or whistling in your chest at any time in the last 12 months?

Yes No

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

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

5. Does your chest ever get tight or breathing become difficult?

Yes No

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

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

6. Do you ever have trouble breathing?

Yes No

Horticulture

Hops	<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"/>
Soft fruit (strawberries, currants, etc)	<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"/>
Mushrooms	<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"/>
Protected ornamental crops	<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"/>
Outdoor ornamental flowers and bulbs	<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"/>
Amenity weed control: roads, pavements etc	<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"/>
Aquatic	<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"/>
Pest control (urban)	<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"/>
Grain stores	<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"/>
Other	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

please specify

Thank you for taking the time to complete the questionnaire.

Please post the questionnaire back to the PIPAH study team

The PIPAH Study**Respiratory Health and Working with Pesticides Questionnaire****SECTION 1****Your respiratory health**

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

	Yes	Age at diagnosis
Chronic Bronchitis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Chronic Obstructive Pulmonary Disease (COPD)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Farmer's Lung Disease	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Pulmonary Fibrosis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

please specify

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

Yes No

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

Yes No

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

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

4. Have you had wheezing or whistling in your chest at any time in the last 12 months?

Yes No

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

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

5. Does your chest ever get tight or breathing become difficult?

Yes No

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

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

6. Do you ever have trouble breathing?

Yes No

Horticulture

Hops	<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"/>
Soft fruit (strawberries, currants, etc)	<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"/>
Mushrooms	<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"/>
Protected ornamental crops	<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"/>
Outdoor ornamental flowers and bulbs	<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"/>
Amenity weed control: roads, pavements etc	<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"/>
Aquatic	<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"/>
Pest control (urban)	<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"/>
Grain stores	<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"/>
Other	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

please specify

Thank you for taking the time to complete the questionnaire.

Please post the questionnaire back to the PIPAH study team

The PIPAH Study**Respiratory Health and Working with Pesticides Questionnaire****SECTION 1****Your respiratory health**

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

	Yes	Age at diagnosis
Chronic Bronchitis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Chronic Obstructive Pulmonary Disease (COPD)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Farmer's Lung Disease	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Pulmonary Fibrosis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

please specify

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

 Yes No

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

 Yes NoIf **Yes**, on your days off, is this cough (please cross one) the same better, or worse than when you are at work

4. Have you had wheezing or whistling in your chest at any time in the last 12 months?

 Yes NoIf **Yes**, on your days off, is this wheezing (please cross one) the same better, or worse than when you are at work

5. Does your chest ever get tight or breathing become difficult?

 Yes NoIf **Yes**, on your days off, is this chest tightness (please cross one) the same better, or worse than when you are at work

6. Do you ever have trouble breathing?

 Yes No

Horticulture

Hops	<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"/>
Soft fruit (strawberries, currants, etc)	<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"/>
Mushrooms	<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"/>
Protected ornamental crops	<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"/>
Outdoor ornamental flowers and bulbs	<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"/>
Amenity weed control: roads, pavements etc	<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"/>
Aquatic	<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"/>
Pest control (urban)	<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"/>
Grain stores	<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"/>
Other	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

please specify

Thank you for taking the time to complete the questionnaire.

Please post the questionnaire back to the PIPAH study team

The PIPAH Study**Respiratory Health and Working with Pesticides Questionnaire****SECTION 1****Your respiratory health**

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

	Yes	Age at diagnosis
Chronic Bronchitis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Chronic Obstructive Pulmonary Disease (COPD)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Farmer's Lung Disease	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Pulmonary Fibrosis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

please specify

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

Yes No

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

Yes No

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

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

4. Have you had wheezing or whistling in your chest at any time in the last 12 months?

Yes No

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

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

5. Does your chest ever get tight or breathing become difficult?

Yes No

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

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

6. Do you ever have trouble breathing?

Yes No

Horticulture

Hops	<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"/>
Soft fruit (strawberries, currants, etc)	<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"/>
Mushrooms	<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"/>
Protected ornamental crops	<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"/>
Outdoor ornamental flowers and bulbs	<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"/>
Amenity weed control: roads, pavements etc	<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"/>
Aquatic	<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"/>
Pest control (urban)	<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"/>
Grain stores	<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"/>
Other	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

please specify

Thank you for taking the time to complete the questionnaire.

Please post the questionnaire back to the PIPAH study team

The PIPAH Study**Respiratory Health and Working with Pesticides Questionnaire****SECTION 1****Your respiratory health**

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

	Yes	Age at diagnosis
Chronic Bronchitis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Chronic Obstructive Pulmonary Disease (COPD)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Farmer's Lung Disease	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Pulmonary Fibrosis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

please specify

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

Yes No

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

Yes No

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

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

4. Have you had wheezing or whistling in your chest at any time in the last 12 months?

Yes No

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

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

5. Does your chest ever get tight or breathing become difficult?

Yes No

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

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

6. Do you ever have trouble breathing?

Yes No

Horticulture

Hops	<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"/>
Soft fruit (strawberries, currants, etc)	<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"/>
Mushrooms	<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"/>
Protected ornamental crops	<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"/>
Outdoor ornamental flowers and bulbs	<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"/>
Amenity weed control: roads, pavements etc	<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"/>
Aquatic	<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"/>
Pest control (urban)	<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"/>
Grain stores	<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"/>
Other	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

please specify

Thank you for taking the time to complete the questionnaire.

Please post the questionnaire back to the PIPAH study team

The PIPAH Study**Respiratory Health and Working with Pesticides Questionnaire****SECTION 1****Your respiratory health**

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

	Yes	Age at diagnosis
Chronic Bronchitis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Chronic Obstructive Pulmonary Disease (COPD)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Farmer's Lung Disease	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Pulmonary Fibrosis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

please specify

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

 Yes No

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

 Yes NoIf **Yes**, on your days off, is this cough (please cross one) the same better, or worse than when you are at work

4. Have you had wheezing or whistling in your chest at any time in the last 12 months?

 Yes NoIf **Yes**, on your days off, is this wheezing (please cross one) the same better, or worse than when you are at work

5. Does your chest ever get tight or breathing become difficult?

 Yes NoIf **Yes**, on your days off, is this chest tightness (please cross one) the same better, or worse than when you are at work

6. Do you ever have trouble breathing?

 Yes No

Horticulture

Hops	<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"/>
Soft fruit (strawberries, currants, etc)	<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"/>
Mushrooms	<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"/>
Protected ornamental crops	<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"/>
Outdoor ornamental flowers and bulbs	<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"/>
Amenity weed control: roads, pavements etc	<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"/>
Aquatic	<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"/>
Pest control (urban)	<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"/>
Grain stores	<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"/>
Other	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

please specify

Thank you for taking the time to complete the questionnaire.

Please post the questionnaire back to the PIPAH study team

The PIPAH Study**Respiratory Health and Working with Pesticides Questionnaire****SECTION 1****Your respiratory health**

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

	Yes	Age at diagnosis
Chronic Bronchitis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Chronic Obstructive Pulmonary Disease (COPD)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Farmer's Lung Disease	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Pulmonary Fibrosis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

please specify

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

 Yes No

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

 Yes NoIf **Yes**, on your days off, is this cough (please cross one) the same better, or worse than when you are at work

4. Have you had wheezing or whistling in your chest at any time in the last 12 months?

 Yes NoIf **Yes**, on your days off, is this wheezing (please cross one) the same better, or worse than when you are at work

5. Does your chest ever get tight or breathing become difficult?

 Yes NoIf **Yes**, on your days off, is this chest tightness (please cross one) the same better, or worse than when you are at work

6. Do you ever have trouble breathing?

 Yes No

Horticulture

Hops	<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"/>
Soft fruit (strawberries, currants, etc)	<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"/>
Mushrooms	<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"/>
Protected ornamental crops	<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"/>
Outdoor ornamental flowers and bulbs	<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"/>
Amenity weed control: roads, pavements etc	<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"/>
Aquatic	<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"/>
Pest control (urban)	<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"/>
Grain stores	<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"/>
Other	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

please specify

Thank you for taking the time to complete the questionnaire.

Please post the questionnaire back to the PIPAH study team

The PIPAH Study**Respiratory Health and Working with Pesticides Questionnaire****SECTION 1****Your respiratory health**

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

	Yes	Age at diagnosis
Chronic Bronchitis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Chronic Obstructive Pulmonary Disease (COPD)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Farmer's Lung Disease	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Pulmonary Fibrosis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

please specify

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

Yes No

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

Yes No

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

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

4. Have you had wheezing or whistling in your chest at any time in the last 12 months?

Yes No

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

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

5. Does your chest ever get tight or breathing become difficult?

Yes No

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

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

6. Do you ever have trouble breathing?

Yes No

Horticulture

Hops	<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"/>
Soft fruit (strawberries, currants, etc)	<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"/>
Mushrooms	<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"/>
Protected ornamental crops	<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"/>
Outdoor ornamental flowers and bulbs	<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"/>
Amenity weed control: roads, pavements etc	<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"/>
Aquatic	<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"/>
Pest control (urban)	<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"/>
Grain stores	<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"/>
Other	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

please specify

Thank you for taking the time to complete the questionnaire.

Please post the questionnaire back to the PIPAH study team

The PIPAH Study**Respiratory Health and Working with Pesticides Questionnaire****SECTION 1****Your respiratory health**

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

	Yes	Age at diagnosis
Chronic Bronchitis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Chronic Obstructive Pulmonary Disease (COPD)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Farmer's Lung Disease	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Pulmonary Fibrosis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

please specify

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

 Yes No

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

 Yes NoIf **Yes**, on your days off, is this cough (please cross one) the same better, or worse than when you are at work

4. Have you had wheezing or whistling in your chest at any time in the last 12 months?

 Yes NoIf **Yes**, on your days off, is this wheezing (please cross one) the same better, or worse than when you are at work

5. Does your chest ever get tight or breathing become difficult?

 Yes NoIf **Yes**, on your days off, is this chest tightness (please cross one) the same better, or worse than when you are at work

6. Do you ever have trouble breathing?

 Yes No

Horticulture

Hops	<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"/>
Soft fruit (strawberries, currants, etc)	<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"/>
Mushrooms	<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"/>
Protected ornamental crops	<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"/>
Outdoor ornamental flowers and bulbs	<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"/>
Amenity weed control: roads, pavements etc	<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"/>
Aquatic	<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"/>
Pest control (urban)	<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"/>
Grain stores	<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"/>
Other	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

please specify

Thank you for taking the time to complete the questionnaire.

Please post the questionnaire back to the PIPAH study team

The PIPAH Study**Respiratory Health and Working with Pesticides Questionnaire****SECTION 1****Your respiratory health**

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

	Yes	Age at diagnosis
Chronic Bronchitis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Chronic Obstructive Pulmonary Disease (COPD)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Farmer's Lung Disease	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Pulmonary Fibrosis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

please specify

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

 Yes No

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

 Yes NoIf **Yes**, on your days off, is this cough (please cross one) the same better, or worse than when you are at work

4. Have you had wheezing or whistling in your chest at any time in the last 12 months?

 Yes NoIf **Yes**, on your days off, is this wheezing (please cross one) the same better, or worse than when you are at work

5. Does your chest ever get tight or breathing become difficult?

 Yes NoIf **Yes**, on your days off, is this chest tightness (please cross one) the same better, or worse than when you are at work

6. Do you ever have trouble breathing?

 Yes No

Horticulture

Hops	<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"/>
Soft fruit (strawberries, currants, etc)	<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"/>
Mushrooms	<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"/>
Protected ornamental crops	<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"/>
Outdoor ornamental flowers and bulbs	<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"/>
Amenity weed control: roads, pavements etc	<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"/>
Aquatic	<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"/>
Pest control (urban)	<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"/>
Grain stores	<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"/>
Other	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

please specify

Thank you for taking the time to complete the questionnaire.

Please post the questionnaire back to the PIPAH study team

The PIPAH Study**Respiratory Health and Working with Pesticides Questionnaire****SECTION 1****Your respiratory health**

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

	Yes	Age at diagnosis
Chronic Bronchitis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Chronic Obstructive Pulmonary Disease (COPD)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Farmer's Lung Disease	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Pulmonary Fibrosis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

please specify

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

Yes No

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

Yes No

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

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

4. Have you had wheezing or whistling in your chest at any time in the last 12 months?

Yes No

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

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

5. Does your chest ever get tight or breathing become difficult?

Yes No

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

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

6. Do you ever have trouble breathing?

Yes No

Horticulture

Hops	<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"/>
Soft fruit (strawberries, currants, etc)	<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"/>
Mushrooms	<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"/>
Protected ornamental crops	<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"/>
Outdoor ornamental flowers and bulbs	<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"/>
Amenity weed control: roads, pavements etc	<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"/>
Aquatic	<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"/>
Pest control (urban)	<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"/>
Grain stores	<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"/>
Other	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

please specify

Thank you for taking the time to complete the questionnaire.

Please post the questionnaire back to the PIPAH study team

The PIPAH Study**Respiratory Health and Working with Pesticides Questionnaire****SECTION 1****Your respiratory health**

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

	Yes	Age at diagnosis
Chronic Bronchitis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Chronic Obstructive Pulmonary Disease (COPD)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Farmer's Lung Disease	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Pulmonary Fibrosis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

please specify

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

Yes No

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

Yes No

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

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

4. Have you had wheezing or whistling in your chest at any time in the last 12 months?

Yes No

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

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

5. Does your chest ever get tight or breathing become difficult?

Yes No

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

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

6. Do you ever have trouble breathing?

Yes No

Horticulture

Hops	<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"/>
Soft fruit (strawberries, currants, etc)	<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"/>
Mushrooms	<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"/>
Protected ornamental crops	<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"/>
Outdoor ornamental flowers and bulbs	<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"/>
Amenity weed control: roads, pavements etc	<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"/>
Aquatic	<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"/>
Pest control (urban)	<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"/>
Grain stores	<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"/>
Other	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

please specify

Thank you for taking the time to complete the questionnaire.

Please post the questionnaire back to the PIPAH study team

The PIPAH Study**Respiratory Health and Working with Pesticides Questionnaire****SECTION 1****Your respiratory health**

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

	Yes	Age at diagnosis
Chronic Bronchitis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Chronic Obstructive Pulmonary Disease (COPD)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Farmer's Lung Disease	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Pulmonary Fibrosis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

please specify

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

 Yes No

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

 Yes NoIf **Yes**, on your days off, is this cough (please cross one) the same better, or worse than when you are at work

4. Have you had wheezing or whistling in your chest at any time in the last 12 months?

 Yes NoIf **Yes**, on your days off, is this wheezing (please cross one) the same better, or worse than when you are at work

5. Does your chest ever get tight or breathing become difficult?

 Yes NoIf **Yes**, on your days off, is this chest tightness (please cross one) the same better, or worse than when you are at work

6. Do you ever have trouble breathing?

 Yes No

Horticulture

Hops	<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"/>
Soft fruit (strawberries, currants, etc)	<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"/>
Mushrooms	<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"/>
Protected ornamental crops	<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"/>
Outdoor ornamental flowers and bulbs	<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"/>
Amenity weed control: roads, pavements etc	<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"/>
Aquatic	<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"/>
Pest control (urban)	<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"/>
Grain stores	<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"/>
Other	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

please specify

Thank you for taking the time to complete the questionnaire.

Please post the questionnaire back to the PIPAH study team

The PIPAH Study**Respiratory Health and Working with Pesticides Questionnaire****SECTION 1****Your respiratory health**

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

	Yes	Age at diagnosis
Chronic Bronchitis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Chronic Obstructive Pulmonary Disease (COPD)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Farmer's Lung Disease	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Pulmonary Fibrosis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

please specify

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

Yes No

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

Yes No

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

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

4. Have you had wheezing or whistling in your chest at any time in the last 12 months?

Yes No

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

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

5. Does your chest ever get tight or breathing become difficult?

Yes No

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

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

6. Do you ever have trouble breathing?

Yes No

Horticulture

Hops	<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"/>
Soft fruit (strawberries, currants, etc)	<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"/>
Mushrooms	<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"/>
Protected ornamental crops	<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"/>
Outdoor ornamental flowers and bulbs	<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"/>
Amenity weed control: roads, pavements etc	<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"/>
Aquatic	<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"/>
Pest control (urban)	<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"/>
Grain stores	<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"/>
Other	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

please specify

Thank you for taking the time to complete the questionnaire.

Please post the questionnaire back to the PIPAH study team

The PIPAH Study

Respiratory Health and Working with Pesticides Questionnaire

SECTION 1

Your respiratory health

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

	Yes	Age at diagnosis
Chronic Bronchitis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Chronic Obstructive Pulmonary Disease (COPD)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Farmer's Lung Disease	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Pulmonary Fibrosis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

please specify

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

Yes No

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

Yes No

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

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

4. Have you had wheezing or whistling in your chest at any time in the last 12 months?

Yes No

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

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

5. Does your chest ever get tight or breathing become difficult?

Yes No

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

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

6. Do you ever have trouble breathing?

Yes No