The Prospective Investigation of Pesticide Applicators' Health Study



GENERAL QUESTIONNAIRE

The Prospective Investigation of Pesticide Applicators' Health is a research study of the health of men and women who apply pesticides as part of their work activity. This research is carried out by the Health and Safety Laboratory, and is supported by the Health and Safety Executive.

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

Please read the accompanying information leaflet and complete the consent form before filling in this questionnaire. If you have any questions, please ring the freephone number **0800 093 4809** or email **PIPAH@hsl.gsi.gov.uk**.

INSTRUCTIONS FOR COMPLETING THE QUESTIONNAIRE

Please answer each question like this, making sure that you write inside the boxes using black ink:						
Please cross the box of your choice, for example: 🔀 Male 📄 Female						
Or, write in the boxes,	for example:					
Your date of birth	Day 18	Month 03	Year 1960			
					c	

Please note if you make a mistake please block fill the box that is not applicable and put a cross in the correct box, for example: Yes No

PLEASE USE BLACK INK AND BLOCK CAPITALS THROUGHOUT THE QUESTIONNAIRE.

Alternatively, if you would like to complete the questionnaire online, please go to **www.pipah.org** and enter your unique study ID number and password when asked. This link takes you to a secure website, where your data will be kept strictly confidential in accordance with the Data Protection Act (1998).

Online password:

Study ID number:

SECTION 1 About you

1. Are you? (please cross one)	8. How old were you when you first lived on a farm?
Male Female	years old
2. What is your date of birth?	9. Are you still living on a farm? (please cross one)
Day Month Year	Yes No (if yes, please go to question 11)
3. What is today's date?	10. How old were you when you stopped living on a farm?
Day Month Year	years old
4. How tall are you?	11. What type of farm was it? (please cross all that apply
feet inches or cm	if you have lived on more than one type of farm)
5. How much do you weigh?	Crop production, including perennial & non-perennial crops
stones pounds or kg	Animal production
	Mixed farming
 Do you have any children? (include living, deceased, stepchildren and adopted children) (please cross one) 	12. Over your lifetime, how many years have you lived or
	worked on a farm? (please cross one)
Yes No	Never lived or worked on a farm 11-20 years
7. Have you ever lived on a farm? (please cross one)	Less than 5 years 21-30 years
Yes No (if no, please go to question 12)	5-10 years More than 30 years
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SECTION 2 Y

Your work history

13. Please describe all of the paid jobs you have ever had which lasted more than 6 months, beginning with your current or most recent job. (please remember to use block capitals when you complete this section)

	Job title	Industry	Location and postcode district of company, business or farm	Main activity of the company or organisation you worked for	Start month and year <i>M M</i> Y	Find or c month a M M	End or current month and year M M		×
Exa	Examples				Please write the dates in MM-YY format, for example November 1985 is written 11-85, and February 2010 is written 02-10.	es in MM-YY 1985 is writt itten 02-10.	format, ten 11-8	. for 5, and	
١ſ	FARMER	AGRICULT -	D I S S I P 2 2	GROWING CEREAL CROPS	0 3 0	5 1	0	1 2	
2	TRUCK		IPSWICH	DELIVERING AGRICULTU-				╢┝	1 г.
77	RIV		2 2	AL SUPPLIES	9 1 9	<i>0</i>	4	0	
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7									

SECTION 3

Your work with pesticides

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

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

14. Please indicate y		areas of	pesticide work,		_ 20-39 days	
current and past	(please cr that ap	ply)	Total number of years worked in	17. W	/hen did you person a	ally first use herbicides
Canada (1 - 1 - 1	Current	Past	this area of work		In the 1960s	In the 2000
Cereals (wheat, barley, oats, rye etc)			years		In the 1970s	In the 2010
Oilseeds (oilseed rape, linse	ed)		years		In the 1980s	
Potatoes			years	18. H	ow many years did yo	ou apply herbicides? (pla
Sugar beet			years		1 year or less	11-20 years
Grassland and/ or fodder crops			years		2-5 years	More than a
Other arable crops			years		6-10 years	
Норѕ			years		/hen applying herbic rotective equipment	ides, did you usually ι ? (please cross one)
Orchard crops (apples,					Yes	No
pears, plums, etc)			years			andled herbicide cond
Soft fruit (strawberries, currants etc)			years	(p	lease cross one)	_
Mushrooms			years		Yes, often Yes, sometimes	No, only dilu
Outdoor vegetables			years	21. W	_	hod did you usually u
Glasshouse crops (edible or ornamental)			years			please cross all that apply)
Hardy nursery stock			years		Boom sprayer	
					Aerial (aircraft) applic	ation
Outdoor ornamental flowers and bulbs			years		Granule spreader	
Golf courses, bowling	_	_			Knapsack sprayer	
greens, sports grounds			years		Other hand held spra	iyer
Amenity weed control:					Weed wiper	
roads, pavements etc			years		Other (please state)	
Forestry			years	22. Di	id vou usually repair	or maintain your owr
Aquatic			years		ixing equipment? (•
Pest control			years		Yes	No
Poultry/Livestock/ Animal house area			years	lf	-	: (please cross all that apply
Other			years		Light running repai or unblocking a no	rs/maintenance, such as zzle
please specify					More substantial re	pairs/maintenance tasks
		_				
Or cross this box if you	have never	worked	with pesticides			

(if never, please go to question 71)

Your work with herbicides

Yes

1

15. Have you ever mixed or applied herbicides? (please cross one)

No (if no, please go to question 23)

6.	In an average year, when many days did you use the	you applied herbicides, how em? (please cross one)
	Less than 5 days	40-59 days
	5-9 days	60-150 days
	10-19 days	More than 150 days
	20-39 days	
7.	When did you personally f	first use herbicides? (please cross one)
	Before 1960	In the 1990s
	In the 1960s	In the 2000s
	In the 1970s	In the 2010s
	In the 1980s	
8.	How many years did you ap	oply herbicides? (please cross one)
	1 year or less	11-20 years
	2-5 years	More than 20 years
	6-10 years	
9.	When applying herbicides protective equipment? (pl	s, did you usually use personal ease cross one)
	Yes	No
0.	Have you personally hand (please cross one)	lled herbicide concentrate?
	Yes, often	No, only dilute herbicides
	Yes, sometimes	
1.	What application method applied herbicides? (please	did you usually use when you e cross all that apply)
	Boom sprayer	
	Aerial (aircraft) application	l
	Granule spreader	
	Knapsack sprayer	
	Other hand held sprayer	
	Weed wiper	
	Other (please state)	
2.	Did you usually repair or r mixing equipment? (please	maintain your own application or e cross one)
	Yes	No
	If yes, did this involve: (ple	pase cross all that apply)
		aintenance, such as changing

_						
Yo	ur work with plant growth re	gulators	Your	work with	fungicides	
23.	Have you ever mixed or applied pla (please cross one)	nt growth regulators?	31. H	lave you ever		ied fungicides? (please cross one) (if no, please go to question 39)
	Yes No (if no, ple	ase go to question 31)	32 1			ou applied fungicides,
24.	In an average year, when you applie regulators, how many days did you us			low many day	s did you use	them? (please cross one)
		I-59 days		Less than 5	days	40-59 days
		-59 days		5-9 days		60-150 days
		ore than 150 days		10-19 days		More than 150 days
	20-39 days	ore than 150 days		20-39 days		
25			33. V	Vhen did you J	personally first	use fungicides? (please cross one)
25.	When did you personally first use pla (please cross one)	int growth regulators?		Before 1960		In the 1990s
	Before 1960	the 1990s		In the 1960		In the 2000s
	In the 1960s	the 2000s		In the 1970		
	In the 1970s	the 2010s		In the 1980		
	In the 1980s		34. H	low many yea	rs did you appl	y fungicides? (please cross one)
26.	How many years did you apply plar	t growth regulators?		1 year or le	SS	11-20 years
	(please cross one)			2-5 years		More than 20 years
	1 year or less	-20 years		6-10 years		
	2-5 years	ore than 20 years				did you usually use personal
	6-10 years		p	orotective equ	ipment? (plea	se cross one)
27.	When applying plant growth regulat personal protective equipment? (plea		36 4	Yes	onally handle	d fungicide concentrate?
	Yes No			please cross one)	•	
20				Yes, often		
28.	Have you personally handled plant concentrate? (please cross one)	growth regulator		Yes, someti	mes	
	Yes, often			No, only dilu	ute fungicides	
	Yes, sometimes		37. V	Vhat applicat	ion method di	id you usually use when you
	No, only dilute plant growth regula	ors	a	pplied fungio	ides? (please c	ross all that apply)
20	What application method did you us			Broadcast ai	r assisted sprayer	
29.	applied plant growth regulators? (pl			Boom spray	er	
	Broadcast air assisted sprayer			Aerial (aircr	aft) application	
	Boom sprayer			Knapsack s	orayer	
	Knapsack sprayer			Other hand	held sprayer	
	Other (please state)			_	ld mist applicator	
				_	nist applicator/	
30.	Did you usually repair or maintain y or mixing equipment? (please cross or			Seed treatm	nent equipment	t
				Other (pleas	e state)	
	If yes, did this involve: (please cross all			-		intain your own application
	Light running repairs/maintenance or unblocking a nozzle	e, such as changing		Yes	pment? (pleas	e cross one)
	More substantial repairs/maintena	nce tasks	ŀ	f yes, did this	involve: (please	e cross all that apply)
				-	ng repairs/main ng a nozzle	tenance, such as changing
			[More subst	antial repairs/m	naintenance tasks
				Version 2.3.3	- March 2013	4

			i		
	ur work with insecticide			ur work with poultr use area insecticides	y, livestock, or animal
39.		ied insecticides? (please cross one) (if no, please go to question 47)	47.	Have you ever mixed or animal house area inse	r applied poultry, livestock, or
40.	In an average year, when you			Yes N	· ·
	how many days did you use t	hem? (please cross one)	48.		n you applied these insecticides,
	5-9 days	60-150 days			use them? (please cross one)
	10-19 days	More than 150 days		Less than 5 days	40-59 days
	20-39 days			5-9 days	60-150 days
41.	When did you personally fire	st use these insecticides?		10-19 days 20-39 days	More than 150 days
	(please cross one)		49.	· ·	ly first use these insecticides?
	Before 1960	In the 1990s		(please cross one)	
	In the 1960s	In the 2000s		Before 1960	In the 1990s
	In the 1970s	In the 2010s		In the 1960s	In the 2000s
	In the 1980s			In the 1970s	In the 2010s
42.	How many years did you apply	these insecticides? (please cross one)		In the 1980s	
	1 year or less 2-5 years	11-20 years More than 20 years	50.	How many years did you (please cross one)	apply these insecticides?
	6-10 years			1 year or less	11-20 years
43.	When applying these insecti	cides, did vou usually use		2-5 years	More than 20 years
	personal protective equipme			6-10 years	
44	Yes Have you personally handled	No No	51.		nsecticides, did you usually use nipment? (please cross one)
	insecticides? (please cross one)			Yes	No
	Yes, often		52.	Have you personally ha	ndled concentrate of these
	Yes, sometimes			insecticides? (please cross	
	No, only dilute insecticides			Yes, often	No, only dilute insecticides
45.	What application method di applied these insecticides?		52	Yes, sometimes	
	Broadcast air assisted sprayer	· · · · ·	55.		od did you usually use when you es? (please cross all that apply)
	Boom sprayer			Ear tag	Fog/mist animals
	Aerial (aircraft) application			Powder/dust animals	Oral dose products
	Granule spreader			Plunge dips	
	Knapsack sprayer				Hang pest strips
	Other hand held sprayer			Pour on products	in animal house
	Powder or dust applicator			Race applied spray boom/Showers	Spray walls/litter
	Non hand held mist applicator				
	Hand held mist applicator/	fogger		Other (please state)	
	Seed treatment equipment		54.	, , , , , , , , , , , , , , , , , , ,	or maintain your own application
	Other (please state)			or mixing equipment?	
46.	Did you usually repair or ma or mixing equipment? (please			If yes, did this involve: (please cross all that apply)
	Yes	No			/maintenance, such as changing
	If yes, did this involve: (please			or unblocking a nozz	
		tenance, such as changing		Version 2.3.3 - March 2013	airs/maintenance tasks
-	More substantial repairs/m	naintenance tasks			

	ur work with fumigant			our work with wood preservatives
55.	Have you ever applied fum	ligants? (please cross one) No (if no, please go to question 63)	63.	Have you ever mixed or applied wood preservatives? (please cross one)
56.	In an average year, when y how many days did you us		64.	Yes No (if no, please go to question 71) In an average year, when you applied wood preservatives,
	Less than 5 days	40-59 days		how many days did you use them? (please cross one)
	5-9 days	60-150 days		Less than 5 days 40-59 days
	10-19 days	More than 150 days		5-9 days 60-150 days 10-19 days More than 150 days
	20-39 days			20-39 days 20-39 days
57.	When did you personally fire	st use fumigants? (please cross one)		
	Before 1960	In the 1990s	65.	. When did you personally first use wood preservatives? (please cross one)
	In the 1960s	In the 2000s		Before 1960 In the 1990s
	In the 1970s	In the 2010s		In the 1960s In the 2000s
	In the 1980s			In the 1970s In the 2010s
58.	How many years did you ap	ply fumigants? (please cross one)		In the 1980s
	1 year or less	11-20 years	66.	. How many years did you apply wood preservatives?
	2-5 years	More than 20 years		(please cross one)
	6-10 years			1 year or less 11-20 years
59.		did you usually use personal		2-5 years More than 20 years
	protective equipment? (plea			6-10 years
60.	Have you personally handl	ed fumigant concentrate?	67.	. When applying wood preservatives, did you usually use personal protective equipment? (please cross one)
	(please cross one)	_		Yes No
	Yes, often	Not applicable	68.	. Have you personally handled wood preservative
	Yes, sometimes			concentrate? (please cross one)
61.	What application method applied fumigants? (please	did you usually use when you cross all that apply)		Yes, often Yes, sometimes
	Sealed unit pressure treatment	Resin strips		No, only dilute wood preservatives
	Gas canister	Direct soil injection	69.	. What application method did you usually use when you applied wood preservatives? (please cross all that apply)
	Non hand held fogger	Hand held fogger		Brushing or spreading Spraying, deluging or fogging
62	Other (please state)			Immersion Hot & cold steeping in open tanks
02.	or mixing equipment? (plea	naintain your own application (se cross one)		Diffusion Pressure impregnation
	Yes	No		Double vacuum
	If yes, did this involve: (plea	se cross all that apply)		Other (please state)
	Light running repairs/ma or unblocking a nozzle	intenance, such as changing	70.	Did you usually repair or maintain your own application
	More substantial repairs/	maintenance tasks		or mixing equipment? (please cross one)
				Yes No If yes, did this involve: (please cross all that apply)
				Light running repairs/maintenance, such as changing or unblocking a nozzle
				More substantial repairs/maintenance tasks

Yo	ur work with treated	l seed
71.	Have you ever handled or	planted treated seed? (please cross one
	Yes	No (if no, please go to Section 4)
72.	What was the seed treat	ted with? (please cross one)
	Insecticide only	Both insecticide & fungicide
	Fungicide only	Do not know
73.	In an average year, on h plant treated seed? (plea	ow many days did you handle or ase cross one)
	Less than 5 days	40-59 days
	5-9 days	60-150 days
	10-19 days	More than 150 days
	20-39 days	
74.	When did you personally (please cross one)	first handle or plant treated seed?
	Before 1960	In the 1990s
	In the 1960s	In the 2000s
	In the 1970s	In the 2010s
	In the 1980s	
75.	How many years have yo (please cross one)	u handled or planted treated seed?
	1 year or less	11-20 years
	2-5 years	More than 20 years
	6-10 years	
76.	How was the treated see	ed handled? (please cross all that apply
	Less than 25 kg sacks	
	25 kg sacks	In bulk (for example 1 tonne bag
	Other (please state)	
77.	Did you usually use pers	onal protective equipment when
	Yes	No
S	ECTION 4 Yo	our general health
78.	•	d you that you have any of as and give approximate age at diagnosis)
Lun	gs and airways	Age at Yes diagnosis
Asth	nma	
Chro	onic bronchitis	
	onic obstructive nonary disease (COPD)	

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Emphysema

Pleurisy

Farmer's lung disease

	Yes	Age at diagnosis
Pneumonia (viral or bacteria)		
Pulmonary fibrosis		
Sarcoidosis		
Tuberculosis		
Other chest condition (please specify)		

Nervous system

Alzheimer's disease	
Anxiety	
Depression	
Depression requiring medication or shock therapy	
Epilepsy or seizures (not related to high fever)	
Motor neuron disease or Amyotrophic lateral sclerosis (ALS)	
Multiple sclerosis	
Parkinson's disease	
Other neurological problem (related to muscles, nerves, or weakness) (please specify)	

Heart and Blood Vessels

Angina (chest pains)	
Arrhythmia (irregular heart beat)	
High blood pressure requiring medication	
Myocardial infarction (heart attack)	
Stroke	
Muscles and Skeleton	
Lupus or SLE	
Rheumatoid arthritis	
Scleroderma	

	Yes	Age at diagnosis	Other			Yes		Age at iagnosis
Work-related back, neck or shoulder injury			Glandular fever or Mononue	cleosis				
Ever			Lead poisoning					
Eyes Cataracts			Pesticide poisoning					
Detached retina			Solvent poisoning					
Glaucoma			Ulcerative colitis or Crohn's	disease				
Retinal or macular degeneration			Head injury requiring medica	al attentio	n			
			Injury from farm machinery medical treatment (not inclu					
Skin Acne			79. In the past 12 mo	nths , ap	proxima	itely how	v often	have
			you experienced the	e followi Never	ng? Less	1-3	Once a	More
Eczema (or atopic dermatitis)				ivevei	than once a	times a month	week	than once a
Shingles			Dizziness		month			week
Other skin problems (please specify)			Feeling tense, anxious,					
			or nervous					
Diabetes and Thyroid Gland			Nausea/vomiting					
Diabetes (not related to pregnancy)			Feeling unusually tired, sleepy, or low energy					
Goitre			most of the day					
Thyrotoxicosis/Grave's disease			Sweating a lot more than usual					
(excess thyroid hormone)			Difficulty seeing at night					
Other thyroid diseases (please specify)			Being absent minded, forgetful, or confused					
			Headache					
Kidneys			Loss of appetite					
Chronic kidney infections or			Fast heart rate					
pyelonephritis			Difficulty with balance					
Kidney failure requiring dialysis or transplant			Blurred vision or double vision					
Kidney stones			Difficulty concentrating					
Nephritis, or nephrosis			Numbness or pins-and- needles in your hands					
Other kidney disease (please specify)			or feet					
			Momentary loss of consciousness					
Liver			Feeling excessively irritable or angry					
Liver function problems (please specify)			Shaking or trembling of your hands					
L								

	Never	Less than once a month	1-3 times a month	Once a week	More than once a week
Difficulty falling asleep or staying asleep					
Difficulty speaking					
Weakness in your arms or legs					
Changes in your sense of smell or taste					
Feeling depressed, indifferent, or withdrawn without particular reason					
Twitches, jerks, or involuntary movements of your arms or legs					

SECTION 5

Family medical history

80. Do or did any of your BLOOD relatives ever suffer from? (please cross all that apply)

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

SECTION 6

Your lifestyle

81. In a typical week, how many hours do you usually spend physically active and on how many days do you do these activities (include work and leisure activities)?

		ć	a wee	er of day k you de activitie	o Total number of	
(for e walki	t activities xample slow ing, house ing, childcare)	Summe Winter				
(for e briskl gene	lerate activities xample walking ly, ordinary cycling, ral gardening, r aerobics)	Summe Winter				
(Activ swea such joggin heavy	vities that make you vities that make you t or breathe hard, as running or ng, fast cycling, v lifting, heavy ework)	Summe Winter				
82.	On a typical day fro many hours do you 4pm? (enter '0' if less t	spend c			•	
	On a working day				hours a day	
	On a weekend or day	off			hours a day	
83.	How many days do to September? (enter				al week from April	
	Number of days work	ed] per v	veek	
84.	84. If you are working in the sun during April to September, what type of sun protection do you usually use? (please cross all that apply)					
	Sunscreen or sunblock					
	Wear a baseball-type cap					
	Wear another	type of h	nat w	ith a br	im	
	Wear a long-sleeved shirt					

Why are we asking these questions?

Do not use any of the above

These questions on your family medical history, lifestyle, diet, smoking habits, alcohol intake and social circumstances are very important. This is because it is already known that these factors can affect your health. So before we can begin to investigate if pesticides have any long term health effects, we need to be able to adjust for these other factors during the analysis.

SECTION 7

Your diet

90. How many bowls of **cereal a week** do you eat? (enter '0' if none usually)

85.	About how many times a week do you usually eat the following vegetables? (enter '0' if none usually)	All Bran
	broccoli	Branflakes or muesli
	cauliflower	wholewheat (eg Weetabix, shredded wheat)
	cabbages or sprouts	other cereal (eg oats, rice crispies, cornflakes)
		91. How much yoghurt a week do you eat? (number of small pots; enter '0' if none usually)
	cooked tomatoes	dairy yoghurt or desserts
	bean curd foods (eg soya, tofu)	soya yoghurt or desserts
	baked beans or pulses (eg lentils, chickpeas, etc)	92. About how many times a week do you eat?
86.	About how many times a week do you usually eat the following fruits? (enter '0' if none usually; do not include fruit juice)	(enter '0' if none usually)
	an apple	any fish (fresh or tinned)
	a banana	fresh tuna (not tinned)
	a pear	oily fish (eg salmon, trout, mackerel, sardines, pilchards, herring, kipper, eel and whitebait)
	prunes	any meat or poultry (fresh or processed)
	stewed fruit (except prunes)	any poultry (chicken, turkey, etc)
	an orange/satsuma etc	any processed meat (eg bacon, ham, sausages, etc)
	a stone fruit (eg plum, apricot, peach)	93. How much tea a day do you usually drink?
	grapes, berries	cups a day
	tinned fruit (except prunes)	- do you usually have your tea: (please cross one)
	dried fruit (except prunes)	very hot hot warm cool
87.	In total how many pieces of fresh fruit a week do you	- do you usually add: <i>(please cross all that apply)</i> milk sugar artificial sweetener
	usually eat? (enter '0' if none usually)	94. How much coffee a day do you usually drink?
	Number of pieces a week (count one apple, one banana,	cups a day
	10 grapes, 10 berries, etc as one piece)	- do you usually have your coffee: (please cross one)
88.	On average how many heaped tablespoons of salad or vegetables a week do you usually eat? (enter '0' if you do	very hot hot warm cool
	not eat any)	- do you usually add: (please cross all that apply)
	raw tomatoes	 95. On average, how much milk a week do you drink?
	green salad	(include milk in cereal, cocoa, tea, coffee, cooking, etc)
	raw vegetables (except tomatoes and green salad)	pints a week OR litres a week
	cooked vegetables (except potatoes)	96. Which type of milk do you use most often? (please cross one)
89.	How much wholemeal bread a week do you eat?	cow's milk soya milk other/none
	(enter '0' if none usually)	97. Does your diet vary much from week to week? (please cross one)
	(not white or brown bread)	Never or rarely Often
		Sometimes Do not know
		Version 2.3.3 - March 2013

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

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

Please return the questionnaire in the envelope provided.

Contact details for the study team

Freephone: 0800 093 4809

Email: PIPAH@hsl.gsi.gov.uk

- Address The PIPAH Study
 - Health and Safety Laboratory

Harpur Hill

Buxton

Derbyshire SK17 9JN

Study team: Dr Anne-Helen Harding (Principal Investigator)

Professor David Fishwick (Study Medical Officer)

Ms Gillian Frost (Researcher)

Before returning your completed questionnaire, please make sure that you have signed the consent form and filled in your contact details.