The PIPAH Study

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** 1 8 **Month** 0 3 **Year** 1 9 6 0

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).

Study ID number: _____ Online password: _____

SECTION 1 About you

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

SECTION 2 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 M M Y Y	End or current month and year M M Y Y
Examples					*Please write the dates in MM-YY format, for example November 1985 is written 11-85, and February 2010 is written 02-10.*	
J1	*FARMER*	*AGRICULT-URE*	*DISS IP22*	*GROWING CEREAL CROPS*	*0 3 0 5*	*1 0 1 2*
J2	*TRUCK DRIVER*	*TRANSPORT*	*IPSWICH IP22*	*DELIVERING AGRICULTURAL SUPPLIES*	*1 1 9 8*	*0 4 0 1*
J1						
J2						
J3						
J4						
J5						
J6						
J7						

SECTION 3 Your work with pesticides

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

- plant protection products, for example herbicides, plant growth regulators, fungicides, and insecticides;
- biocides used for pest control including insecticides 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 your main areas of pesticide work, current and past.

	(please cross all that apply) Current	Past	Total number of years worked in this area of work
Cereals *(wheat, barley, oats, rye etc)*	☐	☐	☐☐ years
Oilseeds *(oilseed rape, linseed)*	☐	☐	☐☐ years
Potatoes	☐	☐	☐☐ years
Sugar beet	☐	☐	☐☐ years
Grassland and/ or fodder crops	☐	☐	☐☐ years
Other arable crops	☐	☐	☐☐ years
Hops	☐	☐	☐☐ years
Orchard crops *(apples, pears, plums, etc)*	☐	☐	☐☐ years
Soft fruit *(strawberries, currants etc)*	☐	☐	☐☐ years
Mushrooms	☐	☐	☐☐ years
Outdoor vegetables	☐	☐	☐☐ years
Glasshouse crops *(edible or ornamental)*	☐	☐	☐☐ years
Hardy nursery stock	☐	☐	☐☐ years
Outdoor ornamental flowers and bulbs	☐	☐	☐☐ years
Golf courses, bowling greens, sports grounds	☐	☐	☐☐ years
Amenity weed control: roads, pavements etc	☐	☐	☐☐ years
Forestry	☐	☐	☐☐ years
Aquatic	☐	☐	☐☐ years
Pest control	☐	☐	☐☐ years
Poultry/Livestock/ Animal house area	☐	☐	☐☐ years
Other	☐	☐	☐☐ years
please specify			

Or cross this box if you have never worked with pesticides ☐

(if never, please go to question 71)

Your work with herbicides

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

☐ Yes ☐ No *(if no, please go to question 23)*

16. In an average year, when you applied herbicides, how many days did you use them? *(please cross one)*

☐ Less than 5 days
☐ 5-9 days
☐ 10-19 days
☐ 20-39 days
☐ 40-59 days
☐ 60-150 days
☐ More than 150 days

17. When did you personally first use herbicides? *(please cross one)*

☐ Before 1960
☐ In the 1960s
☐ In the 1970s
☐ In the 1980s
☐ In the 1990s
☐ In the 2000s
☐ In the 2010s

18. How many years did you apply herbicides? *(please cross one)*

☐ 1 year or less
☐ 2-5 years
☐ 6-10 years
☐ 11-20 years
☐ More than 20 years

19. When applying herbicides, did you usually use personal protective equipment? *(please cross one)*

☐ Yes ☐ No

20. Have you personally handled herbicide concentrate? *(please cross one)*

☐ Yes, often
☐ Yes, sometimes
☐ No, only dilute herbicides

21. What application method did you usually use when you applied herbicides? *(please cross all that apply)*

☐ Boom sprayer
☐ Aerial (aircraft) application
☐ Granule spreader
☐ Knapsack sprayer
☐ Other hand held sprayer
☐ Weed wiper
☐ Other *(please state)*

22. Did you usually repair or maintain your own application 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

Your work with plant growth regulators

23. Have you ever mixed or applied plant growth regulators? *(please cross one)*

☐ Yes ☐ No *(if no, please go to question 31)*

24. In an average year, when you applied plant growth regulators, how many days did you use them? *(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

25. When did you personally first use plant growth regulators? *(please cross one)*

☐ Before 1960 ☐ In the 1990s
☐ In the 1960s ☐ In the 2000s
☐ In the 1970s ☐ In the 2010s
☐ In the 1980s

26. How many years did you apply plant growth regulators? *(please cross one)*

☐ 1 year or less ☐ 11-20 years
☐ 2-5 years ☐ More than 20 years
☐ 6-10 years

27. When applying plant growth regulators, did you usually use personal protective equipment? *(please cross one)*

☐ Yes ☐ No

28. Have you personally handled plant growth regulator concentrate? *(please cross one)*

☐ Yes, often
☐ Yes, sometimes
☐ No, only dilute plant growth regulators

29. What application method did you usually use when you applied plant growth regulators? *(please cross all that apply)*

☐ Broadcast air assisted sprayer
☐ Boom sprayer
☐ Knapsack sprayer
☐ Other *(please state)* _____

30. Did you usually repair or maintain your own application 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

Your work with fungicides

31. Have you ever mixed or applied fungicides? *(please cross one)*

☐ Yes ☐ No *(if no, please go to question 39)*

32. In an average year, when you applied fungicides, how many days did you use them? *(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

33. When did you personally first use fungicides? *(please cross one)*

☐ Before 1960 ☐ In the 1990s
☐ In the 1960s ☐ In the 2000s
☐ In the 1970s ☐ In the 2010s
☐ In the 1980s

34. How many years did you apply fungicides? *(please cross one)*

☐ 1 year or less ☐ 11-20 years
☐ 2-5 years ☐ More than 20 years
☐ 6-10 years

35. When applying fungicides, did you usually use personal protective equipment? *(please cross one)*

☐ Yes ☐ No

36. Have you personally handled fungicide concentrate? *(please cross one)*

☐ Yes, often
☐ Yes, sometimes
☐ No, only dilute fungicides

37. What application method did you usually use when you applied fungicides? *(please cross all that apply)*

☐ Broadcast air assisted sprayer
☐ Boom sprayer
☐ Aerial (aircraft) application
☐ Knapsack sprayer
☐ Other hand held sprayer
☐ Non hand held mist applicator
☐ Hand held mist applicator/fogger
☐ Seed treatment equipment
☐ Other *(please state)* _____

38. Did you usually repair or maintain your own application 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

Your work with insecticides

39. Have you ever mixed or applied insecticides? *(please cross one)*

☐ Yes ☐ No *(if no, please go to question 47)*

40. In an average year, when you applied these insecticides, how many days did you use them? *(please cross one)*

☐ Less than 5 days
☐ 5-9 days
☐ 10-19 days
☐ 20-39 days
☐ 40-59 days
☐ 60-150 days
☐ More than 150 days

41. When did you personally first use these insecticides? *(please cross one)*

☐ Before 1960
☐ In the 1960s
☐ In the 1970s
☐ In the 1980s
☐ In the 1990s
☐ In the 2000s
☐ In the 2010s

42. How many years did you apply these insecticides? *(please cross one)*

☐ 1 year or less
☐ 2-5 years
☐ 6-10 years
☐ 11-20 years
☐ More than 20 years

43. When applying these insecticides, did you usually use personal protective equipment? *(please cross one)*

☐ Yes ☐ No

44. Have you personally handled concentrate of these insecticides? *(please cross one)*

☐ Yes, often
☐ Yes, sometimes
☐ No, only dilute insecticides

45. What application method did you usually use when you applied these insecticides? *(please cross all that apply)*

☐ Broadcast air assisted sprayer
☐ Boom sprayer
☐ Aerial (aircraft) application
☐ Granule spreader
☐ Knapsack sprayer
☐ Other hand held sprayer
☐ Powder or dust applicator
☐ Non hand held mist applicator
☐ Hand held mist applicator/fogger
☐ Seed treatment equipment
☐ Other *(please state)* _____

46. Did you usually repair or maintain your own application 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

Your work with poultry, livestock, or animal house area insecticides

47. Have you ever mixed or applied poultry, livestock, or animal house area insecticides? *(please cross one)*

☐ Yes ☐ No *(if no, please go to question 55)*

48. In an average year, when you applied these insecticides, how many days did you use them? *(please cross one)*

☐ Less than 5 days
☐ 5-9 days
☐ 10-19 days
☐ 20-39 days
☐ 40-59 days
☐ 60-150 days
☐ More than 150 days

49. When did you personally first use these insecticides? *(please cross one)*

☐ Before 1960
☐ In the 1960s
☐ In the 1970s
☐ In the 1980s
☐ In the 1990s
☐ In the 2000s
☐ In the 2010s

50. How many years did you apply these insecticides? *(please cross one)*

☐ 1 year or less
☐ 2-5 years
☐ 6-10 years
☐ 11-20 years
☐ More than 20 years

51. When applying these insecticides, did you usually use personal protective equipment? *(please cross one)*

☐ Yes ☐ No

52. Have you personally handled concentrate of these insecticides? *(please cross one)*

☐ Yes, often
☐ Yes, sometimes
☐ No, only dilute insecticides

53. What application method did you usually use when you applied these insecticides? *(please cross all that apply)*

☐ Ear tag
☐ Powder/dust animals
☐ Plunge dips
☐ Pour on products
☐ Race applied spray boom/Showers
☐ Other *(please state)* _____
☐ Fog/mist animals
☐ Oral dose products
☐ Injection
☐ Hang pest strips in animal house
☐ Spray walls/litter

54. Did you usually repair or maintain your own application 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

Your work with fumigants

55. Have you ever applied fumigants? *(please cross one)*

- ☐ Yes
- ☐ No *(if no, please go to question 63)*

56. In an average year, when you applied fumigants, how many days did you use them? *(please cross one)*

- ☐ Less than 5 days
- ☐ 5-9 days
- ☐ 10-19 days
- ☐ 20-39 days
- ☐ 40-59 days
- ☐ 60-150 days
- ☐ More than 150 days

57. When did you personally first use fumigants? *(please cross one)*

- ☐ Before 1960
- ☐ In the 1960s
- ☐ In the 1970s
- ☐ In the 1980s
- ☐ In the 1990s
- ☐ In the 2000s
- ☐ In the 2010s

58. How many years did you apply fumigants? *(please cross one)*

- ☐ 1 year or less
- ☐ 2-5 years
- ☐ 6-10 years
- ☐ 11-20 years
- ☐ More than 20 years

59. When applying fumigants, did you usually use personal protective equipment? *(please cross one)*

- ☐ Yes
- ☐ No

60. Have you personally handled fumigant concentrate? *(please cross one)*

- ☐ Yes, often
- ☐ Yes, sometimes
- ☐ Not applicable

61. What application method did you usually use when you applied fumigants? *(please cross all that apply)*

- ☐ Sealed unit pressure treatment
- ☐ Gas canister
- ☐ Non hand held fogger
- ☐ Resin strips
- ☐ Direct soil injection
- ☐ Hand held fogger
- ☐ Other *(please state)* _____

62. Did you usually repair or maintain your own application 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

Your work with wood preservatives

63. Have you ever mixed or applied wood preservatives? *(please cross one)*

- ☐ Yes
- ☐ No *(if no, please go to question 71)*

64. In an average year, when you applied wood preservatives, how many days did you use them? *(please cross one)*

- ☐ Less than 5 days
- ☐ 5-9 days
- ☐ 10-19 days
- ☐ 20-39 days
- ☐ 40-59 days
- ☐ 60-150 days
- ☐ More than 150 days

65. When did you personally first use wood preservatives? *(please cross one)*

- ☐ Before 1960
- ☐ In the 1960s
- ☐ In the 1970s
- ☐ In the 1980s
- ☐ In the 1990s
- ☐ In the 2000s
- ☐ In the 2010s

66. How many years did you apply wood preservatives? *(please cross one)*

- ☐ 1 year or less
- ☐ 2-5 years
- ☐ 6-10 years
- ☐ 11-20 years
- ☐ More than 20 years

67. When applying wood preservatives, did you usually use personal protective equipment? *(please cross one)*

- ☐ Yes
- ☐ No

68. Have you personally handled wood preservative concentrate? *(please cross one)*

- ☐ Yes, often
- ☐ Yes, sometimes
- ☐ No, only dilute wood preservatives

69. What application method did you usually use when you applied wood preservatives? *(please cross all that apply)*

- ☐ Brushing or spreading
- ☐ Immersion
- ☐ Diffusion
- ☐ Double vacuum
- ☐ Spraying, deluging or fogging
- ☐ Hot & cold steeping in open tanks
- ☐ Pressure impregnation
- ☐ Other *(please state)* _____

70. Did you usually repair or maintain your own application 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

Your work with treated 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 treated with? *(please cross one)*

☐ Insecticide only ☐ Both insecticide & fungicide
☐ Fungicide only ☐ Do not know

73. In an average year, on how many days did you handle or plant treated seed? *(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

74. When did you personally first handle or plant treated seed? *(please cross one)*

☐ 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 you handled or planted treated seed? *(please cross one)*

☐ 1 year or less ☐ 11-20 years
☐ 2-5 years ☐ More than 20 years
☐ 6-10 years

76. How was the treated seed handled? *(please cross all that apply)*

☐ Less than 25 kg sacks ☐ 50 kg sacks
☐ 25 kg sacks ☐ In bulk *(for example 1 tonne bags)*
☐ Other *(please state)* _____

77. Did you usually use personal protective equipment when you handled treated seed? *(please cross one)*

☐ Yes ☐ No

SECTION 4 Your general health

78. Has your doctor ever told you that you have any of the following? *(please cross and give approximate age at diagnosis)*

Lungs and airways	*Yes*	*Age at diagnosis*
Asthma	☐	☐☐
Chronic bronchitis	☐	☐☐
Chronic obstructive pulmonary disease (COPD)	☐	☐☐
Emphysema	☐	☐☐
Farmer's lung disease	☐	☐☐
Pleurisy	☐	☐☐
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
Work-related back, neck or shoulder injury	☐	☐☐

Eyes

Cataracts	☐	☐☐
Detached retina	☐	☐☐
Glaucoma	☐	☐☐
Retinal or macular degeneration	☐	☐☐

Skin

Acne	☐	☐☐
Eczema (or atopic dermatitis)	☐	☐☐
Shingles	☐	☐☐
Other skin problems *(please specify)*	☐	☐☐

Diabetes and Thyroid Gland

Diabetes (not related to pregnancy)	☐	☐☐
Goitre	☐	☐☐
Thyrotoxicosis/Grave's disease (excess thyroid hormone)	☐	☐☐
Other thyroid diseases *(please specify)*	☐	☐☐

Kidneys

Chronic kidney infections or pyelonephritis	☐	☐☐
Kidney failure requiring dialysis or transplant	☐	☐☐
Kidney stones	☐	☐☐
Nephritis, or nephrosis	☐	☐☐
Other kidney disease *(please specify)*	☐	☐☐

Liver

Liver function problems *(please specify)*	☐	☐☐

Other

	Yes	Age at diagnosis
Glandular fever or Mononucleosis	☐	☐☐
Lead poisoning	☐	☐☐
Pesticide poisoning	☐	☐☐
Solvent poisoning	☐	☐☐
Ulcerative colitis or Crohn's disease	☐	☐☐
Head injury requiring medical attention	☐	☐☐
Injury from farm machinery requiring medical treatment (not including head injury)	☐	☐☐

79. **In the past 12 months**, approximately how often have you experienced the following?

	Never	*Less than once a month*	*1-3 times a month*	*Once a week*	*More than once a week*
Dizziness	☐	☐	☐	☐	☐
Feeling tense, anxious, or nervous	☐	☐	☐	☐	☐
Nausea/vomiting	☐	☐	☐	☐	☐
Feeling unusually tired, sleepy, or low energy most of the day	☐	☐	☐	☐	☐
Sweating a lot more than usual	☐	☐	☐	☐	☐
Difficulty seeing at night	☐	☐	☐	☐	☐
Being absent minded, forgetful, or confused	☐	☐	☐	☐	☐
Headache	☐	☐	☐	☐	☐
Loss of appetite	☐	☐	☐	☐	☐
Fast heart rate	☐	☐	☐	☐	☐
Difficulty with balance	☐	☐	☐	☐	☐
Blurred vision or double vision	☐	☐	☐	☐	☐
Difficulty concentrating	☐	☐	☐	☐	☐
Numbness or pins-and-needles in your hands or feet	☐	☐	☐	☐	☐
Momentary loss of consciousness	☐	☐	☐	☐	☐
Feeling excessively irritable or angry	☐	☐	☐	☐	☐
Shaking or trembling of your hands	☐	☐	☐	☐	☐

	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)?

		Number of days a week you do these activities	Total number of hours a week
Light activities *(for example slow walking, house cleaning, childcare)*	Summer	☐	☐☐☐
	Winter	☐	☐☐☐
Moderate activities *(for example walking briskly, ordinary cycling, general gardening, water aerobics)*	Summer	☐	☐☐☐
	Winter	☐	☐☐☐
Vigorous activities *(Activities that make you sweat or breathe hard, such as running or jogging, fast cycling, heavy lifting, heavy housework)*	Summer	☐	☐☐☐
	Winter	☐	☐☐☐

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

On a working day ☐☐ hours a day

On a weekend or day off ☐☐ hours a day

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

Number of days worked ☐ per week

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 hat with a brim
- ☐ Wear a long-sleeved shirt
- ☐ Do not use any of the above

Why are we asking these questions?

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

SECTION 7 Your diet

85. About how many **times a week** do you usually eat the following vegetables? *(enter '0' if none usually)*

- ☐☐ broccoli
- ☐☐ cauliflower
- ☐☐ cabbages or sprouts
- ☐☐ cooked tomatoes
- ☐☐ bean curd foods *(eg soya, tofu)*
- ☐☐ baked beans or pulses *(eg lentils, chickpeas, etc)*

86. About how many **times a week** do you usually eat the following fruits? *(enter '0' if none usually; do not include fruit juice)*

- ☐☐ an apple
- ☐☐ a banana
- ☐☐ a pear
- ☐☐ prunes
- ☐☐ stewed fruit *(except prunes)*
- ☐☐ an orange/satsuma etc
- ☐☐ a stone fruit *(eg plum, apricot, peach)*
- ☐☐ grapes, berries
- ☐☐ tinned fruit *(except prunes)*
- ☐☐ dried fruit *(except prunes)*

87. In total how many **pieces of fresh fruit a week** do you usually eat? *(enter '0' if none usually)*

☐☐ Number of pieces a week
(count one apple, one banana, 10 grapes, 10 berries, etc as one piece)

88. On average how many heaped tablespoons of **salad or vegetables a week** do you usually eat? *(enter '0' if you do not eat any)*

- ☐☐ raw tomatoes
- ☐☐ green salad
- ☐☐ raw vegetables *(except tomatoes and green salad)*
- ☐☐ cooked vegetables *(except potatoes)*

89. How much **wholemeal bread a week** do you eat? *(enter '0' if none usually)*

☐☐☐ Slices, rolls, etc of wholemeal bread a week *(not white or brown bread)*

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

- ☐☐ All Bran
- ☐☐ Branflakes or muesli
- ☐☐ wholewheat *(eg Weetabix, shredded wheat)*
- ☐☐ 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)*

- ☐☐ dairy yoghurt or desserts
- ☐☐ soya yoghurt or desserts

92. About how many times a week do you eat? *(enter '0' if none usually)*

- ☐☐ any fish *(fresh or tinned)*
- ☐☐ fresh tuna *(not tinned)*
- ☐☐ oily fish *(eg salmon, trout, mackerel, sardines, pilchards, herring, kipper, eel and whitebait)*
- ☐☐ any meat or poultry *(fresh or processed)*
- ☐☐ any poultry *(chicken, turkey, etc)*
- ☐☐ any processed meat *(eg bacon, ham, sausages, etc)*

93. How much **tea a day** do you usually drink?

☐☐ cups a day

- do you usually have your tea: *(please cross one)*

☐ very hot ☐ hot ☐ warm ☐ cool

- do you usually add: *(please cross all that apply)*

☐ milk ☐ sugar ☐ artificial sweetener

94. How much **coffee a day** do you usually drink?

☐☐ cups a day

- do you usually have your coffee: *(please cross one)*

☐ very hot ☐ hot ☐ warm ☐ cool

- do you usually add: *(please cross all that apply)*

☐ milk ☐ sugar ☐ artificial sweetener

95. On average, how much **milk a week** do you drink? *(include milk in cereal, cocoa, tea, coffee, cooking, etc)*

☐☐ pints a week **OR** ☐☐ litres a week

96. Which type of milk do you use most often? *(please cross one)*

☐ cow's milk ☐ soya milk ☐ other/none

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

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

98. Have you made any major changes to your diet in the last five years? *(please cross one)*

☐ No ☐ Yes, because of illness

☐ Yes, because of other reasons

99. In the past five years, did you: *(please cross all that apply)*

☐ eat eggs or foods containing eggs ☐ eat wheat products

☐ eat dairy products ☐ eat sugar or foods/ drinks containing sugar

SECTION 8 Tobacco and alcohol

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

☐ Yes ☐ No

101. Have you ever smoked as much as 1 cigarette per day, or 1 cigar per week, or 1 oz of tobacco a month, for as long as a year? *(please cross one)*

☐ Yes ☐ No *(if no, please go to question103)*

102. How many cigarettes (or equivalent such as roll ups) do you (did you) smoke per day?

☐☐☐ per day

For how many years? ☐☐ years

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

☐ Daily or almost daily ☐ One to three times a month

☐ Three or four times a week ☐ Special occasions only

☐ Once or twice a week

☐ Do not drink alcohol now *(if none, please go to question 106)*

104. On average, on a day when you have something to drink, how much do you drink? *(please enter number; enter '0' if less than one.)*

Beer, lager or cider, ordinary strength	☐☐	half pints
Beer, lager or cider, strong	☐☐	half pints
Wine, medium size	☐☐	medium glasses (175 ml)
Wine, large size	☐☐	large glasses (250 ml)
Fortified wine, eg sherry or port	☐☐	measures
Spirits, small size	☐☐	small pub measures
Spirits, standard size	☐☐	standard pub measures
Alcopops	☐☐	bottles (275 ml)

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

☐ Yes ☐ No ☐ It varies

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

☐ Daily or almost daily ☐ One to three times a month

☐ Three or four times a week ☐ Special occasions only

☐ Once or twice a week ☐ Did not drink alcohol

SECTION 9 Your circumstances

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

☐ Never married/civil partnered

☐ Married/Civil partnered

☐ Living together

☐ Widowed

☐ Divorced/Separated

☐ Other

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

☐☐ years old

109. What is your highest level of qualification? *(please cross one)*

☐ No formal qualifications

☐ GCSE/O-level or equivalent

☐ A-level or equivalent

☐ Vocational qualification

☐ First degree

☐ Higher degree

☐ Other

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

☐ Own (or mortgaged)

☐ Rent

☐ Other

111. How many people live in your household?

☐☐ Number of children under 16 years living in your household

☐☐ Number of people aged 16 years or more (including you)

112. Which of the following describes your current situation? *(please cross one)*

☐ Working as an employee

☐ Self-employed or freelance

☐ Student

☐ Retired

☐ Looking after home and/or family

☐ Unable to work because of your sickness or disability

☐ Unemployed

☐ None of the above

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

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