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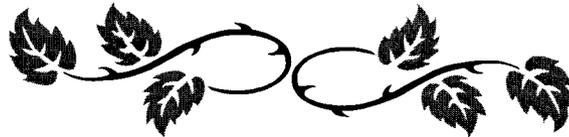
INTERVIEW DATE     
MONTH DAY YEAR

INTERVIEWER   
ID#

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PM   
TIME INTERVIEW BEGAN

## WORKERS' HEALTH STUDY

### Questionnaire



Public reporting burden for this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH Project Clearance Office, 6701 Rockledge Drive, MSC 7730, Bethesda, MD 20892-7730, ATTN: PRA (0925-0434). Do not return the completed form to this address.

*Thank you for agreeing to participate in this interview. The questions on this form are about your experience working in agriculture and in other jobs, your habits, and your health. We are trying to learn about how your work is related to your health. Please answer the questions as best you can. If you are not sure of an answer, please give me your best guess.*

*You don't have to answer any question unless you want to. Your name does not appear on this form; it is identified only by a number. Please be assured that all information that you provide will be kept confidential as provided by law.*

*This interview will take about 1 hour.*

**SECTION A: GENERAL INFORMATION I**

*First I will ask for some general information.*

A1. CODE GENDER WITHOUT ASKING:

MALE.....1  
FEMALE .....2

A2. What is your birth date?

MONTH		DAY		YEAR			

A2a. That makes you \_\_\_\_\_ years old, right?

A3. What country were you born in?

\_\_\_\_\_ (IF US, SKIP TO A5)  

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A4. How old were you when you first came to live in the United States?

AGE	

A5. Which of these groups best describes your racial or ethnic heritage?  
(READ CATEGORIES)

Hispanic.....1  
White, not of Hispanic origin.....2  
Black, not of Hispanic origin.....3  
American Indian or Alaskan Native .....4  
Asian or Pacific Islander .....5  
Other .....6  
(SPECIFY) \_\_\_\_\_

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A6. What languages do you speak?  
 (IF >2, PROBE FOR 2 USED MOST)

	YES	NO
English	1	2
Spanish	1	2
Haitian Creole	1	2
Other	1	2

SPECIFY: \_\_\_\_\_

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- IF R ANSWERS “YES” **ONLY** TO ENGLISH, SKIP TO SECTION B
- IF R ANSWERS “YES” **ONLY** TO SPANISH, SKIP TO SECTION B
- IF R ANSWERS “YES” TO SPANISH AND ANYTHING ELSE **EXCEPT** ENGLISH, SKIP TO SECTION B
- IF R ANSWERS “YES” TO ENGLISH **AND** SPANISH, ASK A7, GROUP 1
- IF R ANSWERS “YES” TO ENGLISH **AND** HAITIAN CREOLE, ASK A7, GROUP 2
- IF R ANSWERS “YES” TO ENGLISH **AND** ‘OTHER’, ASK A7, GROUP 3

A7. What languages do you usually speak with  
 your friends?  
 (READ CATEGORIES IN GROUP 1, 2, OR 3):

- GROUP 1
- Only Spanish.....1
  - Spanish more than English .....2
  - Spanish and English equally.....3
  - English more than Spanish .....4
  - Only English .....5

**SKIP TO SECTION B**

- GROUP 2
- Only Haitian Creole.....1
  - Haitian Creole more than English .....2
  - Haitian Creole and English equally.....3
  - English more than Haitian Creole .....4
  - Only English .....5

**SKIP TO SECTION B**

- GROUP 3
- Only (OTHER) .....1
  - (OTHER) more than English.....2
  - (OTHER) and English equally.....3
  - English more than (OTHER).....4
  - Only English .....5

**SKIP TO SECTION B**

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**SECTION B: FARMWORK**

Now I'm going to ask about your work. Please tell me only about work you **got paid to do**, either on a salary or on contract.

B1. When we talk about farmwork, we mean any kind of agricultural work, including vegetables, citrus or other fruits, ferns, nurseries or greenhouses, landscaping, or work with animals.  
Have you ever gotten paid to do farmwork?

YES.....1  
NO .....(SECTION C, QUESTION C3)....2

B2. How old were you when you first got paid to do farmwork?

--	--

AGE

B3. Have you ever gotten paid to do farmwork outside the United States? That includes Puerto Rico. Remember, we mean any kind of agricultural work, including vegetables, citrus or other fruits, ferns, nurseries or greenhouses, landscaping, or work with animals.

YES.....1  
NO .....(B6).....2

B4. How many years did you do farmwork outside the United States at least part of the time?

--	--

#YEARS

B5. In an average year, how many months did you do farmwork outside the United States?

--	--

#MONTHS

B6. Have you ever gotten paid to do farmwork in the United States?

YES.....1  
NO .....(B13).....2

B7. What year did you first begin to do farmwork in the United States?

--	--

YEAR

B8. How many years have you done farmwork in the United States at least part of the time? Remember, we mean any kind of agricultural work, including vegetables, citrus or other fruits, nurseries or greenhouses, landscaping, or work with animals.

#YEARS

B9. In an average year, how many months did you do farmwork in the United States?

#MONTHS

B10. Was some of that time spent as a migrant worker, moving from place to place, following the crops?

YES.....1  
NO .....(B13).....2

B11. How many years did you spend as a migrant worker at least part of the time?

#YEARS

B12. In an average year, how many months did you spend as a migrant worker?

#MONTHS

**LIFETIME FARMWORK**

*I'd like to make a list of all the kinds of farmwork **you've gotten paid to do**, including any farmwork you may have done outside the U.S. Please tell me only about jobs you've had since the age of 14.*

<p>B13. Have you ever worked (in/with) (ITEM)?</p> <p>(IF NO, GO TO NEXT ITEM)</p> <p>YES                  NO</p>	<p>B14. What year did you start working (in/with) (ITEM)?</p> <p>YEAR</p>	<p>B15. What year did you last work (in/with) (ITEM)?</p> <p>YEAR</p>	<p>B16. How many years did you work (in/with) (ITEM) at least part of the time?</p> <p>#YEARS</p>
<p>a. ferns</p> <p>1                  2</p>	<p>19 <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>19 <input type="text"/> <input type="text"/> <input type="text"/></p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p>
<p>b. nursery or greenhouse</p> <p>1                  2</p>	<p>19 <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>19 <input type="text"/> <input type="text"/> <input type="text"/></p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p>
<p>c. picking citrus</p> <p>1                  2</p>	<p>19 <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>19 <input type="text"/> <input type="text"/> <input type="text"/></p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p>
<p>d. doing field work with any other fruit, like apples or berries</p> <p>1                  2</p>	<p>19 <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>19 <input type="text"/> <input type="text"/> <input type="text"/></p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p>
<p>e. doing field work with any vegetables</p> <p>1                  2</p>	<p>19 <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>19 <input type="text"/> <input type="text"/> <input type="text"/></p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p>
<p>f. hogs, cattle, or other animals</p> <p>1                  2</p>	<p>19 <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>19 <input type="text"/> <input type="text"/> <input type="text"/></p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p>
<p>g. any other crops, like cotton or tobacco</p> <p>1                  2</p>	<p>19 <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>19 <input type="text"/> <input type="text"/> <input type="text"/></p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p>
<p>h. landscaping</p> <p>1                  2</p>	<p>19 <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>19 <input type="text"/> <input type="text"/> <input type="text"/></p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p>

**KEEP THIS PAGE OPEN AS YOU CONTINUE THROUGH THE QUESTIONNAIRE.**

<p>B17. In an average year, how many months did you work in (ITEM)?</p> <p>#MONTHS</p>	<p>B18. When you were working in (ITEM), on average how many hours per week did you work?</p> <p>#HOURS</p>	<p>B19. What are the three (fruits/vegetables/animals/ other crops) you have spent the most time working with?</p> <p><b>** FOR h:</b> What 3 activities did you do most often?</p>
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**FOR FERNWORKERS**

IF R HAS NOT WORKED IN FERNS, SKIP TO NURSERY WORKERS ON PAGE 15.

*You say you have worked in ferns. I would like to ask you some more questions about your jobs in ferns. I will ask you about each employer you had in ferns, starting with your first employer. Please tell me only about jobs you've had since the age of 14, that you got paid to do.*

<p>B20. (Who was your first employer? / Who was your employer after that?)</p> <p>EMPLOYER</p>	<p>B21. What year did you start working for this employer?</p> <p>What year did you stop working for this employer?</p> <p>YEAR</p>	<p>B22. How many years did you work for this employer at least part of the time?</p> <p>#YEARS</p>	<p>B23. In an average year, how many months did you work for this employer?</p> <p>#MONTHS</p>
<p>01. _____ _____ _____</p> <p style="text-align: center;">□ □ □</p>	<p>start 19 □ □</p> <p>stop 19 □ □</p>	<p>□ □</p>	<p>□ □</p> <p>(IF B22 X B23 IS LESS THAN 6 MOS., SKIP TO NEXT EMPLOYER)</p>
<p>02. _____ _____ _____</p> <p style="text-align: center;">□ □ □</p>	<p>start 19 □ □</p> <p>stop 19 □ □</p>	<p>□ □</p>	<p>□ □</p> <p>(IF B22 X B23 IS LESS THAN 6 MOS., SKIP TO NEXT EMPLOYER)</p>
<p>03. _____ _____ _____</p> <p style="text-align: center;">□ □ □</p>	<p>start 19 □ □</p> <p>stop 19 □ □</p>	<p>□ □</p>	<p>□ □</p> <p>(IF B22 X B23 IS LESS THAN 6 MOS., SKIP TO NEXT EMPLOYER)</p>
<p>04. _____ _____ _____</p> <p style="text-align: center;">□ □ □</p>	<p>start 19 □ □</p> <p>stop 19 □ □</p>	<p>□ □</p>	<p>□ □</p> <p>(IF B22 X B23 IS LESS THAN 6 MOS., SKIP TO NEXT EMPLOYER)</p>

EXPLAIN CARD NOW

B24. The busy season in ferns is usually from January to May. During the busy season, how many hours a week did you usually work? #HOURS	B25. During the slow season, how many hours a week did you usually work? #HOURS	B26. Was part of your job dipping or packing the ferns?	B27. How often was water for washing your hands available on this job? (SHOW CARD)	B28. Did your employer usually tell workers which areas had recently been sprayed with pesticides?										
		YES    NO		YES   NO   RF   DK										
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1	2													
1	2	7	8											

CONTINUATION SHEETS      YES      NO

**BE SURE TO ASK B29 ON THE NEXT PAGE.**

B29. The busy season in ferns is usually from January to May. For all the jobs you've had in ferns, how many bunches of ferns did you usually cut each day during the busy season?

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#BUNCHES

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**NURSERY OR GREENHOUSE WORKERS**

IF R HAS NOT WORKED IN NURSERIES OR GREENHOUSES, SKIP TO CITRUS ON PAGE 21.

*You say you have worked in nurseries. I would like to ask you some more questions about your jobs in nurseries. I will ask you about each employer you had in nurseries, starting with your first employer. Please tell me only about jobs you've had since the age of 14 that you got paid to do.*

<p>B30. (Who was your first employer? / Who was your employer after that?)</p> <p>EMPLOYER</p>	<p>B31. What year did you start working for this employer?  What year did you stop working for this employer?</p> <p>YEAR</p>	<p>B32. How many years did you work for this employer at least part of the time?</p> <p>#YEARS</p>	<p>B33. In an average year, how many months did you work for this employer?</p> <p>#MONTHS</p>	<p>B34. During the time you worked there, how many hours per week did you usually work?</p> <p>#HOURS</p>
<p>01.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>□ □ □</p>	<p>start 19 □ □ □</p> <p>stop 19 □ □ □</p>	<p>□ □ □</p>	<p>□ □ □</p> <p>(IF B32 X B33 IS LESS THAN 6 MOS., SKIP TO NEXT EMPLOYER)</p>	<p>□ □ □</p>
<p>02.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>□ □ □</p>	<p>start 19 □ □ □</p> <p>stop 19 □ □ □</p>	<p>□ □ □</p>	<p>□ □ □</p> <p>(IF B32 X B33 IS LESS THAN 6 MOS., SKIP TO NEXT EMPLOYER)</p>	<p>□ □ □</p>
<p>03.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>□ □ □</p>	<p>start 19 □ □ □</p> <p>stop 19 □ □ □</p>	<p>□ □ □</p>	<p>□ □ □</p> <p>(IF B32 X B33 IS LESS THAN 6 MOS., SKIP TO NEXT EMPLOYER)</p>	<p>□ □ □</p>
<p>04.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>□ □ □</p>	<p>start 19 □ □ □</p> <p>stop 19 □ □ □</p>	<p>□ □ □</p>	<p>□ □ □</p> <p>(IF B32 X B33 IS LESS THAN 6 MOS., SKIP TO NEXT EMPLOYER)</p>	<p>□ □ □</p>

<p style="text-align: center;"><b>B35.</b></p> <p>What were the main types of plants you worked with on this job? (ANSWER FOR EACH; ALLOW UP TO 2 "YES" ANSWERS)</p> <p style="text-align: right;">Y    N</p>	<p style="text-align: center;"><b>B36.</b></p> <p>Did you spend most of your time in..... (ALLOW ONLY 1)</p>	<p style="text-align: center;"><b>B37.</b></p> <p>How close was the area where people usually ate or took breaks to the area where chemicals were mixed or stored? (READ CATEGORIES)</p>	<p style="text-align: center;"><b>B38.</b></p> <p>When plants were sprayed with pesticides how close were you or other workers to the spraying? (READ CATEGORIES)</p>
indoor ornamentals or tropical foliage.....1    2 woody ornamentals grown outside ....1    2 citrus or tropical fruit.....1    2 young plants from seed or cuttings....1    2 other (orchids, cactus, berries).....1    2 SPECIFY: <input type="checkbox"/> <input type="checkbox"/>	a greenhouse ..... 1 shade house, shaded area, or outside..... 2 a packing house ..... 3 other..... 4 SPECIFY <input type="checkbox"/> <input type="checkbox"/>	1-5 meters.....1 6-10 meters.....2 >10 meters.....3 No chemical area .....4	3 meters or less ... 1 4-6 meters..... 2 7-10 meters..... 3 >10 meters..... 4 Never sprayed .... 5
indoor ornamentals or tropical foliage.....1    2 woody ornamentals grown outside ....1    2 citrus or tropical fruit.....1    2 young plants from seed or cuttings....1    2 other (orchids, cactus, berries).....1    2 SPECIFY: <input type="checkbox"/> <input type="checkbox"/>	a greenhouse ..... 1 shade house, shaded area, or outside..... 2 a packing house ..... 3 other..... 4 SPECIFY <input type="checkbox"/> <input type="checkbox"/>	1-5 meters.....1 6-10 meters.....2 >10 meters.....3 No chemical area .....4	3 meters or less .... 1 4-6 meters..... 2 7-10 meters..... 3 >10 meters..... 4 Never sprayed ..... 5
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B39. Did your employer usually tell workers which areas had recently been sprayed with pesticides?				B40. Did you usually wear gloves while working on this job?		B41. What type of gloves did you wear most of the time? (READ CATEGORIES FOR FIRST JOB)	B42. Was part of your job drenching the soil or the roots of the plants with a mixture of water and chemicals or pesticides?		B43. Was part of your job dipping the plants into a solution containing chemicals or pesticides?	
Y	N	R	DK	YES	NO		YES	NO	YES	NO
1	2	7	8	1	2	cloth ..... 1 leather..... 2 thin plastic disposable..... 3 heavy plastic or rubber..... 4	1	2	1	2
				(IF NO, GO TO B42)						
1	2	7	8	1	2	cloth ..... 1 leather..... 2 thin plastic disposable..... 3 heavy plastic or rubber..... 4	1	2	1	2
				(IF NO, GO TO B42)						
1	2	7	8	1	2	cloth ..... 1 leather..... 2 thin plastic disposable..... 3 heavy plastic or rubber..... 4	1	2	1	2
				(IF NO, GO TO B42)						
1	2	7	8	1	2	cloth ..... 1 leather..... 2 thin plastic disposable..... 3 heavy plastic or rubber..... 4	1	2	1	2
				(IF NO, GO TO B42)						

CONTINUATION SHEETS YES NO

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**CITRUS WORKERS**

IF R HAS NOT WORKED IN CITRUS, SKIP TO SECTION C, PAGE 24.

*You say you have worked picking citrus. I would like to ask you some more questions about your jobs in citrus. I will ask you about each employer you had in citrus, starting with your first employer. Please tell me only about jobs you've had since the age of 14 that you got paid to do.*

<p>B44. (Who was your first employer? / Who was your employer after that?)</p> <p>EMPLOYER</p>	<p>B45. What year did you start working for this employer?</p> <p>What year did you stop working for this employer?</p> <p>YEAR</p>	<p>B46. How many years did you work for this employer at least part of the time?</p> <p>#YEARS</p>	<p>B47. In an average year, how many months did you work for this employer?</p> <p>#MONTHS</p>	<p>B48. During the time you worked there, how many hours per week did you usually work?</p> <p>#HOURS</p>	<p>B49. What types of fruit did you pick at this job? (READ CATEGORIES AND ANSWER FOR EACH)</p> <p>Y N</p>
<p>01.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="text"/><input type="text"/><input type="text"/></p>	<p>start</p> <p>19 <input type="text"/><input type="text"/></p> <p>stop</p> <p>19 <input type="text"/><input type="text"/></p>	<p><input type="text"/><input type="text"/></p>	<p><input type="text"/><input type="text"/></p> <p>(IF B46 X B47 IS LESS THAN 6 MOS., SKIP TO NEXT EMPLOYER)</p>	<p><input type="text"/><input type="text"/></p>	<p>Oranges ..... 1 2</p> <p>Grapefruit ..... 1 2</p> <p>Tangerines ..... 1 2</p> <p>Other..... 1 2</p> <p>SPECIFY:</p> <p>_____</p> <p><input type="text"/><input type="text"/></p>
<p>02.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="text"/><input type="text"/><input type="text"/></p>	<p>start</p> <p>19 <input type="text"/><input type="text"/></p> <p>stop</p> <p>19 <input type="text"/><input type="text"/></p>	<p><input type="text"/><input type="text"/></p>	<p><input type="text"/><input type="text"/></p> <p>(IF B46 X B47 IS LESS THAN 6 MOS., SKIP TO NEXT EMPLOYER)</p>	<p><input type="text"/><input type="text"/></p>	<p>Oranges ..... 1 2</p> <p>Grapefruit ..... 1 2</p> <p>Tangerines ..... 1 2</p> <p>Other..... 1 2</p> <p>SPECIFY:</p> <p>_____</p> <p><input type="text"/><input type="text"/></p>
<p>03.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="text"/><input type="text"/><input type="text"/></p>	<p>start</p> <p>19 <input type="text"/><input type="text"/></p> <p>stop</p> <p>19 <input type="text"/><input type="text"/></p>	<p><input type="text"/><input type="text"/></p>	<p><input type="text"/><input type="text"/></p> <p>(IF B46 X B47 IS LESS THAN 6 MOS., SKIP TO NEXT EMPLOYER)</p>	<p><input type="text"/><input type="text"/></p>	<p>Oranges ..... 1 2</p> <p>Grapefruit ..... 1 2</p> <p>Tangerines ..... 1 2</p> <p>Other..... 1 2</p> <p>SPECIFY:</p> <p>_____</p> <p><input type="text"/><input type="text"/></p>
<p>04.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="text"/><input type="text"/><input type="text"/></p>	<p>start</p> <p>19 <input type="text"/><input type="text"/></p> <p>stop</p> <p>19 <input type="text"/><input type="text"/></p>	<p><input type="text"/><input type="text"/></p>	<p><input type="text"/><input type="text"/></p> <p>(IF B46 X B47 IS LESS THAN 6 MOS., SKIP TO NEXT EMPLOYER)</p>	<p><input type="text"/><input type="text"/></p>	<p>Oranges ..... 1 2</p> <p>Grapefruit ..... 1 2</p> <p>Tangerines ..... 1 2</p> <p>Other..... 1 2</p> <p>SPECIFY:</p> <p>_____</p> <p><input type="text"/><input type="text"/></p>

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(SHOW CARD -EXPLAIN IF NECESSARY)				IF YES TO B53:				
B50. How often did you use clippers on this job?	B51. How often was water for washing your hands available on this job?	B52. Did your employer usually tell workers which fields had recently been sprayed with pesticides?	B53. Were you ever working in a grove at the same time it was being sprayed?	B54. How often did this happen at this job?				
		Y   N   R   DK	Y   N   R   DK	#TIMES	PER			
Never..... 1 Sometimes..... 2 Most of the time.... 3 Always ..... 4	Never ..... 1 Sometimes .....2 Most of the time .....3 Always .....4	1   2   7   8	1   2   7   8  (IF N, R, OR DK, SKIP TO NEXT EMPLOYER)	<table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> MO.....1 YR.....2 IN TOTAL .....3  (EXAMPLE: IF IT ONLY HAPPENED THREE TIMES IN TOTAL, WRITE 03 AND CIRCLE "3")				
Never..... 1 Sometimes..... 2 Most of the time.... 3 Always ..... 4	Never ..... 1 Sometimes .....2 Most of the time .....3 Always .....4	1   2   7   8	1   2   7   8  (IF N, R, OR DK, SKIP TO NEXT EMPLOYER)	<table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> MO.....1 YR.....2 IN TOTAL .....3  (EXAMPLE: IF IT ONLY HAPPENED THREE TIMES IN TOTAL, WRITE 03 AND CIRCLE "3")				
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**SECTION C: WORK HISTORY**

*I'd like to ask about the work you have done **for pay** just in the last two months, (both farmwork and other work).*

**IF R ANSWERED FERN, NURSERY OR GREENHOUSE, OR CITRUS MODULE, ASK C1. FOR ALL OTHERS, SKIP TO C3.**

C1. You said your most recent job in (ferns/nurseries/citrus) was with (EMPLOYER). Were you working there in the last two months? YES..... (C6) .....1  
NO .....2

C2. Did you have any other job in the last two months? YES..... (C4) .....1  
NO ..... (C9) .....2

C3. Have you been working during the last two months? YES.....1  
NO ..... (C9) .....2

#SUB

C4. (Who was your employer?/Did you have any other job in the last two months?)	C5. What did the company make or do?	C6. What were the main activities you did on this job in the last two months?  LIST ACTIVITIES - UP TO 3	C7. During the last two months, how many weeks did you work in this job? #WEEKS	C8. How many hours per week did you work in this job? #HOURS
01.   <input type="text"/> <input type="text"/> <input type="text"/>	   <input type="text"/> <input type="text"/> <input type="text"/>	   <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	   <input type="text"/> <input type="text"/> <input type="text"/>	   <input type="text"/> <input type="text"/> <input type="text"/>
02.   <input type="text"/> <input type="text"/> <input type="text"/>	   <input type="text"/> <input type="text"/> <input type="text"/>	   <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	   <input type="text"/> <input type="text"/> <input type="text"/>	   <input type="text"/> <input type="text"/> <input type="text"/>
03.   <input type="text"/> <input type="text"/> <input type="text"/>	   <input type="text"/> <input type="text"/> <input type="text"/>	   <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	   <input type="text"/> <input type="text"/> <input type="text"/>	   <input type="text"/> <input type="text"/> <input type="text"/>

CONTINUATION SHEETS YES NO

Now I'd like to ask about jobs (other than farmwork) that you have had since the age of 14 that you got paid to do.

C9. Have you ever gotten paid to do any kind of work (other than farmwork), even for a short time? That includes packing vegetables or citrus or working in a citrus cannery.

YES..... (C10) .....1  
 NO .....2

**IF NO TO C9: IF R HAS NEVER DONE ANY KIND OF WORK FOR PAY, INCLUDING FARMWORK, CHECK HERE AND SKIP TO SECTION F. ALL OTHERS SKIP TO C13.**

C10. Have you ever had a job (ITEM)? IF NO, GO TO NEXT ITEM			C11. How many years did you have a job (ITEM) at least part of the time?	C12. In an average year, how many months did you have a job (ITEM)?
ITEM	YES	NO	#YEARS	#MONTHS
a. painting (IF NO, SKIP TO b)	1	2		
1. doing outdoor house painting	1	2	1. <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
2. doing indoor house painting	1	2	2. <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
3. doing other painting	1	2	3. <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
SPECIFY: _____		<input type="text"/> <input type="text"/>		
b. in construction (IF NO, SKIP TO c)	1	2		
1. roofing	1	2	1. <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
2. laying carpet	1	2	2. <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
3. in other construction	1	2	3. <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
SPECIFY: _____		<input type="text"/> <input type="text"/>		
c. dry cleaning	1	2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
d. pumping gas	1	2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
e. in a laboratory, pharmacy, or medical or dental office	1	2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
TYPE: _____		<input type="text"/> <input type="text"/>		
f. doing factory work	1	2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
SPECIFY: _____		<input type="text"/> <input type="text"/>		

C10. Have you ever had a job (ITEM)? IF NO, GO TO NEXT ITEM			C11. How many years did you have a job (ITEM) at least part of the time?	C12. In an average year, how many months did you have a job (ITEM)?
ITEM	YES	NO	#YEARS	#MONTHS
g. as a mechanic or mechanic's helper, including auto repair	1	2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
h. welding or brazing	1	2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
i. soldering	1	2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
j. electroplating	1	2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
k. removing paint (IF NO, SKIP TO l)	1	2		
1. removing paint by sandblasting	1	2	1. <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
2. removing paint with a heat gun	1	2	2. <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
3. removing paint with chemicals	1	2	3. <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
l. machining parts	1	2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
m. repairing radiators	1	2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
n. repairing or reclaiming batteries	1	2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
o. working with solvents used to clean or lubricate parts	1	2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
p. working with dyes or pigments	1	2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
q. using equipment that vibrates a lot SPECIFY: _____	1	2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
r. packing citrus or working in a citrus cannery	1	2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
s. in a vegetable, fruit, or berry packing or processing plant	1	2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

C13. Since you were 14, what is the one type of work that you have done most for pay?

\_\_\_\_\_ 

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**IF FARMWORK OR LANDSCAPING CHECK HERE \_\_\_\_\_ AND SKIP TO C17.**

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C14. How many years did you do that type of work at least part of the time?

--	--

#YEARS

C15. In an average year, how many months did you do that type of work?

--	--

#MONTHS

C16. What were the three main activities that you did while doing that type of work?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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C17. Since you were 14, how many years have you worked in jobs that were paid on contract or by the piece and not by the hour?

--	--

#YEARS

(<1 YEAR = 00)

**SECTION D: HYGIENE**

The next questions are about your habits while (doing farmwork or other jobs/working) **for pay**. We're still talking about your life since age 14.

**IF R NEVER DID FARMWORK, CHECK HERE \_\_\_\_\_ AND ASK D2 ONLY.**

**IF R HAS ONLY DONE FARMWORK (NO TO C9) CHECK HERE \_\_\_\_\_ AND ASK D1 ONLY.**

D1. First I'm going to ask about your habits while doing farmwork. While you were doing farmwork....	D1.		D2. (What about) While you were working (at other jobs).....	
	YES	NO	YES	NO
a. did you usually wear a long-sleeved shirt?	1	2		
b. did you usually have specific clothes that you wore only to work in and not at other times?	1	2	1	2
c. did you usually wear the clothes you worked in two or more days before washing them?	1	2	1	2
d. were the clothes you worked in usually washed with the rest of your clothes?	1	2	1	2
e. did you usually soak the clothes you worked in in a washtub before you washed them or did you run them through the washer several times?	1	2	1	2
f. when you came home from work, did you usually change clothes before you ate or prepared food?	1	2	1	2
g. when you came home from work, did you usually bathe or shower before you ate or prepared food?	1	2	1	2
h. We know that sometimes soap and water are not available on the job. While you were (doing farmwork/working), did you usually wash your hands with soap and water before eating a meal or a snack?	1	2	1	2
i. did you usually carry your own drinking water or other drinks to your job if they weren't easily available?	1	2		

**SECTION E: WORK WITH PESTICIDES**

*The next questions are about jobs you may have had working with pesticides. These are chemicals like insecticides, fungicides, fumigants, or herbicides but NOT fertilizer. I am still interested in jobs you had since the age of 14 that you got paid to do.*

E1. Pesticides have to be mixed before they are used. YES.....1  
 Have you ever had a job where you MIXED pesticides NO .....(E12).....2  
 or helped someone else mix them?

E2. How many years did you have jobs where you MIXED pesticides at least part of the time?     
 #YEARS

E3. In an average year, how many times did you MIX pesticides?     
 #TIMES

E4. Did you usually know the names of the chemicals you were MIXING? YES.....1  
 NO .....2

E5. When you were MIXING pesticides, how often did you wear gloves? Never .....(E8).....1  
 (SHOW CARD - EXPLAIN IF NECESSARY) Sometimes .....2  
 Most of the time.....3  
 Always .....4

E6. Did you usually wear heavy rubber or plastic gloves? YES.....1  
 NO .....2

E7. If you got a hole in your glove while you were MIXING pesticides, did you usually change it right away? YES.....1  
 NO .....2  
 NEVER GOT A HOLE IN GLOVE.....3

	YES	NO
E8. When you were MIXING pesticides, did you usually wear... (READ CATEGORIES AND ANSWER FOR EACH)		
a. rubber boots? .....	1	2
b. a disposable plastic suit? .....	1	2
c. a cartridge respirator? .....	1	2
d. a face shield? .....	1	2

E9. Did you usually wash with soap and water within 30 minutes after you finished MIXING pesticides? YES.....1  
NO .....2

E10. When you were MIXING pesticides, did you ever get a large amount of pesticides on your clothes or skin during a spill or while cleaning up from a spill? YES.....1  
NO ..... (E12).....2

E11. How many times did this happen? ┌┌┌  
#TIMES

*Now I'm going to ask about jobs where you APPLIED pesticides to plants, animals, or buildings. Remember, pesticides are chemicals like insecticides, herbicides, fungicides, or fumigants, but NOT fertilizer. Please include any experience you may have had dipping ferns, dipping or drenching in nurseries, using pesticide gases or fumigants, or applying pesticides for landscaping or to kill insects in buildings.*

E12. Did you ever have a job where you APPLIED pesticides to plants, animals, or buildings, or helped someone else apply the pesticides? YES.....1  
NO ..... (E23).....2

E13. How many years did you have jobs where you APPLIED pesticides at least part of the time? ┌┌┌  
#YEARS

E14. In an average year, how many times did you APPLY pesticides? ┌┌┌┌┌  
#TIMES

E15. When you were APPLYING pesticides, how often did you wear gloves?  
(SHOW CARD - EXPLAIN IF NECESSARY)

Never .....(E17).....1  
 Sometimes .....2  
 Most of the time.....3  
 Always .....4

E16. What type of gloves did you usually wear?  
(READ CATEGORIES)

Cloth .....1  
 Leather .....2  
 Thin plastic disposable .....3  
 Heavy plastic or rubber .....4

E17. When you were APPLYING pesticides, did you usually wear... (READ CATEGORIES AND ANSWER FOR EACH)

	YES	NO
a. rubber boots?.....	1	2
b. coveralls? .....	1	2
c. a disposable plastic suit?.....	1	2
d. a cartridge respirator? .....	1	2

E18. Did you usually wash with soap and water within 30 minutes after you finished APPLYING pesticides?

YES.....1  
 NO .....2

E19. When you were APPLYING pesticides, did you ever get a large amount of pesticides on your clothes or skin during a spill or while cleaning up from a spill?

YES.....1  
 NO .....(E21).....2

E20. How many times did this happen ?

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#TIMES

	YES	NO
E21. What methods have you used to APPLY pesticides? (READ CATEGORIES AND ANSWER FOR EACH)		
a. air blast .....	1	2
b. mist blower or fogger.....	1	2
c. boom on tractor, truck, or trailer.....	1	2
d. backpack sprayer .....	1	2
e. hand spray gun or wand under low pressure.....	1	2
f. hand spray gun or wand under high pressure.....	1	2
g. any other method?.....	1	2

SPECIFY:

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	YES	NO
E22. Which of these methods did you use most often? (REPEAT E21 "YES" RESPONSES IF NECESSARY)		
a. air blast .....	1	2
b. mist blower or fogger.....	1	2
c. boom on tractor, truck, or trailer.....	1	2
d. backpack sprayer .....	1	2
e. hand spray gun or wand under low pressure.....	1	2
f. hand spray gun or wand under high pressure.....	1	2
g. other method? .....	1	2

SPECIFY:

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E23. Over your lifetime, how many hours of training have you had on the hazards of pesticides and how to handle them safely? Have you ... (READ CATEGORIES)	had less than 1 hour of training .....	1
	had 1 to 10 hours of training.....	2
	had more than 10 hours of training.....	3
	never had any training .....	4

## SECTION F: SMOKING

*The next questions are about your smoking habits.*

F1. During your entire lifetime, have you smoked  
at least 100 cigarettes (1 pack = 20 cigarettes)?

YES.....1  
NO .....(SECTION G).....2

F2. Have you smoked cigarettes in the past year?

YES.....1  
NO .....2

F3. How many years in total (did you smoke/  
have you been smoking)?

#YEARS

F4. On the average during the whole time you (smoked/  
have been smoking), about how many cigarettes did  
you smoke each day?

#CIGS/DAY

F5. During the time you (smoked/have been smoking), did  
you usually smoke during the work day?

YES.....1  
NO .....2

**SECTION G: ALCOHOL USE**

*The next questions are about alcoholic beverages. This means beer, wine, wine coolers, liquor such as tequila, whiskey, rum, gin, vodka, or any other type of alcoholic beverage. One drink is one beer, one glass of wine, or one shot of liquor. (SHOW GLASSES)*

G1. During your adult life, have you had at least 12 drinks of any kind of alcoholic beverage? YES.....1  
 NO .....(SECTION H).....2  
 REFUSED .....(SECTION H).....7  
 DON'T KNOW ....(SECTION H).....8

G2. Have you drunk any beer, wine, or liquor in the last year? YES.....1  
 NO .....(G5).....2  
 REFUSED .....(G5).....7

G3. Please think about your drinking habits during the last year. Remember, one drink is one beer, one glass of wine, or one shot of liquor.

#DRINKS

- a. In a typical week, about how many drinks did you have altogether from Monday through Thursday? .....
- b. About how many on Fridays? .....
- c. About how many on Saturdays? .....
- d. About how many on Sundays?.....
- e. SUM WITHOUT ASKING .....

G4. In the last year, how many times did you have 5 or more drinks at one time?

#TIMES

Now think back over your adult life.

G5. Was there ever a period in your life when you or your family were concerned that your drinking interfered with your family life? YES.....1  
NO .....2  
REFUSED .....7

G6. Was there ever a period in your life when you, your family, or your employer were concerned that your drinking interfered with your job or your ability to get things done? YES.....1  
NO .....2  
REFUSED .....7

G7. Was there ever a period in your life when a doctor or a health professional told you that your drinking was hurting your health? YES.....1  
NO .....2  
REFUSED .....7

G8. Did you ever wake up in the morning after you had been drinking, and find that you couldn't remember where you had been or what had happened? YES.....1  
NO .....(G10).....2  
REFUSED .....(G10).....7

G9. How many times has this happened? 

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#TIMES

G10. Did you ever try to quit drinking altogether and find that you couldn't? YES.....1  
NO .....2  
REFUSED .....7

## SECTION H: HOME LIFE

The next questions are about your home life.

These are dishes made of traditional pottery from Mexico or Central America. We are talking about pottery that has been glazed or painted. (SHOW POTTERY)

H1. How often do you currently eat food that has been cooked in traditional pottery?  
(NEVER = 00)

#TIMES

PER

WEEK .....1

MONTH .....2

H2. Over your lifetime, about how many years did you eat food that was cooked in traditional pottery?

#YEARS

(NEVER = 00)

H3. How many years or months have you lived on a field where crops were treated with pesticides, or within 100 meters of a field?

#YEARS

OR

#MONTHS

(NONE = 00)

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**SECTION I: MEDICAL HISTORY**

*Now I have some questions about your health.*

I-1. Have you had a cold or flu in the last two months? YES.....1  
 NO .....2

I-2. During the last two months, have you taken any medications that were prescribed by a doctor? YES.....1  
 NO ..... (I-4).....2  
 REFUSED ..... (I-4).....7  
 DON'T KNOW ..... (I-4).....8

I-3. Please tell me what prescription medications you have taken in the last two months. (LIST ALL)

a. \_\_\_\_\_ 

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b. \_\_\_\_\_ 

--	--	--	--

c. \_\_\_\_\_ 

--	--	--	--

d. \_\_\_\_\_ 

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e. \_\_\_\_\_ 

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ASK I-4 FOR WOMEN ONLY. FOR MEN, SKIP TO I-5.

I-4. Are you pregnant now or have you been pregnant in the last two months? YES.....1  
 NO .....2

The next questions are about injuries that might have occurred at work or any other time.

I-5. Did you ever injure your head severely?

YES.....1  
 NO .....(I-13) .....2  
 REFUSED .....(I-13) .....7

I-6. How many times did this happen?

#TIMES

#SUB

I-7. How old were you (the last time you severely injured your head/the time before that)?  AGE	I-8. Did you forget where you were or what you were doing, even for a short time?		I-9. Were you knocked unconscious?		I-10. How many minutes were you unconscious?  #MINUTES	I-11. How much time did you take off work because of your injury? (NONE = 00)		I-12. Did you get medical help?	
	YES	NO	YES	NO		#HOURS	OR #DAYS	YES	NO
01. <input type="text"/> <input type="text"/>	1	2	1	2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1	2
			IF NO, GO TO I-11						
02. <input type="text"/> <input type="text"/>	1	2	1	2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1	2
			IF NO, GO TO I-11						
03. <input type="text"/> <input type="text"/>	1	2	1	2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1	2
			IF NO, GO TO I-11						
04. <input type="text"/> <input type="text"/>	1	2	1	2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1	2
			IF NO, GO TO I-11						
05. <input type="text"/> <input type="text"/>	1	2	1	2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1	2
			IF NO, GO TO I-11						

I-13. Did you ever injure your neck or back severely?

YES.....1  
 NO ..... (I-18).....2

I-14. How many times did this happen?

#TIMES

#SUB

	I-15. How old were you (the last time you severely injured your neck or back/the time before that?)	I-16. How much time did you take off work because of your injury? (NONE = 00)		I-17. Did you get medical help?	
	AGE	#HOURS	OR #DAYS	YES	NO
01.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1	2
02.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1	2
03.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1	2
04.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1	2
05.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1	2

Now I'd like to ask about some symptoms you may have had in the last two months. The first questions are about your memory, your feelings, and sleep.

I-18.		
In the last two months,.....	YES	NO
a. have you often had trouble remembering things?	1	2
b. have your relatives or your friends often told you that you are forgetful?	1	2
c. have you often forgotten to do something you consider important?	1	2
d. have you often had difficulty concentrating?	1	2
e. have you often found it hard to understand news programs or other shows you watch on TV or listen to on the radio?	1	2
f. have you often felt irritated or angry for no particular reason?	1	2
g. have you often felt sad or depressed for no particular reason?	1	2
h. have you often had a problem deciding to do something even when you know you have to do it?	1	2
i. have you often felt no interest in things you used to be interested in, such as your work, your friends, or your activities?	1	2
j. have you often had problems falling asleep when you first go to bed?	1	2
k. have you often woken up and then had difficulty getting back to sleep?	1	2

Now I'm going to ask you about physical symptoms.

I-19.	
During the past two months, how many times have you (SYMPTOM)? (NONE = 00) (SHOW PICTURES)	
SYMPTOM	#TIMES
a. had a headache	□□
b. felt dizzy	□□
c. had blurred, cloudy, or double vision	□□
d. had itching or burning skin or a skin rash	□□
e. had difficulty breathing or an episode of wheezing	□□
f. had tightness or discomfort in your chest	□□
g. had heart palpitations without having exerted yourself	□□
h. had an upset stomach or vomited	□□
i. had intestinal cramps or diarrhea	□□
j. felt more tired than you would just from working	□□
k. felt like you lost strength in your arms, hands, legs, or feet	□□
l. felt tremors or twitches in your arms, hands, legs, or feet	□□
m. had less feeling or no feeling in some part of your arms, hands, legs, or feet	□□
n. felt a painful tingling in some part of your body	□□
o. sweated an unusual amount without having exerted yourself	□□
p. drooled or had an unusual amount of saliva in your mouth	□□
q. had an unusual amount of tears in your eyes	□□
r. had difficulty walking	□□
s. had a seizure or lost consciousness all of a sudden	□□
t. had the pupils in your eyes get very small	□□

I-20. These pictures show the physical symptoms we have been discussing. (SHOW PICTURE).

All these symptoms can occur at any time or they might be due to pesticide exposure.

Now please think about your whole life.

Was there ever a time when you had several of these symptoms at one time, **and** you think it was due to pesticide exposure?

YES.....1  
 NO .....(SECTION J).....2

I-21. How many times has this happened?

--	--

#TIMES

**THE NUMBER OF ENTRIES FOR I-22 THROUGH I-28 MUST BE EQUAL TO THE NUMBER GIVEN FOR I-21.**

I-22. What year did this happen (most recently/ the time before that)? YEAR	I-23. Did you have these symptoms at work or within 4 hours of leaving work? YES NO	I-24. What were the three worst symptoms you had at that time? (SHOW PICTURE)  LIST SYMPTOMS	I-25. Describe the exposure that you think caused your symptoms.
01.  <u>   </u>	1    2	_____ _____ _____	_____ _____ _____  <u>   </u> <u>   </u> <u>   </u> <u>   </u>
02.  <u>   </u>	1    2	_____ _____ _____	_____ _____ _____  <u>   </u> <u>   </u> <u>   </u> <u>   </u>
03.  <u>   </u>	1    2	_____ _____ _____	_____ _____ _____  <u>   </u> <u>   </u> <u>   </u> <u>   </u>
04.  <u>   </u>	1    2	_____ _____ _____	_____ _____ _____  <u>   </u> <u>   </u> <u>   </u> <u>   </u>

#SUB

<p>I-26. Did you get medical help?</p> <p>YES      NO</p>	<p>I-27. What treatment were you given?</p> <p>DESCRIBE TREATMENT</p>	<p>I-28. Did a doctor or other medical professional tell you that you had pesticide poisoning?</p> <p>YES      NO</p>
<p>1      2</p> <p>(IF NO, GO TO 02)</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>1      2</p>
<p>1      2</p> <p>(IF NO, GO TO 03)</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>1      2</p>
<p>1      2</p> <p>(IF NO, GO TO 04)</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>1      2</p>
<p>1      2</p> <p>(IF NO, GO TO 05 OR SECTION J)</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>1      2</p>

CONTINUATION SHEETS      YES      NO

**SECTION J: GENERAL INFORMATION II**

*The next questions are about your education.*

J1. What is the highest grade of school you completed?  
Please include GED. (GED = GRADE 12;  
COLLEGE GRADUATE = GRADE 16)

--	--

GRADE  
(NEVER WENT TO SCHOOL=00  
SKIP TO J3)

**IF R HAS MORE THAN 12 YEARS OF EDUCATION, ASK:**

What did you study?/ What did you train for?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

J2. How many years did you go to school in the United States?

--	--

#YEARS  
(NONE = 00)

J3. Have you attended any of the following special classes in the United States?

	<u>YES</u>	<u>NO</u>		
a. English or ESL (English as a Second Language).....	1	2		
b. citizenship .....	1	2		
c. literacy (learning to read and write).....	1	2		
d. job or vocational training.....	1	2		
SPECIFY:				
_____	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
e. any other class.....	1	2		
SPECIFY:				
_____	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			

J4. What is your present marital status?  
(READ CATEGORIES)

- Married or living as married..... 1
- Separated or divorced..... 2
- Widowed ..... 3
- Never married..... 4

**IF R HAS NEVER WORKED, SKIP TO J6.**

*Now I'd like to ask whether you are concerned that your work may hurt your health.*

J5. Are you very concerned, a little concerned, or not at all concerned that.....?	Very concerned	A little concerned	Not at all concerned	Not applicable
a. the work you currently do may hurt your health?	1	2	3	6
b. the work you have done throughout your life may have hurt your health?	1	2	3	6
c. doing any kind of work with pesticides at anytime in your life may have hurt your health?	1	2	3	6

J6. Given the questions I have asked, is there anything more you think I should know about your work experience, your exposure to pesticides, or your health?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Thank you for participating in this interview.*

<p> <input type="text"/> : <input type="text"/> </p> <p> TIME INTERVIEW ENDED </p> <p> AM </p> <p> PM </p>	<input type="checkbox"/>
<p> TOTAL LENGTH OF INTERVIEW </p> <p> <input type="text"/> </p>	



K7. WHERE DID INTERVIEW TAKE PLACE? Study office..... 1  
Respondent's home..... 2

K8. RESPONDENT'S COOPERATION WAS: Poor..... 1  
Fair..... 2  
Good..... 3  
Very good ..... 4

K9. THE OVERALL QUALITY OF THIS INTERVIEW IS: Poor quality..... (ANSWER K10 & K11) ... 1  
Fair quality..... (ANSWER K10 & K11) ... 2  
Good quality ..... 3  
Very good quality ..... 4

K10. THE MAIN REASON FOR FAIR OR POOR QUALITY OF INFORMATION WAS BECAUSE THE RESPONDENT:  
(ANSWER FOR EACH)

	<u>YES</u>	<u>NO</u>
a. did not seem to understand some of the questions .....	1	2
b. did not seem to understand or speak either English or Spanish very well.....	1	2
c. could not hear very well .....	1	2
d. was physically ill .....	1	2
SPECIFY _____ <input type="checkbox"/> <input type="checkbox"/>		
e. asked for explanations of questions more than usual .....	1	2
f. seemed tired.....	1	2
g. was argumentative .....	1	2
h. Other .....	1	2
SPECIFY _____ <input type="checkbox"/> <input type="checkbox"/>		

K11. WHICH SECTIONS DO YOU THINK WERE AFFECTED BY THE ABOVE CIRCUMSTANCES?

	<u>YES</u>	<u>NO</u>
Section A: General Information I .....	1	2
Section B: Farmwork .....	1	2
Section C: Work History .....	1	2
Section D: Hygiene .....	1	2
Section E: Work with Pesticides .....	1	2
Section F: Smoking.....	1	2
Section G: Alcohol Use .....	1	2
Section H: Home Life .....	1	2
Section I: Medical History.....	1	2
Section J: General Information II .....	1	2