Form: 01 Vers: 01

Phase V Health Update

Thank you for your continued participation in the Agricultural Health Study. This questionnaire is shorter than previous questionnaires and contains some new questions about farm related stressors.

What is your date of birth?

☐☐ / ☐☐ /
Month Day

1 9 ☐☐
Year

Who is completing this form?

- ○ The participant named above
- ○ A family member or friend assisting the participant named above
- ○ A family member or friend completing on behalf of the deceased participant named above

Health Conditions

These questions are about medical conditions you may have had. Please only report conditions that were diagnosed by a doctor or other health professional. We are interested in the age that you were diagnosed with a specific condition. If you do not know the exact age, please give your best guess.

a. Has a doctor or health professional **ever** told you that you had…		**IF YES →**	**b.** How old were you when you were first diagnosed?	**c.** Are you currently being treated or taking medications for this condition?
1. A heart attack, also called a myocardial infarction or "MI"?	○ No ○ Don't know	● Yes	Age: ☐☐	● No ● Yes ● Don't know
2. High blood pressure or hypertension?	○ No ○ Don't know	● Yes	Age: ☐☐	● No ● Yes ● Don't know
3. Cardiac arrhythmia (or irregular heartbeat)?	○ No ○ Don't know	● Yes	Age: ☐☐	● No ● Yes ● Don't know

Health Conditions

a. Has a doctor or health professional **ever** told you that you had…		IF YES →	b. How old were you when you were first diagnosed?	c. Are you currently being treated or taking medications for this condition?
4. Heart failure or congestive heart failure (CHF)?	○ No ○ Don't know	○ Yes	Age: ☐☐	○ No ○ Yes ○ Don't know
5. A stroke (do **not** include a mini-stroke, transient ischemic attack or TIA)?	○ No ○ Don't know	○ Yes	Age: ☐☐	○ No ○ Yes ○ Don't know
6. Asthma?	○ No ○ Don't know	○ Yes	Age: ☐☐	○ No ○ Yes ○ Don't know
7. Farmer's Lung?	○ No ○ Don't know	○ Yes	Age: ☐☐	○ No ○ Yes ○ Don't know
8. Emphysema?	○ No ○ Don't know	○ Yes	Age: ☐☐	○ No ○ Yes ○ Don't know
9. Chronic obstructive pulmonary disease (COPD)?	○ No ○ Don't know	○ Yes	Age: ☐☐	○ No ○ Yes ○ Don't know
10. Sleep apnea?	○ No ○ Don't know	○ Yes	Age: ☐☐	○ No ○ Yes ○ Don't know
11. Kidney stones?	○ No ○ Don't know	○ Yes	Age: ☐☐	○ No ○ Yes ○ Don't know
12. Shingles?	○ No ○ Don't know	○ Yes	Age: ☐☐	○ No ○ Yes ○ Don't know
13. Anxiety?	○ No ○ Don't know	○ Yes	Age: ☐☐	○ No ○ Yes ○ Don't know
14. Depression?	○ No ○ Don't know	○ Yes	Age: ☐☐	○ No ○ Yes ○ Don't know

Health Conditions

These questions are also about medical conditions you may have had. Please only report conditions that were diagnosed by a doctor or other health professional. We are interested in what medications you are taking for these diagnoses.

	a. Has a doctor or health professional **ever** told you that you had…		IF YES →	b. How old were you when you were diagnosed with this condition?
15.	Sarcoidosis?	○ No ○ Don't know	○ Yes	Age: ☐☐
16.	Rheumatoid arthritis?	○ No ○ Don't know	○ Yes	Age: ☐☐
17.	Systemic lupus erythematosus?	○ No ○ Don't know	○ Yes	Age: ☐☐
18.	Sjögren's Syndrome?	○ No ○ Don't know	○ Yes	Age: ☐☐
19.	Scleroderma or systemic sclerosis?	○ No ○ Don't know	○ Yes	Age: ☐☐

If yes to sarcoidosis, rheumatoid arthritis, systemic lupus erythematosus, Sjögren's or scleroderma:

20. Have you ever taken the following medications to treat your condition?

Plaquenil, Methotrexate (Rheumatrex, Trexall), Arava or Azulfidine. Biologics given by infusion or injection (for example, Remicade, Humira, Rituxan, Enbrel, Benlysta), Imuran or Cellcept.

○ No
○ Yes
○ Don't know

20a. If you took any other medications for these conditions, please specify: ☐

Health Conditions

a. Has a doctor or health professional **ever** told you that you had…		IF YES →	b. How old were you when you were diagnosed with this condition?
21. Thyroid disease or thyroid conditions?	○ No ○ Don't know	○ Yes	Age: ☐☐
22. Graves' disease (autoimmune hyperthyroidism/overactive thyroid)?	○ No ○ Don't know	○ Yes	Age: ☐☐
23. Hashimoto's thyroiditis (autoimmune hypothyroidism/ underactive thyroid)?	○ No ○ Don't know	○ Yes	Age: ☐☐

If yes to any thyroid disease or thyroid condition:

24. Have you ever taken the following prescription medications for your thyroid disease?

Propylthiouracil/PTU such as Propycil or Methimazole/MMI such as Tapazole.

○ No ○ Yes ○ Don't know

25. Have you ever taken the following prescription medications for your thyroid disease?

Levothyroxine, such as Levothroid, Levo-T, Levoxyl, Synthroid, Tirosint or Unithroid.

○ No ○ Yes ○ Don't know

a. Has a doctor or health professional **ever** told you that you had…		IF YES →	b. How old were you when you were diagnosed with this condition?
26. Parkinson's disease?	○ No ○ Don't know	○ Yes	Age: ☐☐

If yes to Parkinson's disease:

27. Have you ever taken any prescription medications for your Parkinson's disease? For example: Carbidopa or levodopa such as Sinemet, Stalevo, or Parcopa; Dopamine agonists such as Mirapex or Pramipexole; Requip or Ropinirole; Permax or Pergolide; Rotigotine or Neupro patch.

○ No ○ Yes ○ Don't know

If Yes:

27a. Did your symptoms ever improve after taking any of these medications?

○ No ○ Yes ○ Don't know

Health Conditions

a. Has a doctor or health professional **ever** told you that you had…		IF YES →	b. How old were you when you were diagnosed with this condition?
28. Crohn's disease?	○ No ○ Don't know	○ Yes	Age: ☐☐
29. Ulcerative colitis?	○ No ○ Don't know	○ Yes	Age: ☐☐

If yes to Crohn's disease or ulcerative colitis:

30. Have you ever taken the following prescription medications for **Crohn's disease or ulcerative colitis**?

Imuran, 6-MP, or methotrexate. Biologics given by infusion or injection such as Remicade or Humira.

○ No
○ Yes
○ Don't know

a. Has a doctor or health professional **ever** told you that you had…		IF YES →	b. How old were you when you were diagnosed with this condition?	c. Have you ever taken the following prescription medications for this condition?
31. Multiple sclerosis?	○ No ○ Don't know	○ Yes	Age: ☐☐	Ocrevus, Copaxone, Tecfidera, Gilenya, Tysabri, Lemtrada ○ No ○ Yes ○ Don't know
32. Diabetes?	○ No ○ Don't know	○ Yes	Age: ☐☐	Insulin or other medications such as Metformin, Glucophage, DiaBeta, Glucotrol, Glimepiride, Avandia ○ No ○ Yes ○ Don't know

Symptoms

33. Do you usually cough during the day or at night, four or more days per week?

○ No → **Go to question 34**
○ Yes

If Yes:

33a. How many years have you had this cough?

Years: ☐☐

33b. Do you usually bring up phlegm when you cough?
Don't count phlegm from your nose.

○ No
○ Yes

34. During the **past 12 months**, about how many days of wheezing or whistling in your chest have you had?

○ None
○ 1 to 2 days
○ 3 to 6 days
○ 7 to 12 days
○ 13 or more

*Mark an answer for **each row** below.*		No	Yes
35.	In the **past 12 months**, have you had symptoms of hay fever, seasonal allergies or allergic rhinitis?	○	○
36.	Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill or up a flight of stairs?	○	○
37.	Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?	○	○
38.	Do you often feel tired, fatigued, or sleepy during the daytime?	○	○
39.	Has anyone observed you stop breathing during your sleep?	○	○
40.	Do you use a CPAP mask for sleeping?	○	○

Symptoms

a. Do you suffer from…		IF YES →	b. When did this loss begin?
41. a loss of sense of smell or a significantly decreased sense of smell?	○ No ○ Don't know	○ Yes	○ Less than 1 year ago ○ 1 to 5 years ago ○ 6 to 10 years ago ○ More than 10 years ago ○ Don't know
42. a loss of sense of taste or a significantly decreased sense of taste?	○ No ○ Don't know	○ Yes	○ Less than 1 year ago ○ 1 to 5 years ago ○ 6 to 10 years ago ○ More than 10 years ago ○ Don't know
43. a loss of hearing or a significantly decreased sense of hearing?	○ No ○ Don't know	○ Yes	○ Less than 1 year ago ○ 1 to 5 years ago ○ 6 to 10 years ago ○ More than 10 years ago ○ Don't know

Memory

44. Have you ever told a doctor that you were concerned about your memory?

○ No
○ Yes
○ Don't know

45. Has a doctor ever told you that you have a memory-related condition?

○ No → **Go to question 46**
○ Yes
○ Don't know

If Yes:

45a. What specific memory-related condition did the doctor say that you have?

○ Mild cognitive impairment
○ Alzheimer's disease
○ Dementia
○ Normal aging
○ Stroke or ministroke
○ Other type of dementia, specify:
○ Other, specify:

Stress and Coping

In the **past 12 months**…	No	Yes	Don't know
46. have you experienced *chronic* physical pain that lasted *at least 3 months*? For example: back, shoulder, or hip pain; arthritis; other joint pain; or pain due to an injury.	○	○	○
If Yes: **47.** has this pain interfered with your ability to sleep or work?	○	○	○

a. In the **past 12 months**...		**IF YES →**	**b.** How often have you done this?
48. have you taken narcotic painkillers (i.e., OxyContin, Vicodin, Tramadol, or Fentanyl) for *chronic* pain?	○ No ○ Don't know	○ Yes	○ Once or twice ○ Monthly ○ Weekly ○ Daily
49. have you used narcotic painkillers for *non-medical reasons*?	○ No ○ Don't know	○ Yes	○ Once or twice ○ Monthly ○ Weekly ○ Daily

50. **In the past 12 months**, how much have you been bothered by… *Mark an answer for **each row** below.*	Not at all **1**	**2**	**3**	**4**	Very much **5**	N/A
a. a major personal loss, such as death of a close family member such as a spouse or child?	○	○	○	○	○	○
b. a major personal illness or disabling injury?	○	○	○	○	○	○
c. a major illness or disabling injury in a close family member?	○	○	○	○	○	○
d. financial difficulties, for example due to health care costs or trouble making ends meet?	○	○	○	○	○	○
e. major damage to your home or property (other than farm crops or animals) due to a natural disaster, such as hurricanes, tornadoes, or flooding?	○	○	○	○	○	○

51. **In the last month**, how often have you felt… *Mark an answer for **each row** below.*	Never	Almost never	Some-times	Fairly often	Very often
a. that you were unable to control the important things in your life?	○	○	○	○	○
b. confident about your ability to handle your personal problems?	○	○	○	○	○
c. that things were going your way?	○	○	○	○	○
d. difficulties were piling up so high that you could not overcome them?	○	○	○	○	○

52. Over the **last two weeks**, how often have you been bothered by… *Mark an answer for **each row** below.*	Not at all	Several days	More than half the days	Nearly every day
a. having little interest or pleasure in doing things?	○	○	○	○
b. feeling down, depressed, or hopeless?	○	○	○	○
c. having trouble falling or staying asleep, or sleeping too much?	○	○	○	○
d. feeling tired or having little energy?	○	○	○	○
e. feeling nervous, anxious, or on edge?	○	○	○	○
f. not being able to stop or control worrying?	○	○	○	○

53. How often is each of the following types of support available to you if you need it? *Mark an answer for **each row** below.*	Never	Almost never	Some-times	Fairly often	Very often
a. Someone to help with daily chores if you were sick.	○	○	○	○	○
b. Someone to turn to for suggestions about how to deal with a personal problem.	○	○	○	○	○
c. Someone to do something enjoyable with.	○	○	○	○	○
d. Someone to love and make you feel wanted.	○	○	○	○	○

54. Do you use a private well as your primary source of drinking water?

○ No → **Go to question 55**
○ Yes

If Yes:

54a. How deep is the well?

○ Less than 50 feet
○ 50 – 99 feet
○ 100 – 150 feet
○ More than 150 feet
○ Don't know

54b. How many years has this been your water source? *Please round to the nearest year.*

Years: ☐☐ ○ Don't know

55. Do you treat your drinking water with a filter under the sink or a whole house filter?

○ No → **Go to question 56**
○ Yes

If Yes:

55a. Is this a reverse osmosis filter?

○ No
○ Yes
○ Don't know

56. What is your current marital status? *Please choose the one response that best describes your situation.*

○ Single
○ Married
○ Living as married
○ Divorced or separated
○ Widowed

57. Do you currently have a job other than working on a farm?

○ No → **Go to question 58**
○ Yes

If Yes:

57a. When do you usually work at this job?

○ Year-round
○ Off-season

57b. How many hours per week do you work at this job?

○ Less than 20 hours per week
○ 20-34 hours per week
○ 35 hours per week or more

58. What is your current weight?

Weight: ☐☐☐ lbs

59. Do you currently smoke cigarettes?

- ○ No
- ○ Yes

60. In the **past 12 months**, how often did you drink any type of alcoholic beverage?

- ○ Never → **Go to question 61**
- ○ Less than once a month
- ○ About once a month
- ○ 2 to 3 days a month
- ○ 1 to 2 days a week
- ○ 3 to 5 days a week
- ○ Nearly every day

60a. In the **past 12 months**, how often have you had 4 or more drinks *(if you are a woman)* or 5 or more drinks *(if you are a man)* on a single occasion?

- ○ Never
- ○ Once a month or less
- ○ 2 to 3 times a month
- ○ About once a week
- ○ 2 or more times a week

61. Are you currently covered by any of the following health care plans?
Please check all that apply.

- ○ Private insurance
- ○ Medicare
- ○ Medi-Gap
- ○ Veterans Administration
- ○ Medicaid, or another government insurance
- ○ Other
- ○ Don't know
- ○ No insurance

61a. In the **past 12 months**, was there a time when you did not have health insurance coverage?

- ○ No
- ○ Yes

More About You

62. Is your current residence a farm?
A farm is defined as any place from which $1,000 or more of agricultural products would normally be sold during the year.

- ○ No → **Go to question 63**
- ○ Yes

If Yes:

62a. In the **past 12 months**, how many total acres of crops were grown on this farm?

- ○ None
- ○ Less than 5 acres
- ○ 5 to 49 acres
- ○ 50 to 199 acres
- ○ 200 to 499 acres
- ○ 500 to 999 acres
- ○ More than 1,000 acres

Farming

63. **Thinking about the past 10 years**, have you personally performed farm work or helped out with farming tasks? Farm work includes any task such as tilling, planting, harvesting, working with livestock or pesticides on the farm.

NO		YES	
○ NO, I never personally performed farm work	○ NO, I did not personally perform farm work in the past 10 years	○ YES, I personally performed farm work in the past 10 years	○ YES, I helped out with various farming tasks

Thank you for your time. You are finished with this form. Please enclose in the included prepaid envelope for return to the Agricultural Health Study.

Please complete the short Farming survey on the following pages.

The next questions are about your use of pesticides including herbicides, insecticides, fungicides, fumigants, or other chemicals used to kill plants, insects, fungi, molds, or rodents. Please do not include the use of antibiotics, sanitizers, antimicrobial soaps, or fertilizers.

64. In the **past 10 years**, have you **ever** personally mixed, loaded, or applied any pesticides for use on crops, animals, or any other purpose NOT including home and garden use?

- ○ No → **Go to question 65**
- ○ Yes
- ○ Don't know

If Yes:

64a. In the **past 12 months**, have you personally mixed, loaded, or applied pesticides?

- ○ No
- ○ Yes
- ○ Don't know

65. In the **past 10 years**, have you had any incidents or spills that resulted in an unusually high exposure to pesticides from contact with your skin, from breathing fumes or dust, or from accidental ingestion?

- ○ No → **Go to question 66**
- ○ Yes
- ○ Don't know

If Yes:

65a. When did this last occur?

☐☐ / ☐☐ / ☐☐☐☐ Month / Day / Year **OR** ☐☐ Age ○ Don't know

65b. What was the chemical? ☐

65c. Did you seek medical care?

- ○ No
- ○ Yes
- ○ Don't know

66. In the **past 10 years**, have you experienced an injury from machinery or livestock, or another injury *on the farm* that required medical treatment?

- ○ No → **Go to question 67**
- ○ Yes
- ○ Don't know

If Yes:

66a. When did this last occur?

Month	/	Day	/	Year	**OR**	Age
☐☐	/	☐☐	/	☐☐☐☐	**OR**	☐☐

○ Don't know

66b. What was the injury? ☐

66c. Did it involve or lead to...
Mark all that apply.

- ○ Head injury or lost consciousness
- ○ Unable to work for more than 2 weeks
- ○ Permanent disability
- ○ Don't know
- ○ Not applicable

67. In the **past 12 months**, have you personally performed any farming activities or helped out on a farm?

- ○ No
- ○ Yes → **Go to question 68**

If No:

67a. What is the year you last farmed?

Year last farmed: ☐☐☐☐

67b. Please indicate the reasons you are no longer farming for income or helping-out on an income-producing farm.
Mark all that apply.

- ○ Retirement because it was time (due to age or personal choice)
- ○ Health or disability (your own or a family member)
- ○ A natural disaster or crop loss
- ○ Financial pressures
- ○ Increased paperwork or regulations
- ○ Other

→ **Go to question 71**

68. In the **past 12 months**, did you personally grow any of the following major income producing crops, excluding gardens for personal use? *Mark all that apply.*

- ○ None
- ○ Apples
- ○ Alfalfa
- ○ Barley
- ○ Bermuda grass
- ○ Blueberries
- ○ Cabbage
- ○ Christmas trees
- ○ Corn, field
- ○ Corn, pop
- ○ Corn, seed
- ○ Corn, sweet
- ○ Cotton
- ○ Cucumbers
- ○ Grapes
- ○ Hay or forage
- ○ Melons
- ○ Nursery crops
- ○ Oats
- ○ Peaches
- ○ Peanuts
- ○ Peppers
- ○ Potatoes
- ○ Pumpkins
- ○ Rye
- ○ Snap beans
- ○ Sorghum
- ○ Soybeans
- ○ Strawberries
- ○ Sweet potatoes
- ○ Tomatoes
- ○ Tobacco
- ○ Wheat
- ○ Other vegetables
- ○ Other fruits
- ○ Other crops

69. In the **past 12 months**, did you personally raise any of the following poultry or livestock for sale? *Mark all that apply.*

- ○ None → **Go to question 70**
- ○ Beef cattle
- ○ Dairy cattle
- ○ Hogs/swine
- ○ Poultry
- ○ Poultry for eggs
- ○ Sheep or goats
- ○ Horses
- ○ Other animals

If Yes:

69a. In the **past 12 months**, how many **livestock in total** (cattle, hogs, sheep, goats, horses), did you personally raise for sale? *Report the most livestock you had at any one time in the past 12 months.*

- ○ None
- ○ Less than 50
- ○ 50 to 99
- ○ 100 to 499
- ○ 500 to 999
- ○ 1,000 or more

69b. In the **past 12 months**, how many **poultry** did you personally raise for sale? *Report the most poultry you had at any one time in the past 12 months.*

- ○ None
- ○ Less than 50
- ○ 50 to 99
- ○ 100 to 499
- ○ 500 to 999
- ○ 1,000 to 10,000
- ○ More than 10,000

Farming

Farming is a way of life, which can be both rewarding and very challenging. Thinking about your experience on the farm...

70. **If you are still farming or helping on the farm**, in the **past 12 months**, how much have you been bothered by each of the following? *Mark an answer for **each row** below.*	Not at all **1**	**2**	**3**	**4**	Very much **5**	N/A
a. Uncertainty of the future and financial market	○	○	○	○	○	○
b. Too much to do for one person, not enough time	○	○	○	○	○	○
c. Difficulty making farm loan repayment	○	○	○	○	○	○
d. A major loss of crops or livestock due to a natural disaster, such as a named storm, flooding, or severe weather conditions such as cold or drought	○	○	○	○	○	○
e. A major loss of crops or livestock due to pests or disease	○	○	○	○	○	○
f. A major financial loss, for example due to market or policy changes, or foreclosure on a loan	○	○	○	○	○	○
g. Not enough time for family	○	○	○	○	○	○

Please check to see that all questions are answered.

71. Is there anything that you would like us to know?

Thank you for completing this questionnaire and for your continued participation in the Agricultural Health Study.