

PPMI FOUND Survey: Pesticides At Work

Thank you! You have completed 6 of [surveyneed] surveys. The next questions ask about chemicals you may have used at work during different periods of your life. It usually takes between 1-20 minutes to complete this set of questions. Please answer these questions to the best of your ability. If you are not sure of an answer, please give your best estimate.

If you wish to stop now and return later, you may exit by closing your browser window. To return later, please click the same link you used to log in this time.

Please remember to click the "Submit" button at the end of the survey to send your answers to PPMI FOUND project. If you exit the survey before clicking "Submit", you will need to re-enter your answers for Pesticide at Work the next time you log in.

Thank you!

PPMI FOUND Team

Date of completion

_____ (MM-DD-YYYY)

These questions were primarily completed by:

- Participant
- Participant's Spouse
- Other relative
- Someone else

Specify other relative

Specify someone else

Over your lifetime, have you ever had a JOB in which you mixed, applied, or were exposed in some other way to any type of pesticide, including herbicides (kill weeds), fungicides (kill fungus/mold), insecticides (kill insects), rodenticides (kill rats/mice) or fumigants (gas used to kill fungus/mold or insects)?

- Yes
- No
- Don't Know
- Prefer Not to Answer

Please select your current age group:

- Age 25 or less
- Age 26-35
- Age 36-45
- Age 46-55
- Age 56-65
- Age 66 or over

Section A: Birth - 25 years old

A1) During this period of life (through age 25), did you work in a job where you mixed or applied pesticides, or were exposed in some other way?

- Yes
- No
- Don't Know
- Prefer Not to Answer

Were you exposed to pesticides because you mixed or applied them?

- Yes
- No

Were you exposed to pesticides in some other way?

- Yes
- No

Please provide specific details about this other exposure

A2) During this period of life (through age 25), what type of job(s) or industry were you working in when you mixed, applied, or were exposed in some other way to pesticides?

Please mark all types of jobs

Farming or Ranching Yes No

When farming or ranching during this period of life, were you exposed to or did you use pesticides on crops? Yes No

Specify crops: _____

When farming or ranching during this period of life, were you exposed to or did you use pesticides on livestock/farm animals? Yes No

Specify livestock / farm animals: _____

	Yes	No
Other agricultural applications (for example, aerial spraying)	<input type="radio"/>	<input type="radio"/>
Forestry	<input type="radio"/>	<input type="radio"/>
Landscaping / Gardening / Groundskeeping	<input type="radio"/>	<input type="radio"/>

	Yes	No
Nursery / Greenhouse	<input type="radio"/>	<input type="radio"/>
Pest control / Exterminator	<input type="radio"/>	<input type="radio"/>
Building maintenance / Janitorial	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

Specify other job or industry: _____

Mixed, applied or were exposed to pesticides, but don't know the job type Don't know the job type Prefer Not to Answer

A3) During this period, how many total years did you have jobs where you mixed, applied, or were exposed in some other way to pesticides? _____ (Total Years)

Don't know Prefer Not to Answer

A4) During these years, about how many days per year did you mix, apply, or get exposed in some other way to pesticides? 1 - 10 days 11 - 30 days 31 - 90 days More than 90 days Don't Know Prefer Not to Answer

A5) What types of pesticides did you mix, apply, or get exposed to in some other way at work during these years (age 25 or less)?

Herbicide at work during these years (age 25 or less):

Please click Yes or No for every product.

Herbicides (pesticides used to kill weeds or plants)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
	Yes	No	Don't know
2,4-D products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Atrazine or Cyanazine products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Metolachlor, Alachlor or Acetochlor products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Yes	No	Don't know
Paraquat or Diquat products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trifluralin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Specify other herbicide: _____
(other herbicide 1)

Specify other herbicide: _____
(other herbicide 2)

Specify other herbicide: _____
(other herbicide 3)

Used herbicide, don't know name Yes

Fungicides at work during these years (age 25 or less):
Please click Yes or No for every product.

Fungicides (pesticides used to kill fungus, mold, or rot) Yes No Don't know

	Yes	No	Don't know
Benomyl products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chlorothalonil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Copper compounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Yes	No	Don't know
Maneb or Mancozeb products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sulfur compounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ziram products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Specify other fungicide:

(other fungicide 1)

Specify other fungicide:

(other fungicides2)

Specify other fungicide:

(other fungicide 3)

Used fungicide, don't know name Yes

Insecticides at work during these years (age 25 or less):

Please click Yes or No for every product.

Insecticides (pesticides used to kill insects)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
	Yes	No	Don't know
Aldrin products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chlorpyrifos or Terbufos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DDT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Yes	No	Don't know
Dieldrin products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lindane products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Yes	No	Don't know
Parathion products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Permethrin or other pyrethroid products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rotenone products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Specify other insecticide _____
(other insecticide 1)

Specify other insecticide _____
(other insecticide 2)

Specify other insecticide _____
(other insecticide 3)

Used insecticide, don't know name Yes

Rodenticides at work during these years (age 25 or less):

Rodenticides (pesticides used to kill rats or mice) Yes No Don't know

Specify any rodenticide that you used.

_____ (rodenticide 1)

Specify any rodenticide that you used.

_____ (rodenticide 2)

Used rodenticides, don't know name Yes

Fumigants at work during these years (age 25 or less):

Please click Yes or No for every product.

Fumigants (gas used to kill insects or fungus or plants) Yes No Don't know

	Yes	No	Don't know
Methyl bromide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Specify other fumigant: _____

Specify other fumigant: _____

Used fumigants, don't know name Yes

Other pesticides at work during these years (age 25 or less):

Other types of pesticides Yes No Don't know

Specify other pesticide used

(other pesticide 1)

Specify other pesticide used

(other pesticide 1)

Specify other pesticide used

(other pesticide 1)

Mixed, applied or were exposed to pesticides, but don't know the type and name of the pesticide

Used pesticides but don't know the type used

Section B: 26 - 35 years old

B1) During this period of life (age 26-35), did you work in a job where you mixed or applied pesticides, or were exposed in some other way?

- Yes
 No
 Don't Know
 Prefer Not to Answer

Were you exposed to pesticides because you mixed or applied them?

- Yes No

Were you exposed to pesticides in some other way?

- Yes No

Please provide specific details about this other exposure

B2) During this period of life (age 26-35), what type of job(s) or industry were you working in when you mixed, applied, or were exposed in some other way to pesticides?

Farming or Ranching Yes No

When farming or ranching during this period of life, were you exposed to or did you use pesticides on crops? Yes No

Specify crops: _____

When farming or ranching during this period of life, were you exposed to or did you use pesticides on livestock/farm animals? Yes No

Specify livestock / farm animals: _____

	Yes	No
Other agricultural applications (for example, aerial spraying)	<input type="radio"/>	<input type="radio"/>
Forestry	<input type="radio"/>	<input type="radio"/>
Landscaping / Gardening / Groundskeeping	<input type="radio"/>	<input type="radio"/>

	Yes	No
Nursery / Greenhouse	<input type="radio"/>	<input type="radio"/>
Pest control / Exterminator	<input type="radio"/>	<input type="radio"/>
Building maintenance / Janitorial	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

Specify other job or industry _____

Mixed, applied or were exposed to pesticides, but don't know the job type Don't know the job type Prefer Not to Answer

B3) During this period, how many total years did you have jobs where you mixed, applied, or were exposed in some other way to pesticides? _____

Don't know the total years Prefer Not to Answer

B4) During these years, about how many days per year did you mix, apply, or get exposed in some other way to pesticides?

1 - 10 days
 11 - 30 days
 31 - 90 days
 More than 90 days
 Don't Know
 Prefer Not to Answer

B5) What types of pesticides did you mix, apply, or get exposed to in some other way at work during these years (age 26-35)?

Herbicide at work during these years (age 26-35):

Please click Yes or No for every product.

Herbicides (pesticides used to kill weeds or plants)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
	Yes	No	Don't know
2,4-D products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Atrazine or Cyanazine products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Metolachlor, Alachlor or Acetochlor products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Yes	No	Don't know
Paraquat or Diquat products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trifluralin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Specify other herbicide: _____
 (other herbicide 2)

Specify other herbicide: _____
 (other herbicide 3)

Specify other herbicide: _____
 (other herbicide 1)

Used herbicide, don't know name Yes

Fungicides at work during these years (age 26-35):

Please click Yes or No for every product.

Fungicides (pesticides used to kill fungus, mold, or rot) Yes No Don't know

	Yes	No	Don't know
Benomyl products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chlorothalonil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Copper compounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Yes	No	Don't know
Maneb or Mancozeb products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sulfur compounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ziram products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Specify other fungicide:

_____ (other fungicide 1)

Specify other fungicide:

_____ (other fungicide 2)

Specify other fungicide:

_____ (other fungicide 3)

Used fungicide, don't know name Yes

Insecticides at work during these years (age 26-35):

Please click Yes or No for every product.

Insecticides (pesticides used to kill insects)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
	Yes	No	Don't know
Aldrin products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chlorpyrifos or Terbufos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DDT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Yes	No	Don't know
Dieldrin products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lindane products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Yes	No	Don't know
Parathion products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Permethrin or other pyrethroid products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rotenone products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Specify other insecticide _____
 (other insecticide 1)

Specify other insecticide _____
 (other insecticide 2)

Specify other insecticide _____
 (other insecticide 3)

Used insecticide, don't know name Yes

Rodenticides at work during these years (age 26-35)

Rodenticides (pesticides used to kill rats or mice) Yes No Don't know

Specify any rodenticide that you used.

(rodenticide 1)

Specify any rodenticide that you used.

(rodenticide 2)

Used rodenticides, don't know name Yes

Fumigants at work during these years (age 26-35):

Please click Yes or No for every product.

Fumigants (gas used to kill insects or fungus or plants) Yes No Don't know

	Yes	No	Don't know
Methyl bromide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Specify other fumigant: _____

Specify other fumigant: _____

Used fumigants, don't know name Yes

Other pesticides at work during these years (age 26-35):

Other types of pesticides Yes No Don't know

Specify other pesticide used

(other pesticide 1)

Specify other pesticide used

(other pesticide 2)

Specify other pesticide used

(other pesticide 3)

Mixed, applied or were exposed to pesticides, but don't know the type and name of the pesticide

Used pesticides but don't know the type used

Section C: 36 -45 years old

C1) During this period of life (age 36-45), did you work in a job where you mixed or applied pesticides, or were exposed in some other way?

- Yes
 No
 Don't Know
 Prefer Not to Answer

Were you exposed to pesticides because you mixed or applied them?

- Yes No

Were you exposed to pesticides in some other way?

- Yes No

Please provide specific details about this other exposure

C2) During this period of life (age 36-45), what type of job(s) or industry were you working in when you mixed, applied, or were exposed in some other way to pesticides?

Farming or Ranching Yes No

When farming or ranching during this period of life, were you exposed to or did you use pesticides on crops? Yes No

Specify crops: _____

When farming or ranching during this period of life, were you exposed to or did you use pesticides on livestock/farm animals? Yes No

Specify livestock / farm animals: _____

	Yes	No
Other agricultural applications (for example, aerial spraying)	<input type="radio"/>	<input type="radio"/>
Forestry	<input type="radio"/>	<input type="radio"/>
Landscaping / Gardening / Groundskeeping	<input type="radio"/>	<input type="radio"/>

	Yes	No
Nursery / Greenhouse	<input type="radio"/>	<input type="radio"/>
Pest control / Exterminator	<input type="radio"/>	<input type="radio"/>
Building maintenance / Janitorial	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

Specify other job or industry: _____

Mixed, applied or were exposed to pesticides, but don't know the job type Don't know the job type Prefer Not to Answer

C3) During this period, how many total years did you have jobs where you mixed, applied, or were exposed in some other way to pesticides? _____

Don't know the total years Prefer Not to Answer

C4) During these years, about how many days per year did you mix, apply, or get exposed in some other way to pesticides? 1 - 10 days 11 - 30 days 31 - 90 days More than 90 days Don't Know Prefer Not to Answer

C5) What types of pesticides did you mix, apply, or get exposed to in some other way at work during these years (age 36-45)?

Herbicide at work during these years (age 36-45):

Please click Yes or No for every product.

Herbicides (pesticides used to kill weeds or plants)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
	Yes	No	Don't know
2,4-D products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Atrazine or Cyanazine products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Metolachlor, Alachlor or Acetochlor products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Yes	No	Don't know
Paraquat or Diquat products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trifluralin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Specify other herbicide: _____
(other herbicide 1)

Specify other herbicide: _____
(other herbicide 2)

Specify other herbicide: _____
(other herbicide 3)

Used herbicide, don't know name Yes

Fungicides at work during these years (age 36-45):

Please click Yes or No for every product.

Fungicides (pesticides used to kill fungus, mold, or rot) Yes No Don't know

	Yes	No	Don't know
Benomyl products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chlorothalonil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Copper compounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No	Don't know
Maneb or Mancozeb products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sulfur compounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ziram products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Specify other fungicide: _____
(other fungicide 1)

Specify other fungicide: _____
(other fungicide 2)

Specify other fungicide: _____
(other fungicide 3)

Used fungicide, don't know name Yes

Insecticides at work during these years (age 36-45):

Please click Yes or No for every product.

Insecticides (pesticides used to kill insects)

Yes No Don't know

	Yes	No	Don't know
Aldrin products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chlorpyrifos or Terbufos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DDT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dieldrin products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lindane products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parathion products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Permethrin or other pyrethroid products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rotenone products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Specify other insecticide

(other insecticide 1)

Specify other insecticide

(other insecticide 2)

Specify other insecticide

(other insecticide 3)

Used insecticide, don't know name

Yes

Rodenticides at work during these years (age 36-45):

Rodenticides (pesticides used to kill rats or mice) Yes No Don't know

Specify any rodenticide that you used.

(rodenticide 1)

Specify any rodenticide that you used.

(rodenticide 2)

Used rodenticides, don't know name Yes

Fumigants at work during these years (age 36-45):

Please click Yes or No for every product.

Fumigants (gas used to kill insects or fungus or plants) Yes No Don't know

	Yes	No	Don't know
Methyl bromide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Specify other fumigant: _____

Specify other fumigant: _____

Used fumigants, don't know name Yes

Other pesticides at work during these years (age 36-45):

Other types of pesticides Yes No Don't know

Specify other pesticide used

(other pesticide 1)

Specify other pesticide used

(other pesticide 2)

Specify other pesticide used

(other pesticide 3)

Mixed, applied or were exposed to pesticides, but don't know the type and name of the pesticide

Used pesticides but don't know the type used

Section D: 46 - 55 years old

D1) During this period of life (age 46-55), did you work in a job where you mixed or applied pesticides, or were exposed in some other way?

- Yes
 No
 Don't Know
 Prefer Not to Answer

Were you exposed to pesticides because you mixed or applied them?

- Yes No

Were you exposed to pesticides in some other way?

- Yes No

Please provide specific details about this other exposure

D2) During this period of life (age 46-55), what type of job(s) or industry were you working in when you mixed, applied, or were exposed in some other way to pesticides?

Farming or Ranching Yes No

When farming or ranching during this period of life, were you exposed to or did you use pesticides on crops? Yes No

Specify crops: _____

When farming or ranching during this period of life, were you exposed to or did you use pesticides on livestock/farm animals? Yes No

Specify livestock / farm animals: _____

	Yes	No
Other agricultural applications (for example, aerial spraying)	<input type="radio"/>	<input type="radio"/>
Forestry	<input type="radio"/>	<input type="radio"/>
Landscaping / Gardening / Groundskeeping	<input type="radio"/>	<input type="radio"/>
	Yes	No
Nursery / Greenhouse	<input type="radio"/>	<input type="radio"/>
Pest control / Exterminator	<input type="radio"/>	<input type="radio"/>
Building maintenance / Janitorial	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

Specify other job or industry _____

Mixed, applied or were exposed to pesticides, but don't know the job type Don't know the job type Prefer Not to Answer

D3) During this period, how many total years did you have jobs where you mixed, applied, or were exposed in some other way to pesticides? _____

Don't know the total years Prefer Not to Answer

D4) During these years, about how many days per year did you mix, apply, or get exposed in some other way to pesticides? 1 - 10 days 11 - 30 days 31 - 90 days More than 90 days Don't Know Prefer Not to Answer

D5) What types of pesticides did you mix, apply, or get exposed to in some other way at work during these years (age 46-55)?

Herbicide at work during these years (age 46-55):

Please click Yes or No for every product.

Herbicides (pesticides used to kill weeds or plants) Yes No Don't know

	Yes	No	Don't know
2,4-D products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Atrazine or Cyanazine products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Metolachlor, Alachlor or Acetochlor products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Yes	No	Don't know
Paraquat or Diquat products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trifluralin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Specify other herbicide: _____
(other herbicide 1)

Specify other herbicide: _____
(other herbicide 2)

Specify other herbicide: _____
(other herbicide 3)

Used herbicide, don't know name Yes

Fungicides at work during these years (age 46-55):

Please click Yes or No for every product.

Fungicides (pesticides used to kill fungus, mold, or rot) Yes No Don't know

	Yes	No	Don't know
Benomyl products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chlorothalonil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Copper compounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Yes	No	Don't know
Maneb or Mancozeb products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sulfur compounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ziram products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Specify other fungicide:

_____ (other fungicide 1)

Specify other fungicide:

_____ (other fungicide 2)

Specify other fungicide:

_____ (other fungicide 3)

Used fungicide, don't know name Yes

Insecticides at work during these years (age 46-55):

Please click Yes or No for every product.

Insecticides (pesticides used to kill insects) Yes No Don't know

	Yes	No	Don't know
Aldrin products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chlorpyrifos or Terbufos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DDT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dieldrin products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lindane products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parathion products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Permethrin or other pyrethroid products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rotenone products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Specify other insecticide

(other insecticide 1)

Specify other insecticide

(other insecticide 2)

Specify other insecticide

(other insecticide 3)

Used insecticide, don't know name

Yes

Rodenticides at work during these years (age 46-55)

Rodenticides (pesticides used to kill rats or mice) Yes No Don't know

Specify any rodenticide that you used.

(rodenticide 1)

Specify any rodenticide that you used.

(rodenticide 2)

Used rodenticides, don't know name Yes

Fumigants at work during these years (age 46-55):

Please click Yes or No for every product.

Fumigants (gas used to kill insects or fungus or plants) Yes No Don't know

	Yes	No	Don't know
Methyl bromide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Specify other fumigant: _____

Specify other fumigant: _____

Used fumigants, don't know name Yes

Other pesticides at work during these years (age 46-55):

Other types of pesticides Yes No Don't know

Specify other pesticide Used

(other pesticide 1)

Specify other pesticide Used

(other pesticide 2)

Specify other pesticide Used

(other pesticide 3)

Mixed, applied or were exposed to pesticides, but don't know the type and name of the pesticide

Used pesticides but don't know the type used

Section E: 56 - 65 years old

E1) During this period of life (age 56-65), did you work in a job where you mixed or applied pesticides, or were exposed in some other way?

- Yes
- No
- Don't Know
- Prefer Not to Answer

Were you exposed to pesticides because you mixed or applied them?

- Yes
- No

Were you exposed to pesticides in some other way?

- Yes
- No

Please provide specific details about this other exposure

E2) During this period of life (age 56-65), what type of job(s) or industry were you working in when you mixed, applied, or were exposed in some other way to pesticides?

Farming or Ranching Yes No

When farming or ranching during this period of life, were you exposed to or did you use pesticides on crops? Yes No

Specify crops: _____

When farming or ranching during this period of life, were you exposed to or did you use pesticides on livestock/farm animals? Yes No

Specify livestock / farm animals: _____

	Yes	No
Other agricultural applications (for example, aerial spraying)	<input type="radio"/>	<input type="radio"/>
Forestry	<input type="radio"/>	<input type="radio"/>
Landscaping / Gardening / Groundskeeping	<input type="radio"/>	<input type="radio"/>
	Yes	No
Nursery / Greenhouse	<input type="radio"/>	<input type="radio"/>
Pest control / Exterminator	<input type="radio"/>	<input type="radio"/>
Building maintenance / Janitorial	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

Specify other job or industry _____

Mixed, applied or were exposed to pesticides, but don't know the job type Don't know the job type Prefer Not to Answer

E3) During this period, how many total years did you have jobs where you mixed, applied, or were exposed in some other way to pesticides? _____

Don't know the total years Prefer Not to Answer

E4) During these years, about how many days per year did you mix, apply, or get exposed in some other way to pesticides? 1 - 10 days 11 - 30 days 31 - 90 days More than 90 days Don't Know Prefer Not to Answer

E5) What types of pesticides did you mix, apply, or get exposed to in some other way at work during these years (age 56-65)?

Herbicide at work during these years (age 56-65):

Please click Yes or No for every product.

Herbicides (pesticides used to kill weeds or plants)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
	Yes	No	Don't know
2,4-D products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Atrazine or Cyanazine products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Metolachlor, Alachlor or Acetochlor products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Yes	No	Don't know
Paraquat or Diquat products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trifluralin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Specify other herbicide: _____
(other herbicide 1)

Specify other herbicide: _____
(other herbicide 2)

Specify other herbicide: _____
(other herbicide 3)

Used herbicide, don't know name Yes

Fungicides at work during these years (age 56-65):

Please click Yes or No for every product.

Fungicides (pesticides used to kill fungus, mold, or rot) Yes No Don't know

	Yes	No	Don't know
Benomyl products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chlorothalonil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Copper compounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Yes	No	Don't know
Maneb or Mancozeb products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sulfur compounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ziram products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Specify other fungicide:

(other fungicide 1)

Specify other fungicide:

(other fungicide 2)

Specify other fungicide:

(other fungicide 3)

Used fungicide, don't know name

Yes

Insecticides at work during these years (age 56-65):
Please click Yes or No for every product.

Insecticides (pesticides used to kill insects) Yes No Don't know

	Yes	No	Don't know
Aldrin products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chlorpyrifos or Terbufos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DDT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dieldrin products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lindane products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parathion products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Permethrin or other pyrethroid products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rotenone products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Specify other insecticide _____
(other insecticide 1)

Specify other insecticide _____
(other insecticide 2)

Specify other insecticide _____
(other insecticide 3)

Used insecticide, don't know name Yes

Rodenticides at work during these years (age 56-65):

Rodenticides (pesticides used to kill rats or mice) Yes No Don't know

Specify any rodenticide that you used.

(rodenticide 1)

Specify any rodenticide that you used.

(rodenticide 2)

Used rodenticides, don't know name Yes

Fumigants at work during these years (age 56-65):

Please click Yes or No for every product.

Fumigants (gas used to kill insects or fungus or plants) Yes No Don't know

	Yes	No	Don't know
Methyl bromide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Specify other fumigant: _____

Specify other fumigant: _____

Used fumigants, don't know name Yes

Other pesticides at work during these years (age 56-65):

Other types of pesticides Yes No Don't know

Specify other pesticide used

(other pesticide 1)

Specify other pesticide used

(other pesticide 2)

Specify other pesticide used

(other pesticide 3)

Mixed, applied or were exposed to pesticides, but don't know the type and name of the pesticide

Used pesticides but don't know the type used

Section F: 66 years old and above

F1) During this period of life (age 66 and above), did you work in a job where you mixed or applied pesticides, or were exposed in some other way?

- Yes
- No
- Don't Know
- Prefer Not to Answer

Were you exposed to pesticides because you mixed or applied them?

- Yes
- No

Were you exposed to pesticides in some other way?

- Yes
- No

Please provide specific details about this other exposure

F2) During this period of life (age 66 and over), what type of job(s) or industry were you working in when you mixed, applied, or were exposed in some other way to pesticides?

Farming or Ranching Yes No

When farming or ranching during this period of life, were you exposed to or did you use pesticides on crops? Yes No

Specify crops: _____

When farming or ranching during this period of life, were you exposed to or did you use pesticides on livestock/farm animals? Yes No

Specify livestock / farm animals: _____

	Yes	No
Other agricultural applications (for example, aerial spraying)	<input type="radio"/>	<input type="radio"/>
Forestry	<input type="radio"/>	<input type="radio"/>
Landscaping / Gardening / Groundskeeping	<input type="radio"/>	<input type="radio"/>

	Yes	No
Nursery / Greenhouse	<input type="radio"/>	<input type="radio"/>
Pest control / Exterminator	<input type="radio"/>	<input type="radio"/>
Building maintenance / Janitorial	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

Specify other job or industry _____

Mixed, applied or were exposed to pesticides, but don't know the job type Don't know the job type Prefer Not to Answer

F3) During this period, how many total years did you have jobs where you mixed, applied, or were exposed in some other way to pesticides? _____

Don't know the total years Prefer Not to Answer

F4) During these years, about how many days per year did you mix, apply, or get exposed in some other way to pesticides?

1 - 10 days
 11 - 30 days
 31 - 90 days
 More than 90 days
 Don't Know
 Prefer Not to Answer

F5) What types of pesticides did you mix, apply, or get exposed to in some other way at work during these years (age 66 and over)?

Herbicide at work during these years (age 66 and over):

Please click Yes or No for every product.

Herbicides (pesticides used to kill weeds or plants)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
	Yes	No	Don't know
2,4-D products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Atrazine or Cyanazine products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Metolachlor, Alachlor or Acetochlor products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Yes	No	Don't know
Paraquat or Diquat products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trifluralin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Specify other herbicide _____
(other herbicide 1)

Specify other herbicide _____
(other herbicide 2)

Specify other herbicide _____
(other herbicide 3)

Used herbicide, don't know name Yes

Fungicides at work during these years (age 66 and over):

Please click Yes or No for every product.

Fungicides (pesticides used to kill fungus, mold, or rot) Yes No Don't know

	Yes	No	Don't know
Benomyl products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chlorothalonil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Copper compounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No	Don't know
Maneb or Mancozeb products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sulfur compounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ziram products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Specify other fungicide:

(other fungicide 1)

Specify other fungicide:

(other fungicide 2)

Specify other fungicide:

(other fungicide 3)

Used fungicide, don't know name

Yes

Insecticides at work during these years (age 66 and over):**Please click Yes or No for every product.**

Insecticides (pesticides used to kill insects)

 Yes No Don't know

	Yes	No	Don't know
Aldrin products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chlorpyrifos or Terbufos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DDT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Yes	No	Don't know
Dieldrin products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lindane products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Yes	No	Don't know
Parathion products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Permethrin or other pyrethroid products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rotenone products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Specify other insecticide

(other insecticide 1)

Specify other insecticide

(other insecticide 2)

Specify other insecticide

(other insecticide 3)

Used insecticide, don't know name

 Yes

Rodenticides at work during these years (age 66 and over)

Rodenticides (pesticides used to kill rats or mice) Yes No Don't know

Specify any rodenticide that you used.

(rodenticide 1)

Specify any rodenticide that you used.

(rodenticide 2)

Used rodenticides, don't know name Yes

Fumigants at work during these years (age 66 and over):

Please click Yes or No for every product.

Fumigants (gas used to kill insects or fungus or plants) Yes No Don't know

	Yes	No	Don't know
Methyl bromide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Specify other fumigant _____

Specify other fumigant _____

Used fumigants, don't know name Yes

Other pesticides at work during these years (age 66 and over):

Other types of pesticides Yes No Don't know

Specify other pesticide used

(other pesticide 1)

Specify other pesticide used

(other pesticide 2)

Specify other pesticide used

(other pesticide 3)

Mixed, applied or were exposed to pesticides, but don't know the type and name of the pesticide

Used pesticides but don't know the type used

Section G: Additional Pesticide Information

G1) Were you ever exposed to unusually high amounts of pesticides at work, for example from a spill, when either you or someone else was using pesticides?

- Yes
 No
 Don't Know
 Prefer Not to Answer

Explain:

In what year did this occur?

- Don't know the year
 Prefer Not to Answer

G2) If you got concentrated pesticide on your skin, did you usually stop what you were doing and wash it off?

- Yes
 No
 Don't Know
 Never got concentrated pesticide on my skin
 Prefer Not to Answer

G3) If you personally mixed or applied pesticides, did you wear gloves more than half the time?

- Yes
 No
 Don't Know
 Never mix/apply
 Prefer Not to Answer

G4) When you wore gloves, what type of gloves did you wear most of the time?

- Chemical resistant gloves
 Fabric or leather gloves
 Rubber, plastic, or latex gloves
 Other (specify below)
 Don't Know
 Prefer Not to Answer

Other, specify:

G5) If you personally mixed or applied pesticides, did you use any other type of protective equipment more than half the time?

- Yes
 No
 Don't Know
 Never mix/apply
 Prefer Not to Answer

G6) When you used any other type of protective equipment, what type of protective equipment did you usually use?

	Yes	No
Chemical resistant boots or shoes	<input type="radio"/>	<input type="radio"/>
Chemical resistant apron	<input type="radio"/>	<input type="radio"/>
Disposable coveralls	<input type="radio"/>	<input type="radio"/>
<hr/>		
	Yes	No
Cartridge respirator, gas mask	<input type="radio"/>	<input type="radio"/>
Goggles	<input type="radio"/>	<input type="radio"/>
Other (specify below)	<input type="radio"/>	<input type="radio"/>

Other, specify: _____

- Don't know what type of protective equipment used
- Prefer Not to Answer

G7-8) Get sick?

G7) Did you ever feel sick after exposure to pesticides at work?

- Yes
- No
- Never Exposed
- Don't Know
- Prefer Not to Answer

G8) Did you seek medical care for these symptoms?

- Yes
- No
- Don't Know
- Prefer Not to Answer

Overall Comments for Pesticides at Work

Comments: If you have any additional information about your use of pesticides at work, please provide it here.

Congratulations! This is the end of pesticides at work survey. Please click the Submit button to send your responses to PPMI FOUND project.