Public reporting burden for this collection of information is estimated to average thirty-five 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 Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0406). Do not return the completed form to this address.
SECTION 1: INTRODUCTION AND UPDATE OF RESIDENTIAL INFORMATION

[NOTE: THE FOLLOWING INFORMATION WILL BE DISPLAYED AT THE START OF THE INTERVIEW]:

<table>
<thead>
<tr>
<th>Subject ID:</th>
<th>&lt;&lt;ID number&gt;&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject Name:</td>
<td>&lt;&lt;name&gt;&gt;</td>
</tr>
<tr>
<td>Gender:</td>
<td>&lt;&lt;gender&gt;&gt;</td>
</tr>
<tr>
<td>Participant Type:</td>
<td>&lt;&lt;private applicator, commercial applicator, or spouse&gt;&gt;</td>
</tr>
<tr>
<td>Enrollment Date:</td>
<td>&lt;&lt;enrollment date&gt;&gt;</td>
</tr>
<tr>
<td>Last Interviewed:</td>
<td>&lt;&lt;date of last interview&gt;&gt;</td>
</tr>
</tbody>
</table>

QIntro.1) Hello, have I reached ^DSP.TitleRespondentName?

0. NO
1. YES  (Skip to QIntro.3)

QIntro.2) I am trying to reach ^DSP.TitleRespondentName, who completed a telephone interview or hard copy questionnaire with us several years ago about work and health factors common in the farming community. Is ^DSP.RespondentFullname available?

0. NO
1. YES  (Skip to QIntro.3)

QIntro.CB) When would be a good time to reach ^DSP.Respondent.Fullname?

1. RESPONDENT GAVE TIME FOR CALLBACK  (End call)
2. RESPONDENT ASKED NOT TO CALLBACK  (End call)
3. RESPONDENT TOO TILL OR LANGUAGE PROBLEM  (End call)
4. RESPONDENT REFUSED ALL FURTHER CONTACT  (End call)

QIntro.3) Hello ^DSP.Title_Last. This is [STATE YOUR NAME] with the Agricultural Health Study at ^LOD.Site. You were sent a letter from ^FieldStation_PI and Dr. Michael Alavanja recently, letting you know that I would be calling. Do you recall seeing this letter in your mail?

0. NO
1. YES

QIntro.4) STUDY PURPOSE – IF NEEDED

It’s a long-term study designed to follow farmers and their families over a period of time to study protective aspects of health and possible factors of disease. Various diseases among farm families, which are of interest to scientists in this and other countries, are being studied, including the incidence of cancer. You completed a questionnaire for us either at a pesticide certification site, over the phone, or by mail several years ago.

1. CONTINUE

QIntro.5) The reason I’m calling today (tonight) is to update your information. The questions deal with your pesticide use and general health information. The interview usually takes 35 minutes to complete and we appreciate all the time you have given to help with this study.

1. CONTINUE

QIntro.6) Would you be willing to participate?

0. NO  (Skip to QIntro.13)
1. YES  (Skip to QIntro.7)
2. NO LONGER FARMING
QIntro.6a) Even though you are no longer farming, your information is still very important to us. Many of the diseases we are studying, such as cancer, may be due to exposure that occurred many years ago. This means we need to look well into the past to study the causes of these diseases. Also, since we are studying many types of exposures - not just farm exposures - it is important for us to obtain information even after you quit farming. Would you be willing to participate?
   0. NO                      (Skip to QIntro.13)
   1. YES

QIntro.7) We could do it now or schedule a time that would be more convenient for you. Is now a good time?
   0. NO                      (Skip to QIntro.8)
   1. YES

QIntro.7a) IF R INDICATES R IS SHORT ON TIME, ASK:
   We could just get started and see how it goes. You can stop me at any time. Would that be all right?
   0. NO                      (Skip to QIntro.13)
   1. YES

QIntro.8) **IF Q.SITE <> Iowa, SKIP TO QIntro.12**

QIntro.9) Good, before we get started, I would like to ask if it is all right to record this interview. The purpose is to ensure that I’ve recorded your answers correctly. We do erase the recordings after we have checked them. Please be assured that your answers are confidential to the extent of the law. Your participation in this or any part of the Agricultural Health Study is voluntary and you may refuse to answer any question. Your name will not be linked to any of your information in reports. If you have questions about the study, you may call 1-800-217-1954. Is this all right with you?
   0. NO                      (Skip to QIntro.11)
   1. YES

QIntro.10 That’s not a problem, I will leave the recorder off then.
   1. CONTINUE

QIntro.11) Do you have any questions before we begin? Okay, let’s get started.
   1. CONTINUE (Skip to Q1.2Intro)

QIntro.12) Good, before we get started I want to assure you that your answers will be kept confidential to the extent of the law. Your participation in this or any part of the Agricultural Health Study is voluntary and you may refuse to answer any question. Your name will not be linked to any of your information in reports. If you have questions about the study, you may call 1-800-424-7883. My supervisor may listen to the interview to be sure I am doing the best job possible. Is this all right with you?
   0. NO
   1. YES (Skip to Q1.2Intro)
   8. REF
   9. DK

NoSupervisor) That’s not a problem, my supervisor will not listen to the interview.
   1. CONTINUE (Skip to Q1.2Intro)

QIntro.13) When would you like us to call you back?
   1. RESPONDENT GAVE TIME FOR CALLBACK (End call)
   2. RESPONDENT ASKED NOT TO CALLBACK (End call)
   3. RESPONDENT TOO TILL OR LANGUAGE PROBLEM (End call)
   4. RESPONDENT REFUSED ALL FURTHER CONTACT (End call)
P3_VERIFYNAMEDOB
Q1.2 Intro) First let me make certain that I have reached the correct individual. Have I reached ^DSP.Respondent_Fullname who reported a date of birth of ^STN.Respondent_Birthdate?
  0. NO
  1. YES  (Skip to Q1.2e)
  8. REF
  9. DK

P3_SIMILARNAME
Q1.2a) Is there another person with a similar name but with a different date of birth living there?
  0. NO
  1. YES
  8. REF
  9. DK

P3_INPAST
Q1.2b) Was there a person with a similar name but with a different date of birth living there in the past?
  0. NO  (Skip to Q1.2c)
  1. YES
  8. REF
  9. DK

[not delivered]
ReachPast) Do you know how we can reach ^DSP.TitleRespondentName?
RESPONSE:

P3_TRANSPOSED
Q1.2c) Is it possible that the numbers in the date of birth, ^STN.Respondent_Birthdate, have been transposed, misread, or are reversed?
  0. NO  (Skip to Q1IntroEnd2)
  1. YES
  8. REF
  9. DK

[not delivered]
Q1.2d) What is your correct date of birth?
DOB:

P3_GENDER
Q1.2e) [ONLY ASK IF NOT OBVIOUS] (Just for our records, can you tell me whether you are male or female?)
  1. MALE
  2. FEMALE

P3SAMEAD
Q1.3 Is your current address:
<<<display street>>
<<<display city, state and zip>>
  0. NO, ADDRESS IS INCORRECT OR INCOMPLETE  (Skip to Q1.5)
  1. YES, ADDRESS IS CORRECT  (Skip to Q1.7)
  8. REF
  9. DK
Q1.5) Did your address change because you moved to a new residence?
   0. NO
   1. YES
   8. REF
   9. DK

Q1.6a What is the address of your current residence?
STREET NAME AND NUMBER:

Q1.6b [What is the address of your current residence?]
CITY:

Q1.6c [What is the address of your current residence?]
STATE:

Q1.6d [What is the address of your current residence?]
ZIP CODE:

Q1.7) In what year did you move into your current residence?
YEAR: __________ (1900-2020)
9998. REF
9999. DK

Q1.8M) What month and year did you move out of ^FullState?
MONTH: __________ (1-12)
98. REF
99. DK

Q1.8Y) [What month and year did you move out of ^FullState?]?
YEAR: __________ (1900-2020)
9998. REF
9999. DK

Q1.9) Is this residence located on a farm? (A farm is defined as any establishment from which $1,000 or more of agricultural products were sold or would normally be sold during the year.)
   0. NO
   1. YES
   8. REF
   9. DK
P3_WATER
Q1.10) What has been your primary source of drinking water at your current residence? Was it . . .
1. Private well (Skip to Q1.12)
2. Spring (Skip to Q1.13)
3. Private well then switched to public supply (Skip to Q1.11)
4. Public or community supply (Skip to Section 2)
5. Bottled water (Skip to Section 2)
6. Rural water (Skip to Section 2)
7. Reverse osmosis *
8. Distilled water *
9. Filtered water/purified water/Culligan/Other water systems *
10. Multiple sources *
11. Source changed, no duration details given *
91. OTHER, SPECIFY
98. REF (Skip to Section 2)
99. DK (Skip to Section 2)

* Response values 7 through 11 were added during data editing to categorize the responses recorded in response to question Q1.10a.

P3_WATERSPECIFY
Q1.10a) [What has been your primary source of drinking water at your current residence?] OTHER, SPECIFY: ______________________________________________

P3_PUBLICYR
Q1.11) What year did you switch to a public water supply?
YEAR: __________ (1900-2020)
9998. REF
9999. DK

BOX Q1.12: Ask about well depth for applicators only; Spouses skip to Q1.13

P3_DEEPWE
Q1.12) How deep is (was) your private well ?
1. <50 feet
2. 50-100 feet
3. 101-150 feet
4. >150 feet
8. REF
9. DK

P3_TESTWE
Q1.13) Has your private well been tested for nitrates since <<year of last interview>> (or <<year moved>> IF MORE RECENT)?
0. NO (Skip to Section 2)
1. YES (Skip to Section 2)
8. REF (Skip to Section 2)
9. DK (Skip to Section 2)
P3_TESTSA
Q1.14) Did the test results indicate that the nitrate level in your well water was safe or unsafe for bottle-fed infants?

1. SAFE
2. UNSAFE
8. REF
9. DK

SECTION 2. FARMING OPERATIONS

I would like to ask some questions about farm work or farming activities you may have performed since you were last interviewed.
When answering these questions, please think about the time period since: ^DSP.YearOfLastInterview.

NOTE: FOR COMMERCIAL APPLICATORS, ASK Q2.1 AND Q2.9, THEN SKIP TO SECTION 3

P3_ACFARM
Q2.1) Since ^DSP.YearOfLastInterview, have you personally performed farm work or farming activities?

0. NO
1. YES
8. REF
9. DK

(Pick to Q3)

P3_STFARM
Q2.2) Are you currently farming or performing farming activities?

0. NO
1. YES
8. REF
9. DK

(Pick to Q2.2a)

P3_LAFARM
Q2.2a) What was the last year you farmed or performed farming activities?

YEAR: ___ |___ |___ (1900-2020)

9998. REF
9999. DK

Q2.3) Excluding gardens for personal use, what crops, including fruits and vegetables, were raised on your farm since ^DSP.YearOfLastInterview?

[CODE ALL THAT APPLY]

10. NONE
11. APPLES
12. ALFALFA
13. BARLEY
14. BERMUDA GRASS
15. BLUEBERRIES
16. CABBAGE
17. CHRISTMAS TREES
18. CORN FIELD
19. CORN POP
20. CORN SEED
21. CORN SWEET
22. COTTON
23. CUCUMBERS
24. GRAPES
25. HAY OR FORAGE
New indicator variables were created to permit recoding of some of the “Other” responses. See Appendix A for a full list of all indicator variables associated with this question.

**BOX Q2.3a: If no Crop = “other”, skip to Q2.4.**

P3_OTHCRP
Q2.3a) [Excluding gardens for personal use, what crops, including fruits and vegetables, were raised on your farm since \(^{\text{DSP. YearOfLastInterview}}\)?]

OTHER, SPECIFY: _________________________________________________

P3_CPAC
Q2.4) Since \(^{\text{DSP. YearOfLastInterview}}\), in an average year, how many total acres of crops did you grow?

|__|__|__|__|__|__|

999997. Less than one  
999998. REF  
999999. DK

Q2.5) (Since \(^{\text{DSP. YearOfLastInterview}}\), what poultry or livestock did you raise on your farm?  

[CODE ALL THAT APPLY]

10. NONE  P3_AN_NONE  
11. NON DAIRY CATTLE  P3_AN_CATTLE_NONDAIRY  
12. DAIRY CATTLE  P3_AN_CATTLE_DAIRY  
13. HOGS/SWINE  P3_AN_HOGS  
14. POULTRY  P3_AN_POULTRY  
15. POULTRY FOR EGGS  P3_AN_POULTRY_EGGS  
16. SHEEP OR GOATS  P3_AN_SHEEP  
17. HORSES  P3_AN_HORSES  
91. OTHER, SPECIFY  P3_AN_OTHER  
98. REF  
99. DK

New indicator variables were created to permit recoding of some of the “Other” responses. See Appendix A for a full list of all indicator variables associated with this question.
**BOX Q2.5a: If no Anim = “other”, skip to Q2.6.**

**P3. OTHER ANIMALS**

Q2.5a) [Since ^DSP.YearOfLastInterview, what poultry or livestock did you raise on your farm?]

OTHER ANIMAL SPECIFIED: __________________________________________

Q2.6) (Since ^DSP.YearOfLastInterview), what was the largest number of animals you had at any one time?

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<th>Dk</th>
</tr>
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<tr>
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<td>P3_AN_HOGS_NUMBER</td>
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</tr>
<tr>
<td>P3_AN_HORSES_NUMBER</td>
<td>Horses</td>
</tr>
<tr>
<td>P3_AN_OTHER_NUMBER</td>
<td>Other</td>
</tr>
</tbody>
</table>

**P3. MACHINE TILL**

Q2.7a) Since ^DSP.YearOfLastInterview, how often did you personally:

Till or disc the soil with farm machinery. Was it:

0. Never
1. Less than 10 days per year
2. 10 to 30 days per year
3. More than 30 days per year
8. REF
9. DK

**P3. MACHINE HARVEST**

Q2.7b) [Since ^DSP.YearOfLastInterview, how often did you personally] Harvest crops with farm machinery. Was it:

0. Never
1. Less than 10 days per year
2. 10 to 30 days per year
3. More than 30 days per year
8. REF
9. DK

**P3. HAND HARVEST**

Q2.7c) [Since ^DSP.YearOfLastInterview, how often did you personally] Harvest crops by hand? Was it:

0. Never
1. Less than 10 days per year
2. 10 to 30 days per year
3. More than 30 days per year
8. REF
9. DK

**P3. NATURAL FERTILIZERS**

Q2.7d) [Since ^DSP.YearOfLastInterview, how often did you personally] Apply natural fertilizers, such as manure, to fields? Was it:

0. Never
1. Less than 10 days per year
2. 10 to 30 days per year
3. More than 30 days per year
8. REF
9. DK
P3_OPDIESLTRAC
Q2.8) [Since ^DSP.YearOfLastInterview, how often did you personally]
Operate diesel-powered tractors? Was it:
0. Never
1. Less than 10 days per year
2. 10 to 30 days per year
3. 31 to 90 days per year
4. More than 90 days per year
8. REF
9. DK

SECTION 3. GENERAL PESTICIDE USAGE

P3_CERTPESTAP
3.1) Are you currently a certified (or licensed) pesticide applicator or handler?
0. NO (Skip to Q3.2)
1. YES (Skip to Q3.2)
8. REF (Skip to Q3.2)
9. DK

P3_CERTCMLPRIAP1
3.1a) Is your certification (or license) for commercial or private application of pesticides?
[CHECK ALL THAT APPLY]
1. COMMERCIAL
2. PRIVATE
3. PUBLIC
4. SOMETHING ELSE
8. REF
9. DK

P3_MIXAPL
Q3.2) We would now like to ask about your use of pesticides since ^DSP.YearOfLastInterview, 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. Since ^DSP.YearOfLastInterview, have you personally mixed, loaded, handled or applied these chemicals for use on crops, animals, or any other purpose NOT including home and garden use?
0. NO (Skip to Section 7)
1. YES (Skip to Section 7)
8. REF (Skip to Section 7)
9. DK

P3_YMXAPL
Q3.3) Since ^DSP.YearOfLastInterview, for how many years did you personally mix, load, handle or apply any of these chemicals?
[ENTER 97 FOR EVERY YEAR]
[___] [Range: 1 – 50]
97. EVERY YEAR
98. REF
99. DK

P3_DMXAPL
Q3.4) (Since ^DSP.YearOfLastInterview), for how many days per year on average did you personally mix, load, handle or apply any of these chemicals?
[__] [Range: 1 – 365]
998. REF
999. DK
SECTION 4. PESTICIDE NAMES AND FREQUENCY OF USE

[NOTE: For this section of the interview, a list of the pesticide names that were previously reported by each participant during the Phase II interview will be displayed. When the participant reports the names of pesticides in current use, the name should be selected from the list displayed, if present. If the name is not on the list displayed, then the name can be either selected from a master list of all pesticide names, or else entered verbatim. For subjects who did not participate in Phase II, or who did not report use of pesticides during Phase II, no list will be displayed]

Q4.1) Now we are going to ask you about crops. Since <Year of last interview>, have you personally used herbicides, insecticides, fungicides, fumigants or any other pesticides for crops or any other type of plants, including vegetables, greenhouse crops, nurseries, orchards, trees, or turf and sod?

0. NO (Skip to Q4.2)
1. YES (Skip to Q4.2)
8. REF (Skip to Q4.2)
9. DK (Skip to Q4.2)

P3_PESTICIDE_VERBATIM

Q4.1a) What did you use? Please give product trade names, if possible. If you would like to get a list, we can hold the line while you do so.

<Display list of previously reported pesticide names for this applicator>
[Note: Select pesticide name from list; or enter name if not listed]

BOX Q4.1c: If “other” not listed, skip to Q4.2.

P3_PESTICIDE_VERBATIM

Q4.1c) [What did you use for crops or other types of plants? Please give product trade names, if possible.]

SPECIFY, OTHER PESTICIDES USED ON CROPS:
__________________________________________

Q4.2) Now I am going to ask you about animals. (Since <DSP.YearOfLastInterview>, have you personally used insecticides or any other pesticides on farm animals or animal confinement areas?

0. NO (Skip to Q4.3)
1. YES (Skip to Q4.3)
8. REF (Skip to Q4.3)
9. DK (Skip to Q4.3)

P3_PESTICIDE_VERBATIM

Q4.2a) What did you use (on animals or animal confinement areas)? Please do not include antibiotics and feed additives.

<Display list of previously reported pesticide names for this applicator>
[Note: Select pesticide name from list; or enter name if not listed]

BOX Q4.2c: If “other” not listed, skip to Q4.3.

---

1 Variables from Section 4 are found in the Supplemental Pesticide File. Note that the Supplemental Pesticide File has a separate record for each unique combination of respondent ID, pesticide name, and application target (animal, crop, or non-crop).
What did you use (for application to animals or animal confinement areas)? Please do not include antibiotics and feed additives. (Please give the product trade name, if possible.)

SPECIFY, OTHER PESTICIDES USED ON ANIMALS: ________________________________

Excluding home and garden use, since ^DSP.YearOfLastInterview, have you personally used herbicides, insecticides, fungicides, fumigants, rodenticides or other pesticides for application to pastures, fence rows, roadsides, around buildings, grain bins, for rodent control or for applications not already mentioned?

0. NO (Skip to Q4.3e)
1. YES
8. REF (Skip to Q4.3e)
9. DK (Skip to Q4.3e)

Other than home and garden use, what did you use (for these types of applications, such as pastures, fence rows, roadsides, buildings, grain bins, for rodent control or for applications not already mentioned? Please use the product trade name, if possible.)

SPECIFY, OTHER PESTICIDES USED ON NON-CROPS: ________________________________

Once continue is selected, you cannot go back and add more pesticides.

Are there any other pesticides that you have used that you have not mentioned, not including pesticides for home and garden use?

0. NO (Skip to Q4.5h)
1. YES
8. REF (Skip to Q4.5h)
9. DK (Skip to Q4.5h)
Q4.5b) What pesticide did you use?

OTHER PESTICIDE:

**BOX Q4.5e: If “other” not listed, skip to Q4.5c.**

Q4.5e) [What pesticide did you use?]

SPECIFY, OTHER PESTICIDES USED: ______________________________________

Q4.5c) Was it applied to crops, animals, or non-crops?

1. CROPS
2. ANIMALS
3. NON-CROPS
8. REF
9. DK

Q4.5h) Now I would like to ask you about how often you have used the pesticides mentioned during this interview over your lifetime.

1. CONTINUE

NOTE: ASK Q4.6 AND Q4.7 TO DETERMINE FREQUENCY OF USE FOR EACH PESTICIDE NAME REPORTED IN Q4.1a, Q4.2a, Q4.3a, or Q4.5b ABOVE

Q4.6) You mentioned that you have used ^Pesticide_Verbatim ^Pst_Used_On_Txt. For how many years over your lifetime have you personally mixed, loaded, handled, or applied this pesticide?

|___|___| [Range: 1 to 96]
97. INCORRECT PESTICIDE
98. REF
99. DK

Q4.7) During the years you applied ^Pesticide_Verbatim ^Pst_Used_On_Txt, for how many days per year on average did you personally mix, load, handle, or apply it?

|____|____| [Range: 1 to 365]
998. REF
999. DK

**REPEAT Q4.6 AND Q4.7 FOR EACH PESTICIDE NAME MARKED ON LIST**
SECTION 5. APPLICATION METHODS AND PPE USE FOR MOST FREQUENTLY APPLIED PESTICIDES

P3_HIGHUSECROPANIMALINCFLAG

We would now like to ask about the application methods you used for handling pesticides since <year of last interview>.

[Note: Based on the days per year for each pesticide reported in Section 4, the names of the pesticide applied the most days per year in six categories of use will be identified and used for prompting when collecting information on mixing and application methods.]

1. Herbicide to crop: ^PST.HighCropHerb
2. Insecticide to crop: ^PST.HighCropInsect
3. Fungicide to crop: ^PST.HighCropFung
4. Insecticide to animal: ^PST.HighAnimalInsect
5. Pesticide for non crop applications: ^PST.HighNonCropPest
6. Fumigants ^PST.HighFumigant

[BOX 5.1: Ask Q5.1 to Q5.8 only for applicators who reported “Yes” to Q4.1 and who reported use of at least one herbicide for application to crops; Else skip to BOX 5.2

P3_CROPMXLD_CROPHRB

Q5.1) On the days when ^PST.HighCropHerb was applied to crops or other plants, how often did you personally mix it or load it into the application equipment? Was it:
1. Never (Skip to Q5.3)
2. Less than half the days
3. Half or more than half the days
4. Always
7. INCORRECT PESTICIDE (Skip to Box 5.2)
8. REF (Skip to Q5.3)
9. DK (Skip to Q5.3)

P3_XSDAYMXLD_CROPHRB

Q5.2) How many times per day, on average, did you personally mix this pesticide ^PST.HighCropHerb or load it into the application tank or bin?
<table>
<thead>
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<th></th>
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<tbody>
<tr>
<td>Range: 1 to 96</td>
<td></td>
</tr>
</tbody>
</table>
98. REF
99. DK

P3_PERSAPPL_CROPHRB

Q5.3) Since ^DSP.YearOfLastInterview, on the days when ^PST.HighCropHerb was applied to crops or other plants, did you personally apply it?
0. NO (Skip to Box 5.2)
1. YES (Skip to Box 5.2)
8. REF (Skip to Box 5.2)
9. DK (Skip to Box 5.2)

P3_TRACOTHVEH_CROPHRB

Q5.4) Did you use a tractor or other farm vehicle to apply ^PST.HighCropHerb?
0. NO (Skip to Q5.6a)
1. YES (Skip to Q5.6a)
8. REF (Skip to Q5.6a)
9. DK (Skip to Q5.6a)

^ Variable in the Supplemental Pesticide File. Note that the Supplemental Pesticide File has a separate record for each unique combination of respondent ID, pesticide name, and application target (animal, crop, or non-crop).
P3_ENCLOSEDCAB_CROPHRB\(^2\) above

Q5.5) Did the tractor or farm vehicle you usually used to apply this pesticide have an enclosed cab?

0. NO
1. YES
8. REF
9. DK

P3_LIQGRAN_CROPHRB\(^2\) above

Q5.6a) When you applied \(^\text{PST.HighCropHerb}\) to crops, was it liquid, granular, powder, or something else?

  1. LIQUID (Skip to Q5.7)
  2. GRANULAR (Skip to Q5.7)
  3. POWDER (Skip to Q5.7)
  4. SOMETHING ELSE (Skip to Q5.7)
  8. REF (Skip to Q5.7)
  9. DK (Skip to Q5.7)

P3_LIQGRANNOT_CROPHRB\(^2\) above

Q5.6b) (What form was the \(^\text{PST.HighCropHerb}\) when it was applied to crops or other plants?)

What was it?

OTHER, SPECIFY: _________________________________________________

P3_APPLY_METHOD1\(^2\) above

Q5.7) When you applied \(^\text{PST.HighCropHerb}\) to crops, what application method did you use the most? Was it:

  1. Broadcast (Skip to Q5.7c)
  2. Banded, or In-Furrow (Skip to Q5.7c)
  3. Hand-held Sprayer (Skip to Q5.7c)
  4. Something Else (Skip to Q5.7c)
  8. REF (Skip to Q5.7c)
  9. DK (Skip to Q5.7c)

P3_APPLY_METHOD1_NAME\(^2\) above

Q5.7a) [What method did you use when you applied \(^\text{PST.HighCropHerb}\) to crops?] What was it?

Application Method: ____________________________________________

<<display drop down list - mark one>>

BOX Q5.7b: If “other” not listed, skip to Q5.7c.

P3_OTHAPPLMETH_CROPHRB\(^2\) above

Q5.7b) [What method did you use when you applied \(^\text{PST.HighCropHerb}\) to crops?]

OTHER, SPECIFY: _________________________________________________

P3_APPLY_METHOD1_SEC\(^2\) above

Q5.7c) When you applied \(^\text{PST.HighCropHerb}\) to crops, what application method did you use the second most? Was it:

  1. NONE (Skip to Q5.8)
  2. BROADCAST (Skip to Q5.8)
  3. BANDED, OR IN-FURROW (Skip to Q5.8)
  4. HAND-HELD SPRAYER (Skip to Q5.8)
  5. SOMETHING ELSE (Skip to Q5.8)
  8. REF (Skip to Q5.8)
  9. DK (Skip to Q5.8)
Q5.7d) When you applied ^PST.HighCropHerb to crops, what application method did you use the second most? What was it?

Application Method: ______________________________________________________________________

<<display drop down list - mark one>>

BOX Q5.7e: If “other” not listed, skip to Q5.8.

Q5.7e) When you applied ^PST.HighCropHerb to crops, what application method did you use the second most? OTHER, SPECIFY: _____________________________________________

---

BOX 5.2: Ask Q5.9 to Q5.16 only for applicators who reported “Yes” to Q4.1 and who reported use of at least one insecticide (pesticide name 2) for application to crops, Else skip to BOX 5.3

---

Q5.8) For how many hours per day on average did you personally mix, load, handle, or apply ^PST.HighCropHerb? 

_____ HOURS [Range: 1 to 20]

97. LESS THAN ONE HOUR
98. REF
99. DK

---

Q5.9) On the days when ^PST.HighCropInsect was applied to crops or other plants, how often did you personally mix it or load it into the application equipment? Was it:

1. Never (Skip to Q5.11)
2. Less than half the days
3. Half or more than half the days
4. Always
5. INCOMPLETE INFORMATION (Skip to Box 5.3)
6. REF (Skip to Q5.11)
7. DK (Skip to Q5.11)

---

Q5.10) How many times per day, on average, did you personally mix this pesticide (^PST.HighCropInsect) or load it into the application tank or bin when applied to crops or other plants?

_____ [Range: 1 to 96]

97. LESS THAN ONE HOUR
98. REF
99. DK

---

Q5.11) Since ^DSP.YearOfLastInterview, on the days when ^PST.HighCropInsect was applied to crops or other plants, did you personally apply it?

0. NO (Skip to Box 5.3)
1. YES
8. REF (Skip to Box 5.3)
9. DK (Skip to Box 5.3)
Q5.12) Did you use a tractor or other farm vehicle to apply ^PST.HighCropInsect?
0. NO  (Skip to Q5.14a)
1. YES  
8. REF  (Skip to Q5.14a)
9. DK   (Skip to Q5.14a)

Q5.13) Did the tractor or farm vehicle you usually used to apply ^PST.HighCropInsect (to crops and other plants) have an enclosed cab?
0. NO
1. YES
8. REF
9. DK

Q5.14a) When you applied ^PST.HighCropInsect to crops, was it liquid, granular, powder, or something else?
1. LIQUID  (Skip to Q5.15)
2. GRANULAR  (Skip to Q5.15)
3. POWDER  (Skip to Q5.15)
4. SOMETHING ELSE
8. REF  (Skip to Q5.15)
9. DK  (Skip to Q5.15)

Q5.14c) [What form was the ^PST.HighCropInsect when it was applied to crops?]
What was it?

Q5.15) When you applied ^PST.HighCropInsect to crops, what application method did you use the most? Was it:
1. Broadcast  (Skip to Q5.15c)
2. Banded, or In-Furrow  (Skip to Q5.15c)
3. Hand-held sprayer  (Skip to Q5.15c)
4. Something Else
8. REF  (Skip to Q5.15c)
9. DK  (Skip to Q5.15c)

Q5.15b) If “other” not listed, skip to Q5.15c.

Q5.15b) [When you applied ^PST.HighCropInsect to crops, what application method did you use the most?]
OTHER, SPECIFY: _________________________________________________
Q5.15c) When you applied ^PST.HighCropInsect to crops, what application method did you use the second most?
1. NONE (Skip to Q5.16)
2. BROADCAST (Skip to Q5.16)
3. BANDED OR IN-FURROW (Skip to Q5.16)
4. HAND-HELD SPRAYER (Skip to Q5.16)
5. SOMETHING ELSE
6. REF (Skip to Q5.16)
7. DK (Skip to Q5.16)

Q5.15d) [When you applied ^PST.HighCropInsect to crops, what application method did you use the second most?] What was it?

Application Method: ______________________________
<<display drop down list - mark one>>

BOX Q5.15e: If “other” not listed, skip to Q5.16.

Q5.15e) [When you applied ^PST.HighCropInsect to crops, what application method did you use the second most?] OTHER, SPECIFY: _________________________________________________

Q5.16) For how many hours per day on average did you personally mix, load, handle, or apply ^PST.HighCropInsect?

|__|__| HOURS [Range: 1 to 20]
97. LESS THAN ONE HOUR
98. REF
99. DK

BOX 5.3: Ask Q5.17 to Q5.24 only for applicators who reported “Yes” to Q4.1 and who reported use of at least one fungicide for application to crops, Else Skip to BOX 5.4

Q5.17) On the days when ^PST.HighCropFung was applied to crops or other plants, how often did you personally mix it or load it into the application equipment? Was it:
1. Never (Skip to Q5.19)
2. Less than half the days
3. Half or more than half the days
4. Always
7. INCORRECT PESTICIDE (Skip to Box 5.4)
8. REF (Skip to Q5.19)
9. DK (Skip to Q5.19)

Q5.18) How many times per day, on average, did you personally mix this pesticide (^PST.HighCropFung) or load it into the application tank or bin?

|___| [Range: 1 to 96]
97. REF
98. DK
Since ^DSP.YearOfLastInterview, on the days when ^PST.HighCropFung was applied to crops or other plants, did you personally apply it?

0. NO (Skip to Box 5.4)
1. YES
8. REF (Skip to Box 5.4)
9. DK (Skip to Box 5.4)

Did you use a tractor or other farm vehicle to apply ^PST.HighCropFung?

0. NO (Skip to Q5.22)
1. YES
8. REF (Skip to Q5.22)
9. DK

Did the tractor or farm vehicle you usually used to apply ^PST.HighCropFung have an enclosed cab?

0. NO
1. YES
8. REF
9. DK

When you applied ^PST.HighCropFung to crops, was it liquid, granular, powder, or something else?

1. LIQUID (Skip to Q5.23)
2. GRANULAR (Skip to Q5.23)
3. POWDER (Skip to Q5.23)
4. SOMETHING ELSE
8. REF (Skip to Q5.23)
9. DK (Skip to Q5.23)

When you applied ^PST.HighCropFung to crops, what application method did you use the most? Was it:

1. Broadcast (Skip to Q5.23c)
2. Banded, or In-Furrow (Skip to Q5.23c)
3. Hand-held Sprayer (Skip to Q5.23c)
4. Something Else
8. REF (Skip to Q5.23c)
9. DK (Skip to Q5.23c)

What method did you use when you applied ^PST.HighCropFung to crops?

Application Method: ________________________________

<<display drop down list - mark one>>

BOX Q5.23b: If “other” not listed, skip to Q5.23c.

What method did you use when you applied ^PST.HighCropFung to crops?

OTHER, SPECIFY: ____________________________________________
Q5.23c) When you applied ^PST.HighCropFung to crops, what application method did you use the second most?

0. NONE (Skip to Q5.24)
1. BROADCAST (Skip to Q5.24)
2. BANDED OR IN-FURROW (Skip to Q5.24)
3. HAND-HELD SPRAYER (Skip to Q5.24)
4. SOMETHING ELSE (Skip to Q5.24)
8. REF (Skip to Q5.24)
9. DK (Skip to Q5.24)

Q5.23d) [What method did you use second most when you applied ^PST.HighCropFung to crops?]
What was it?

 Application Method: ________________________________
<<display drop down list - mark one>>

BOX Q5.23e: If “other” not listed, skip to Q5.24.

Q5.23e) [What method did you use second most when you applied ^PST.HighCropFung to crops?]
OTHER, SPECIFY: ____________________________________________

Q5.24) For how many hours per day on average did you personally mix, load, handle, or apply ^PST.HighCropFung (for crops and other plants)?

[ENTER 97 FOR LESS THAN 1 HOUR]

[___] HOURS [Range: 1 to 20]
97. LESS THAN ONE HOUR
98. REF
99. DK

BOX 5.4: Ask Q5.25 to Q5.27 only for applicators who answered “Yes” to Q4.2; and reported the name of at least one insecticide applied to animals; else skip to BOX 5.5

Q5.25) These next questions are about your use of insecticides on animals or animal confinement areas. Since ^DSP.YearOfLastInterview, when you applied ^PST.HighAnimalInsect on animals or animal confinement areas, how often did you personally mix the insecticide or load the application equipment yourself? Was it . . .

1. Never
2. Less than half the days
3. Half or more than half the days
4. Always
7. INCORRECT PESTICIDE (Skip to Box 5.5)
8. REF
9. DK
P3_APPLY_METHOD1^{2} above
Q5.26) When you applied ^PST.HighAnimalInsect on animals or animal confinement areas, what application method did you use the most? Was it:

0. DID NOT APPLY (Skip to Q5.27)
1. Dips, pour-ons (also hand wipes, oral paste, or boluses) (Skip to Q5.26c)
2. Sprayer or Duster (backpack sprayer, air sprayer) (Skip to Q5.26c)
3. Something Else
8. REF (Skip to Q5.26c)
9. DK (Skip to Q5.26c)

P3_APPLY_METHOD1_NAME^{2} above
Q5.26a) [What method did you use when you applied ^PST.HighAnimalInsect on animals or animal confinement areas?]
What was it?

Application Method: __________________________________________
<<display drop down list - mark one>>

BOX Q5.26b: If “other” not listed, skip to Q5.26c.

P3_OTHAPPLMETH_ANIMALINS^{2} above
Q5.26b) [What method did you use when you applied ^PST.HighAnimalInsect on animals or animal confinement areas?]

OTHER, SPECIFY: __________________________________________

P3_APPLY_METHOD1_SEC^{2} above
Q5.26c) When you applied ^PST.HighAnimalInsect on animals or animal confinement areas, what application method did you use the second most?

1. NONE (Skip to Q5.27)
2. Dips, pour-ons (also hand wipes, oral paste, or boluses) (Skip to Q5.27)
3. Sprayer or Duster (backpack sprayer, air sprayer) (Skip to Q5.27)
4. Something Else
8. REF (Skip to Q5.27)
9. DK (Skip to Q5.27)

P3_APPLY_METHOD1_NAME_SEC^{2} above
Q5.26d) [What method did you use the second most when you applied ^PST.HighAnimalInsect on animals or animal confinement areas?]
What was it?

Application Method: __________________________________________
<<display drop down list - mark one>>

BOX Q5.26e: If “other” not listed, skip to Q5.27.

P3_OTHAPPLMETHSEC_ANIMALINS^{2} above
Q5.26e) [What method did you use the second most when you applied ^PST.HighAnimalInsect on animals or animal confinement areas?]

OTHER, SPECIFY: __________________________________________
P3_HOURS_ANIMALINS 2 above
Q5.27) For how many hours per day on average did you personally mix, load, handle, or apply ^PST.HighAnimalInsect?
[ENTER 97 FOR LESS THAN 1 HOUR]

|___|___| HOURS  [Range: 1 to 20]
97. LESS THAN ONE HOUR
98. REF
99. DK

BOX 5.5 – Ask Q5.28 to Q5.30 only for applicators who answered yes to Q4.3; and reported the name of at least one pesticide applied for non-crop application; else skip to BOX 5.6

P3_OTHMXLD_NONCROPPEST 2 above
Q5.28) These next questions are about the pesticides you applied for purposes other than to crops or animals. (Since ^DSP.YearOfLastInterview), on days when ^PST.HighNonCropPest was applied, how often did you personally mix the pesticide or load the application equipment yourself? Was it:
1. Never
2. Less than half the days
3. Half or more than half the days
4. Always
7. INCORRECT PESTICIDE  (Skip to Box 5.6)
8. REF
9. DK

P3_APPLY_METHOD1 2 above
Q5.29) When you applied ^PST.HighNonCropPest, what application method did you use the most? Was it:
0. DID NOT APPLY  (Skip to Box 5.6)
1. Hand-held Sprayer (gun, wand, boom, or pump)  (Skip to Q5.29c)
2. Broadcast from Farm Vehicle (NOT hand-held)  (Skip to Q5.29c)
3. Backpack Sprayer  (Skip to Q5.29c)
4. Dusting by hand (including powders)  (Skip to Q5.29c)
5. Something Else  (Skip to Q5.29c)
7. INCORRECT PESTICIDE  (Skip to Box 5.6)
8. REF  (Skip to Q5.29c)
9. DK  (Skip to Q5.29c)

P3_APPLY_METHOD1_NAME 2 above
Q5.29a) [What method did you use when you applied ^PST.HighNonCropPest?]
What was it?
Application Method: ____________________________
<<display drop down list - mark one>>

BOX Q5.29b: If “other” not listed, skip to Q5.29c.

P3_OTHAPPMETH_NONCROPPES 2 above
Q5.29b) [What method did you use when you applied ^PST.HighNonCropPest?]
OTHER, SPECIFY: ________________
Q5.29c) When you applied ^PST.HighNonCropPest, what application method did you use the second most?
0. NONE
1. HAND-HELD SPRAYER
2. BROADCAST FROM FARM VEHICLE
3. BACKPACK SPRAYER
4. DUSTING BY HAND
5. SOMETHING ELSE
8. REF
9. DK

Q5.29d) [What method did you use the second most when you applied ^PST.HighNonCropPest?]
What was it?
Application Method: ________________________________
<<display drop down list - mark one>>

BOX Q5.29e: If “other” not listed, skip to Q5.30.

Q5.30) For how many hours per day on average did you personally mix, load, handle, or apply ^PST.HighNonCropPest?

97. LESS THAN ONE HOUR
98. REF
99. DK

BOX 5.6: Ask Q5.31 to Q5.32 only for applicators who answered yes to Q4.3; and reported the name of at least one fumigant; else skip to Box 5.7.

Q5.31) We would now like to ask about your use of ^PST.HighFumigant. When you applied ^PST.HighFumigant, what application method did you use the most? Was it:
0. DID NOT APPLY
1. Hand-held Sprayer (gun, wand, boom, or pump)
2. Broadcast from Farm Vehicle (NOT hand-held)
3. Backpack Sprayer
4. Dusting by hand (including powders)
5. Something Else
7. INCORRECT PESTICIDE
8. REF
9. DK

Q5.31a) [What method did you use when you applied ^PST.HighFumigant?] What was it?
Application Method: ________________________________
<<display drop down list - mark one>>

BOX Q5.31b: If “other” not listed, skip to Q5.31e.
Q5.31b) [What method did you use when you applied ^PST.HighFumigant?]  
OTHER, SPECIFY: _________________________________________________

Q5.31c) When you applied ^PST.HighFumigant, what application method did you use the second most?  
0. NONE  (Skip to Q5.32)  
1. HAND-HELD SPRAYER  (Skip to Q5.32)  
2. BROADCAST FROM FARM VEHICLE  (Skip to Q5.32)  
3. BACKPACK SPRAYER  (Skip to Q5.32)  
4. DUSTING BY HAND  (Skip to Q5.32)  
5. SOMETHING ELSE  
6. REF  (Skip to Q5.32)  
7. DK  (Skip to Q5.32)

Q5.31d) [What method did you use the second most when you applied ^PST.HighFumigant?]  
What was it?  
Application Method:  ________________________________
<<display drop down list - mark one>>

BOX Q5.31e: If “other” not listed, skip to Q5.32.

Q5.31e) [What method did you use the second most when you applied ^PST.HighFumigant?]  
OTHER, SPECIFY: _________________________________________________

Q5.32) For how many hours per day on average did you personally mix, load, handle, or apply ^PST.HighFumigant?  
|___|___ HOURS  [Range: 1 to 20]  
97. LESS THAN ONE HOUR  
98. REF  
99. DK

BOX 5.7: Ask Q5.33 to Q5.35a only for applicators who reported mixing and loading at least one pesticide; else skip to Q5.36.

Q5.33) Since ^DSP.YearOfLastInterview, when you mixed and/or loaded herbicides, insecticides, fungicides or other pesticides, did you normally wear gloves?  
0. NO  (Skip to 5.35)  
1. YES  
8. REF  (Skip to 5.35)  
9. DK  (Skip to 5.35)

Q5.34) What type of glove did you normally wear?  Was it:  
1. Chemical Resistant Glove, like Nitrile  (Skip to Q5.35)  
2. Rubber or Plastic Waterproof Glove  (Skip to Q5.35)  
3. Thin Disposable Glove Like Latex  (Skip to Q5.35)  
4. Fabric or Leather  (Skip to Q5.35)  
91. OTHER, SPECIFY  
98. REF  (Skip to Q5.35)  
99. DK  (Skip to Q5.35)
**P3_OTHGLOVETYPE**

Q5.34a) [What type of glove did you normally wear?]

OTHER, SPECIFY: _________________________________________________

Q5.35) What (other) protective equipment did you normally wear (when you mixed herbicides, insecticides, fungicides, or other pesticides)? Did you wear: (CHECK ALL THAT APPLY)

<p>| | |</p>
<table>
<thead>
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<tbody>
<tr>
<td>0.</td>
<td>NONE</td>
</tr>
<tr>
<td>1.</td>
<td>Goggles</td>
</tr>
<tr>
<td>2.</td>
<td>Face Shield</td>
</tr>
<tr>
<td>3.</td>
<td>Disposable Coveralls, like Tyvek</td>
</tr>
<tr>
<td>4.</td>
<td>Rubber boots</td>
</tr>
<tr>
<td>5.</td>
<td>Respirator with cartridge</td>
</tr>
<tr>
<td>6.</td>
<td>Dust mask</td>
</tr>
<tr>
<td>7.</td>
<td>Long-sleeved shirt</td>
</tr>
<tr>
<td>91.</td>
<td>OTHER</td>
</tr>
<tr>
<td>98.</td>
<td>REF</td>
</tr>
<tr>
<td>99.</td>
<td>DK</td>
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New indicator variables were created to permit recoding of some of the “Other” responses. See Appendix A for a full list of all indicator variables associated with this question.

**BOX Q5.35a: If no PPE = “other”, skip to Q5.36.**

**P3_OTHPEPPE_MIX**

Q5.35a) [What (other) protective equipment did you normally wear (when you mixed herbicides, insecticides, fungicides, or other pesticides)?]

OTHER, SPECIFY: _________________________________________________

**P3_GLOVEAPPL**

Q5.36) Since ^DSP.YearOfLastInterview, when you applied pesticides, did you normally wear gloves? (Skip to 5.38)

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<tbody>
<tr>
<td>0.</td>
<td>NO</td>
</tr>
<tr>
<td>1.</td>
<td>YES</td>
</tr>
<tr>
<td>8.</td>
<td>REF</td>
</tr>
<tr>
<td>9.</td>
<td>DK</td>
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</table>

**P3_GLOVEAPPL_TYP**

Q5.37) What type of glove did you normally wear? Was it:

<p>| | |</p>
<table>
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<tbody>
<tr>
<td>1.</td>
<td>Chemical Resistant Glove, like Nitrile</td>
</tr>
<tr>
<td>2.</td>
<td>Rubber or Plastic Waterproof Glove</td>
</tr>
<tr>
<td>3.</td>
<td>Thin Disposable Glove like Latex</td>
</tr>
<tr>
<td>4.</td>
<td>Fabric or Leather</td>
</tr>
<tr>
<td>91.</td>
<td>OTHER</td>
</tr>
<tr>
<td>98.</td>
<td>REF</td>
</tr>
<tr>
<td>99.</td>
<td>DK</td>
</tr>
</tbody>
</table>

**P3_OTHGLOVEAPPL**

Q5.37a) [What type of glove did you normally wear?]

OTHER, SPECIFY: _________________________________________________
Q5.38) What (other) protective equipment did you normally wear (when you applied pesticides)? Did you wear:
(CHECK ALL THAT APPLY)

0. NONE
1. Goggles
2. Face Shield
3. Disposable Coveralls, like Tyvek
4. Rubber boots
5. Respirator with Cartridge
6. Dust Mask
7. Long-sleeved shirt
91. OTHER
98. REF
99. DK

New indicator variables were created to permit recoding of some of the “Other” responses. See Appendix A for a full list of all indicator variables associated with this question.

**BOX Q5.38a: If “other” not listed, skip to Q5.39.**

P3_OTHPPE_APPL
Q5.38a) [What (other) protective equipment did you normally wear (when you applied pesticides)?]
OTHER, SPECIFY: ____________________________________________

P3_REPAIRAPPLEQ
Q5.39) (Since ^DSP.YearOfLastInterview), in general, on days when pesticides were applied, how often did you stop to readjust or repair your application equipment? Was it:
1. Never
2. Less than half the days
3. Half or more than half the days
4. Always
8. REF
9. DK

SECTION 6. HIGH PESTICIDE EXPOSURE EVENTS

P3_HIEXP
Q6.1) Since ^DSP.YearOfLastInterview, 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?
0. NO (Skip to Section 7)
1. YES (Skip to Section 7)
8. REF (Skip to Section 7)
9. DK (Skip to Section 7)

P3_HECHEM
Q6.2) Regarding the most recent incident, what was the name of the pesticide you were using?
<Display list of reported pesticide names for this applicator>
9999…8. REF (Skip to Q6.3)
9999…9. DK (Skip to Q6.3)

**BOX Q6.2: If “other” not listed, skip to Q6.3.**

P3_HECHEM_OS
Q6.2_OS) [Regarding the most recent incident, what was the name of the pesticide you were using?]
OTHER, SPECIFY: ____________________________________________

26
P3_HECARE
Q6.3) Did this incident result in medical treatment or hospitalization?
  0. NO
  1. YES
  8. REF
  9. DK

SECTION 7. NON-FARM OCCUPATION INFORMATION

P3_JOBOFF
Q7.1) Do you currently have a job other than working on a farm?
  0. NO  (Skip to Section 8)
  1. YES  (Skip to Section 8)
  8. REF  (Skip to Section 8)
  9. DK

P3_JOBNAME
Q7.2) What is your current job other than farming?:

_________________________________
  9999…8. REF
  9999…9. DK

P3_JOBINDUSTRY
Q7.3) What type of business is this job in? (For example: Building/home construction, trucking, grain silo)

_________________________________
  9999…8. REF
  9999…9. DK

P3_JOBYRS
Q7.4) For how many years have you had this job?
  [ENTER 97 FOR LESS THAN 1 YEAR]
  [___]  [Range: 1 to 75]
  97. LESS THAN ONE YEAR
  98. REF
  99. DK

P3_WHNWORK
Q7.5) Is this job year round or seasonal?
  1. YEAR ROUND
  2. SEASONAL
  8. REF
  9. DK

SECTION 8. EXPOSURES AND IMPORTANT CONFOUNDERS

P3_MARITAL
Q8.1) I am now going to ask you some questions about your health and lifestyle. What is your current marital status? Are you:
  1. Single,
  2. Married,
  3. Living As Married,
  4. Divorced or Separated, or
  5. Widowed
  91. OTHER
  98. REF
  99. DK
Q8.2) Our records show that you were living with ^DSP.Spouse_Fullname at the start of the study in ^DSP.Enrollment_Year, is this correct?

0. NO
1. YES
8. REF
9. DK

Q8.3) What was the first year you lived in the same residence?

YEAR: ____________ [Range: 1900 to 2020]

9997. NEVER LIVED TOGETHER (Skip to Q8.4)
9998. REF
9999. DK

Q8.3a) What was the last year you lived in the same residence?

YEAR: ____________ [Range: 1900 to 2020]

9997. STILL TOGETHER
9998. REF
9999. DK

Q8.4) How tall are you? (FEET)

____. FEET [Range: 1 to 9]

98. REF
99. DK

Q8.4a) How tall are you? (INCHES)

____ INCHES [Range: 0 to 11]

98. REF
99. DK

Q8.5) How much do you weigh now?

____ POUNDS [Range: 1 to 996]

998. REF
999. DK

Q8.6) Have you smoked a total of 100 cigarettes or more during your lifetime?

0. NO (Skip to Q8.14)
1. YES
8. REF (Skip to Q8.14)
9. DK (Skip to Q8.14)

Q8.7) Have you ever been a regular smoker, that is have you ever smoked at least 3 cigarettes/week for at least 6 months or more?

0. NO (Skip to Q8.14)
1. YES (Skip to Q8.14)
8. REF (Skip to Q8.14)
9. DK (Skip to Q8.14)
Q8.8) How old were you when you first started smoking cigarettes on a regular basis? By regular basis, I mean 3 cigarettes/week for 6 months or more.

| __ | __ | __ | AGE | [Range: 1 to 85] | (Skip to Q8.9)
| 998. REF
| 999. DK

Q8.8a) What year did you begin smoking?

YEAR: |__|__|__| [Range: 1900 to 2020]
| 9998. REF
| 9999. DK

Q8.9) Do you currently smoke every day, some days or not at all?

1. EVERY DAY (Skip to Q8.11)
2. SOME DAYS (Skip to Q8.11)
3. NOT AT ALL
4. REF (Skip to Q8.11)
5. DK (Skip to Q8.11)

Q8.10) How old were you when you last smoked cigarettes on a regular basis? By regular basis, I mean 3 cigarettes/week for 6 months or more.

| __ | __ | __ | AGE | [Range: 1 to 85] | (Skip to Q8.10b)
| 998. REF
| 999. DK

Q8.10a) What year did you last smoke cigarettes on a regular basis? (IF DK AGE, PROBE FOR YEAR LAST SMOKED.) [IF NECESSARY SAY: By regular basis, I mean 3 cigarettes/week for 6 months or more.]

YEAR: |__|__|__| [Range: 1900 to 2020]
| 9998. REF
| 9999. DK

Q8.10b) When you used to regularly smoke, did you smoke every day or just on some days?

1. EVERY DAY
2. SOME DAYS
3. REF
4. DK

Q8.11) Thinking about all the years that you smoked, about how many cigarettes or packs per day did you usually smoke on days when you smoked? Please tell me whether you are reporting the number of cigarettes per day or the number of packs per day. [IF NEEDED: One pack usually equals 20 cigarettes.]

| __ | __ | __ | [Range: 1 to 120] | (Skip to Q8.12)
| 998. REF
| 999. DK
P3_SMOKUNIT
Q8.11a) [Thinking about all the years that you smoked, about how many cigarettes or packs per day did you usually smoke on days when you smoked? Please tell me whether you are reporting the number of cigarettes per day or the number of packs per day. [IF NEEDED: One pack usually equals 20 cigarettes.]
UNIT:
1. CIGARETTES
2. PACKS

P3_PLUS1YRNOSMOK
Q8.12) Thinking about the years between age (AGE WHEN FIRST STARTED) to (AGE FROM Q8.10/now), was there ever a period of one year or longer during which you did not smoke cigarettes regularly?
0. NO    (Skip to Q8.14)
1. YES    (Skip to Q8.14)
8. REF    (Skip to Q8.14)
9. DK    (Skip to Q8.14)

P3_NOSMOKNUM
Q8.13) During the years between (AGE WHEN FIRST STARTED) and (AGE FROM Q8.7/now), for how many total months or years, did you stop smoking cigarettes?

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|998. REF|   | (Skip to Q8.14)
|999. DK|   | (Skip to Q8.14)

P3_NOSMOKUNIT
Q8.13a) During the years between (AGE WHEN FIRST STARTED) and (AGE FROM Q8.7/now), for how many total months or years, did you stop smoking cigarettes?
1. MONTHS
2. YEARS

P3_ALCYN
Q8.14) Did you drink alcoholic beverages, including beer, wine, and liquor in the past 12 months?
0. NO    (Skip to Q8.17)
1. YES    (Skip to Q8.17)
8. REF    (Skip to Q8.17)
9. DK    (Skip to Q8.17)

P3_ALCFREQ
Q8.14a) (In the past 12 months) how often did you drink alcoholic beverages? Would you say:
1. Daily,
2. Weekly,
3. Monthly    (Skip to Q8.17)
4. Less Than Once a Month    (Skip to Q8.17)
8. REF    (Skip to Q8.17)
9. DK    (Skip to Q8.17)

P3_DRINK_DURWK
Q8.15) During the week, on Monday through Thursday, how many servings, in total, of alcoholic beverages did you drink?

<p>| | | |</p>
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</table>
|98. REF|   | (Skip to Q8.17)
|99. DK|   | (Skip to Q8.17)
P3_DRINK_WKEND
Q8.16) During the weekend, on Friday through Sunday, how many servings, in total, of alcoholic beverages did you drink?

[ ] [ ] [ ]

[Range: 1 to 96]
98. REF
99. DK

P3_HLTHSTATUS
Q8.17) Now I am going to ask you some questions about your health and your access to health care. How would you describe your health in general? Would you say it is . . .

1. Excellent
2. Very Good
3. Good
4. Fair, or
5. Poor
8. REF
9. DK

P3_LASTDRVISIT
Q8.18) About how long has it been since you last saw or talked to a doctor or other health care professional about your health? Would you say . . .

1. Less Than 1 Year
2. 1-3 Years
3. More Than 3 Years, or
4. Never
8. REF
9. DK

P3_HADBONESCAN
Q8.19) Have you ever had a bone scan to measure bone density?

0. NO
1. YES
8. REF
9. DK

P3_HADCOLONCHK
Q8.20) Have you ever had your colon checked by having a colonoscopy or sigmoidoscopy exam? [In this exam a doctor inserts a long flexible lighted tube into your colon to look at it from the inside.]

0. NO
1. YES
8. REF
9. DK
SECTION 9. PHYSICAL ACTIVITY

P3_DAYSVIG
Q9.1) The next few questions are about your physical activity. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do during the day, including on the farm, at any jobs you might have, as part of your house or yard work, and in your spare time for recreation, exercise or sport.

During the past 12 months, on how many days per week did you do vigorous physical activities that take hard physical effort and make you breathe much harder than normal, like heavy lifting, digging, chopping or sawing wood by hand, tossing straw bales, swimming, aerobics, or jogging?

[ ] [Range: 0 to 7] (If 0, skip to Q9.3)
8. REF (Skip to Q9.3)
9. DK (Skip to Q9.3)

P3_TIMEVIG
Q9.2) How much time did you usually spend doing vigorous physical activities on one of those days?

[ ] [Range: 0 to 1440] (If 0, skip to Q9.3)
8. REF (Skip to Q9.3)
9. DK (Skip to Q9.3)

P3_TIMEVIGUNIT
Q9.2a) [How much time did you usually spend doing vigorous physical activities on one of those days?]
1. HOURS
2. MINUTES

P3_DAYSMOD
Q9.3) During the past 12 months, on how many days per week did you do moderate physical activities like fishing or hunting, driving a tractor or other farm equipment, carrying light loads, house work, or gardening? Do not include walking. (other examples: carpentry, painting, feeding farm animals.)

[ ] [Range: 0 to 7] (If 0, skip to Q9.5)
8. REF (Skip to Q9.5)
9. DK (Skip to Q9.5)

P3_TIMEMOD
Q9.4) How much time did you usually spend doing moderate physical activities on one of those days?

[ ] [Range: 0 to 1440] (If 0, skip to Q9.5)
8. REF (Skip to Q9.5)
9. DK (Skip to Q9.5)

P3_TIMEMODUNIT
Q9.4a) [How much time did you usually spend doing moderate physical activities on one of those days?]
1. HOURS
2. MINUTES

P3_DAYSWALK
Q9.5) During the past 12 months, on how many days per week did you walk for at least 10 minutes at a time? This includes walking on the farm, at work and at home, walking to travel from place to place, and any other walking you might do solely for recreation, sport, exercise, or leisure.

[ ] [Range: 0 to 7] (If 0, skip to Q9.7)
8. REF (Skip to Q9.7)
9. DK (Skip to Q9.7)
P3_TIMEWALK
Q9.6) How much time did you usually spend walking on one of those days?

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<tr>
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<th>[Range: 0 to 1440]</th>
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<tr>
<td>8.</td>
<td>REF</td>
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<td>9.</td>
<td>DK</td>
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</table>

(If 0, skip to Q9.7)
(Skip to Q9.7)

P3_TIMEWALKUNIT
Q9.6a) [How much time did you usually spend walking on one of those days?]

1. HOURS
2. MINUTES

P3_TIMESIT
Q9.7) During the past 12 months, how much time did you usually spend sitting on a typical weekday while at work, at home, and during leisure time? This may include time you spent sitting at a desk, reading, riding in a car, or watching television.

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<td>8.</td>
<td>REF</td>
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<td>9.</td>
<td>DK</td>
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(If 0, skip to Section 10)
(Skip to Section 10)

P3_TIMESITUNIT
Q9.7a) [During the past 12 months, how much time did you usually spend sitting on a typical weekday while at work, at home, and during leisure time? This may include time you spent sitting at a desk, reading, or watching television?]

1. HOURS
2. MINUTES

SECTION 10. SUN EXPOSURE

P3_SUNEXPO_HRS
Q10.1) Now I would like to ask you some questions about how you spend your time outdoors. On average, from March to October, how many hours a day do you generally spend outside during daylight hours? Would you say:

1. up to 1 hour,
2. 1-2 hours
3. 3-5 hours
4. 6-10 hours
5. more than 10 hours
6. REF
7. DK

P3_USEDEET
Q10.2) On days when you apply pesticides, do you usually use an insect repellent containing DEET?

0. NO
1. YES
2. DO NOT APPLY PESTICIDES
8. REF
9. DK
SECTION 11. OTHER AGRICULTURAL EXPOSURES

P3_ChildFarman
Q11.1) As a child, how much time did you spend around farm animals (for example, cattle, pigs, or chickens)? Would you say . . .
   1. Never
   2. Less than once a month
   3. Monthly
   4. Weekly, or
   5. Daily
   8. REF
   9. DK

P3_ClnGrainBins
Q11.2) The next couple of questions may not apply to you, but in the past 12 months, how often did you clean grain bins? Would you say...
   1. Never
   2. Less than once a month
   3. Monthly
   4. Weekly, or
   5. Daily
   8. REF
   9. DK

P3_NrmMoldyHayStrw
Q11.3) In the past 12 months, how often did you work with or around moldy hay or straw? Would you say...
   1. Never
   2. Less than once a month
   3. Monthly
   4. Weekly, or
   5. Daily
   8. REF
   9. DK

SECTION 12. CARDIOVASCULAR CONDITIONS

These next questions are about medical conditions that you may have had. Please only report conditions that were diagnosed by a doctor or other health professional.

P3_HBP
Q12.1) Have you ever been diagnosed with high blood pressure or hypertension? [IF FEMALE: Please do not count this condition if it occurred only during pregnancy.]
   0. NO (Skip to Q12.4)
   1. YES
   8. REF (Skip to Q12.4)
   9. DK (Skip to Q12.4)

P3_HBP_Age
Q12.2) How old were you when you were first diagnosed with high blood pressure or hypertension?
   |___|___| AGE [Range: 1 to 120]
   998. REF
   999. DK
P3_HBP_MED
Q12.3) Do you currently take any prescribed medicines for this condition?
   0. NO
   1. YES
   8. REF
   9. DK

P3_ARRYTH
Q12.4) [Have you ever been diagnosed with] an irregular heartbeat (or arrhythmia)?
   0. NO (Skip to Q12.7)
   1. YES (Skip to Q12.7)
   8. REF (Skip to Q12.7)
   9. DK (Skip to Q12.7)

P3_ARRYTH_AGE
Q12.5) How old were you when you were first diagnosed with an irregular heartbeat (or arrhythmia)?
   __ __ __ AGE [Range: 1 to 120]
   998. REF
   999. DK

P3_ARRYTH_MED
Q12.6) Do you currently take any prescribed medicines for this condition?
   0. NO
   1. YES
   8. REF
   9. DK

P3_MI
Q12.7) [Have you ever been diagnosed with] a heart attack (or myocardial infarction)?
   0. NO (Skip to Q12.9)
   1. YES (Skip to Q12.9)
   8. REF (Skip to Q12.9)
   9. DK (Skip to Q12.9)

P3_MI_AGE
Q12.8) How old were you when you were first diagnosed with a heart attack (or myocardial infarction)?
   __ __ __ AGE [Range: 1 to 120]
   998. REF
   999. DK

P3_STROKE
Q12.9) Have you ever had a stroke?
   0. NO (Skip to Section 13)
   1. YES (Skip to Section 13)
   8. REF (Skip to Section 13)
   9. DK (Skip to Section 13)

P3_STROKE_AGE
Q12.10) How old were you when you first had a stroke?
   __ __ __ AGE [Range: 1 to 120]
   998. REF
   999. DK
SECTION 13. RESPIRATORY CONDITIONS

P3_ASTHMA
Q13.1) Have you ever been diagnosed with asthma?
0. NO (Skip to Q13.6)
1. YES (Skip to Q13.6)
8. REF (Skip to Q13.6)
9. DK (Skip to Q13.6)

P3_ASTHMA_AGE
Q13.2) How old were you when you were first diagnosed with asthma?
[___ ___] AGE [Range: 1 to 120]
998. REF
999. DK

P3_ASTHMA_NOW
Q13.3) Do you still have asthma?
0. NO (Skip to Q13.5)
1. YES (Skip to Q13.5)
8. REF (Skip to Q13.5)
9. DK (Skip to Q13.5)

P3_ASTHMA_ENDAGE
Q13.4) At what age did it stop?
[___ ___] AGE [Range: 1 to 120]
998. REF
999. DK

P3_ASTHMA_MED
Q13.5) During the past 12 months, have you taken any medications for asthma including an inhaler?
0. NO
1. YES (Skip to Q13.5)
8. REF (Skip to Q13.5)
9. DK

P3_FARMLUNG
Q13.6) Have you ever been diagnosed with Farmer’s Lung?
0. NO (Skip to Q13.10)
1. YES (Skip to Q13.10)
8. REF (Skip to Q13.10)
9. DK (Skip to Q13.10)

P3_FARMLUNG_AGE
Q13.7) How old were you when you were first diagnosed with Farmer’s Lung?
[___ ___] AGE [Range: 1 to 120]
998. REF
999. DK
P3_FARMLUNG_REPEAT
Q13.8) Have you had Farmer’s Lung more than once?
  0. NO  (Skip to Q13.10)
  1. YES  (Skip to Q13.10)
  8. REF  (Skip to Q13.10)
  9. DK  (Skip to Q13.10)

P3_FARMLUNG_LASTAGE
Q13.9) How old were you when you last had Farmer’s Lung?

|___|___|___| AGE
[Range: 1 to 120]

  998. REF
  999. DK

P3_EMPHYSEMA
Q13.10) [Have you ever been diagnosed with] emphysema?
  0. NO  (Skip to Q13.12)
  1. YES  (Skip to Q13.12)
  8. REF  (Skip to Q13.12)
  9. DK  (Skip to Q13.12)

P3_EMPHYSEMA_AGE
Q13.11) How old were you when you were first diagnosed with emphysema?

|___|___|___| AGE
[Range: 1 to 120]

  998. REF
  999. DK

P3_CHRONBRONCHI
Q13.12) [Have you ever been diagnosed with] chronic bronchitis?
  0. NO  (Skip to Q13.14)
  1. YES  (Skip to Q13.14)
  8. REF  (Skip to Q13.14)
  9. DK  (Skip to Q13.14)

P3_CHRONBRONCHI_AGE
Q13.13) How old were you when you were first diagnosed with chronic bronchitis?

|___|___|___| AGE
[Range: 1 to 120]

  998. REF
  999. DK

P3_COPD
Q13.14) [Have you ever been diagnosed with] chronic obstructive pulmonary disease (COPD)?
  1. YES  (Skip to Section 14)
  2. NO  (Skip to Section 14)
  8. REF  (Skip to Section 14)
  9. DK  (Skip to Section 14)

P3_COPD_AGE
Q13.15) How old were you when you were first diagnosed with chronic obstructive pulmonary disease (COPD)?

|___|___|___| AGE
[Range: 1 to 120]

  998. REF
  999. DK
SECTION 14. DIABETES

P3_Diabetes
Q14.1) Have you ever been diagnosed with diabetes or high blood sugar, (IF FEMALE: other than when pregnant)?
0. NO (Skip to Section 15)
1. YES
8. REF (Skip to Section 15)
9. DK (Skip to Section 15)

P3_Diabetes_Age
Q14.2) How old were you when you were first diagnosed with diabetes or high blood sugar?

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998. REF
999. DK

P3_Diabetes_Med
Q14.3) Do you currently take any prescribed medicines for this condition?
0. NO (Skip to Section 15)
1. YES (Skip to Section 15)
8. REF (Skip to Section 15)
9. DK (Skip to Section 15)

P3_Insulin
Q14.4) Do you currently take insulin?
0. NO
1. YES
8. REF
9. DK

SECTION 15. THYROID CONDITIONS

P3_Thyroid
Q15.1) [Have you ever been diagnosed with] thyroid disease or thyroid problems?
0. NO (Skip to Section 16)
1. YES (Skip to Section 16)
8. REF (Skip to Section 16)
9. DK (Skip to Section 16)

P3_Hyperthy
Q15.2) [Have you ever been diagnosed with] an overactive thyroid (hyperthyroidism)?
0. NO (Skip to Q15.6)
1. YES (Skip to Q15.6)
8. REF (Skip to Q15.6)
9. DK (Skip to Q15.6)

P3_Graves
Q15.3) Was this Graves’ disease or some other type of thyroid condition that caused the overactive thyroid gland?
1. GRAVES
2. OTHER THYROID CONDITION
8. REF
9. DK
P3_HYPERTHY_AGE
Q15.4) How old were you when you were first diagnosed with an overactive thyroid condition?

|___|___|___| AGE [Range: 1 to 120]
998. REF
999. DK

P3_HYPERTHY_MED
Q15.5) Do you currently take any prescribed medicines for this condition?

0. NO
1. YES
8. REF
9. DK

P3_HYPOTHY
Q15.6) [Have you ever been diagnosed with] an **underactive thyroid (hypothyroidism)**?

0. NO (Skip to Box 15.1)
1. YES (Skip to Box 15.1)
8. REF (Skip to Box 15.1)
9. DK (Skip to Box 15.1)

P3_HASHIMOTO
Q15.7) Was this thyroiditis (sometimes called Hashimoto’s thyroiditis) or was this some other type of thyroid condition that caused the underactive thyroid gland?

1. THYROIDITIS
2. OTHER THYROID CONDITION
8. REF
9. DK

P3_HYPERTHY_AGE
Q15.8) How old were you when you were first diagnosed with an underactive thyroid (hypothyroidism)?

|___|___|___| AGE [Range: 1 to 120]
998. REF
999. DK

P3_HYPERTHY_MED
Q15.9) Do you currently take any prescribed medicines for this condition?

0. NO
1. YES
8. REF
9. DK

---

**BOX 15.1: IF Q15.2 AND Q15.6 = DK/REF, SKIP TO Q15.10. ELSE, SKIP TO SECTION 16.**

P3_THYPROB_AGE
Q15.10) How old were you when you were first diagnosed with thyroid disease or thyroid problems?

|___|___|___| AGE [Range: 1 to 120]
998. REF
999. DK

P3_THYPROB_MED
Q15.11) Do you currently take any prescribed medicines for this condition?

0. NO
1. YES
8. REF
9. DK
SECTION 16. NEUROLOGICAL CONDITIONS

P3_PARKINSON
Q16.1) Have you ever been diagnosed with Parkinson’s disease?
  0. NO (Skip to Q16.5)
  1. YES
  8. REF (Skip to Q16.5)
  9. DK (Skip to Q16.5)

P3_PARKINSON_AGE
Q16.2) How old were you when you were first diagnosed with Parkinson’s disease?
  __ __ __ AGE [Range: 1 to 120]
  998. REF
  999. DK

P3_PARKINSON_MED
Q16.3) Do you currently take any prescribed medicines for this condition? For example, sinemet, atamet, L-dopa, Mirapex, pramipexole, requip, ropinirole, permax, or pergolide.
  0. NO (Skip to Q16.5)
  1. YES
  8. REF (Skip to Q16.5)
  9. DK (Skip to Q16.5)

P3_PARKINSON_MED_HELP
Q16.4) Did your symptoms improve after taking medication?
  0. NO
  1. YES
  8. REF
  9. DK

P3_PARK_TREMOR
Q16.5) [Have you ever been diagnosed with] a tremor such as essential, benign or familial tremor? (IF Q16.1 = YES: Please do not include tremor due to Parkinson’s disease.)
  0. NO
  1. YES
  8. REF
  9. DK

P3_ALS
Q16.6) [Have you ever been diagnosed with] ALS (amyotrophic lateral sclerosis), motor neuron disease, or Lou Gehrig’s disease?
  0. NO (Skip to Q16.8)
  1. YES
  8. REF (Skip to Q16.8)
  9. DK (Skip to Q16.8)

P3_ALS_AGE
Q16.7) How old were you when you were first diagnosed with ALS (amyotrophic lateral sclerosis), motor neuron disease, or Lou Gehrig’s disease?
  __ __ __ AGE [Range: 1 to 120]
  998. REF
  999. DK
P3_DEPRESSION
Q16.8) [Have you ever been diagnosed with] depression?
  0. NO (Skip to Section 17)
  1. YES (Skip to Section 17)
  8. REF (Skip to Section 17)
  9. DK (Skip to Section 17)

P3_DEPRESSION_AGE
Q16.9) How old were you when you were first diagnosed with depression?
  [___][___] AGE [Range: 1 to 120]
  998. REF
  999. DK

P3_DEPRESSION_MED
Q16.10) Are you currently taking any prescribed medicines for depression?
  0. NO
  1. YES
  8. REF
  9. DK

SECTION 17. ALLERGIC CONDITIONS

P3_HAYFEVER
Q17.1) Have you ever been diagnosed with hayfever, seasonal allergies, or allergic rhinitis?
  0. NO (Skip to Section 18)
  1. YES (Skip to Section 18)
  8. REF (Skip to Section 18)
  9. DK (Skip to Section 18)

P3_HAYFEVER_AGE
Q17.2) How old were you when you were first diagnosed with hayfever, seasonal allergies, or allergic rhinitis?
  [___][___] AGE [Range: 1 to 120]
  998. REF
  999. DK

P3_HAYFEVER_MED
Q17.3) In the past 12 months, have you taken any prescribed or over-the-counter medicines, including shots, for these allergies?
  0. NO
  1. YES
  8. REF
  9. DK

SECTION 18. INFECTIOUS CONDITIONS

P3_SHINGLES
Q18.1) In this question, just think back to ^DSP.CurrYear-10, the year you had your A\textsuperscript{th} birthday. Since ^DSP.CurrYear-10, have you been diagnosed with shingles?
  0. NO (Skip to Section 19)
  1. YES (Skip to Section 19)
  8. REF (Skip to Section 19)
  9. DK (Skip to Section 19)
P3_SHINGLES_LAST_AGE
Q18.2) How old were you when you last had shingles?

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SECTION 19. AUTOIMMUNE CONDITIONS

P3_MS
Q19.1) Have you ever been diagnosed with multiple sclerosis?
0. NO (Skip to Q19.4)
1. YES
8. REF (Skip to Q19.4)
9. DK (Skip to Q19.4)

P3_MS_AGE
Q19.2) How old were you when you were first diagnosed with multiple sclerosis?

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P3_MS_SPECIALIST
Q19.3) Did you see a neurologist for this condition?
0. NO
1. YES
8. REF (Skip to Q19.4)
9. DK (Skip to Q19.4)

P3_SARCOIDOSIS
Q19.4) [Have you ever been diagnosed with] sarcoidosis?
0. NO (Skip to Q19.6)
1. YES (Skip to Q19.6)
8. REF (Skip to Q19.6)
9. DK (Skip to Q19.6)

P3_SARCOIDOSIS_AGE
Q19.5) How old were you when you were first diagnosed with sarcoidosis?

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P3_LUPUS
Q19.6) [Have you ever been diagnosed with] lupus?
0. NO (Skip to Q19.9)
1. YES (Skip to Q19.9)
8. REF (Skip to Q19.9)
9. DK (Skip to Q19.9)

P3_LUPUS_AGE
Q19.7) How old were you when you were first diagnosed with lupus?

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</table>
P3_LUPUS_SPECIALIST
Q19.8) Did you see a rheumatologist (a physician who specializes in bone, joint, and skin diseases) for this illness?
0. NO
1. YES
8. REF
9. DK

P3_SJOGREN
Q19.9) [Have you ever been diagnosed with] Sjogren’s disease?
0. NO (Skip to Section 20)
1. YES (Skip to Section 20)
8. REF (Skip to Section 20)
9. DK (Skip to Section 20)

P3_SJOGREN_AGE
Q19.10) How old were you when you were first diagnosed with Sjogren’s disease?
|____|____|____| AGE [Range: 1 to 120]
998. REF
999. DK

P3_SJOGREN_SPECIALIST
Q19.11) Did you see a rheumatologist (a physician who specializes in bone, joint, and skin diseases) for this illness?
0. NO
1. YES
8. REF
9. DK

SECTION 20. EYE AND EAR CONDITIONS

P3_MACULAR_DEG
Q20.1) Have you ever been diagnosed with retinal or macular degeneration?
0. NO (Skip to Q20.3)
1. YES (Skip to Q20.3)
8. REF (Skip to Q20.3)
9. DK (Skip to Q20.3)

P3_MACULAR_DEG_AGE
Q20.2) How old were you when you were first diagnosed with retinal or macular degeneration?
|____|____|____| AGE [Range: 1 to 120]
998. REF
999. DK

P3_HEARING_AID
Q20.3) Have you ever been prescribed or fitted for a hearing aid?
0. NO
1. YES
8. REF
9. DK
SECTION 21. HEAD INJURY

P3_INJURY_HEAD_KO
Q21.1) Have you ever had a head injury where you lost consciousness?
   0. NO (Skip to Section 22)
   1. YES (Skip to Section 22)
   8. REF (Skip to Section 22)
   9. DK (Skip to Section 22)

P3_INJURY_KO_AGE
Q21.2) How old were you the first time you lost consciousness from a head injury?
   |__|__|__| AGE [Range: 1 to 120]
   998. REF
   999. DK

SECTION 22. ARTHRITIS AND OSTEOSPOROSIS

P3_OSTEOARTHRITIS
Q22.1) Have you ever been diagnosed with osteoarthritis, the most common type of arthritis?
   0. NO (Skip to Q22.3)
   1. YES (Skip to Q22.3)
   8. REF (Skip to Q22.3)
   9. DK (Skip to Q22.3)

P3_OSTEOARTHRITIS_AGE
Q22.2) How old were you when you were first diagnosed with osteoarthritis?
   |__|__|__| AGE [Range: 1 to 120]
   998. REF
   999. DK

P3_RHEUMATOID
Q22.3) Have you ever been diagnosed specifically with rheumatoid arthritis (an autoimmune disease)?
   0. NO (Skip to Q22.6)
   1. YES (Skip to Q22.6)
   8. REF (Skip to Q22.6)
   9. DK (Skip to Q22.6)

P3_RHEUMATOID_AGE
Q22.4) How old were you when you were first diagnosed with rheumatoid arthritis?
   |__|__|__| AGE [Range: 1 to 120]
   998. REF
   999. DK

P3_RHEUMATOID_MED
Q22.5) Do you currently take any prescribed or over-the-counter medicines for this condition?
   0. NO
   1. YES
   8. REF
   9. DK

P3_OSTEOPOROSIS
Q22.6) Have you ever been diagnosed with osteoporosis, osteopenia, or low bone density?
   0. NO (Skip to Q22.9)
   1. YES (Skip to Q22.9)
   8. REF (Skip to Q22.9)
   9. DK (Skip to Q22.9)
P3_OSTEOPOROSIS_AGE
Q22.7) How old were you when you were first diagnosed with osteoporosis, osteopenia, or low bone density?

[Range: 1 to 120]

998. REF
999. DK

P3_OSTEOPOROSIS_MED
Q22.8) Do you currently take any prescribed medicines for this condition? For example this might include medication such as Fosamax.

0. NO
1. YES
8. REF
9. DK

BOX 22.1: IF R <40 YEARS OF AGE, SKIP TO SECTION 23

P3_PLUS40_HIP
Q22.9) Since the age of 40, have you ever broken your hip?

0. NO
1. YES
8. REF
9. DK

P3_PLUS40_WRIST
Q22.10) Since the age of 40, have you ever broken your wrist?

0. NO
1. YES
8. REF
9. DK

SECTION 23. RESPIRATORY SYMPTOMS
Now I am going to ask you about respiratory symptoms that you may have experienced in the past year.

P3_COUGH_AM
Q23.1) Do you usually cough on waking up, or first thing in the morning?

0. NO
1. YES
8. REF
9. DK

P3_COUGH_PM
Q23.2) Do you usually cough during the rest of the day or at night?

0. NO
1. YES
8. REF
9. DK

BOX 23.1: IF Q23.1 OR Q23.2 = YES (1), ASK Q23.3 AND Q23.4. IF BOTH Q23.1 AND Q23.2 = NO (2), SKIP TO Q23.5
**P3_PASTYRCOUGH_PLUS3MOS**
Q23.3) During the past 12 months, have you had this cough on most days for three months or more?
0. NO
1. YES
8. REF
9. DK

**P3_COUGH_YEARS**
Q23.4) How many years have you had this cough?

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**P3_COUGHPHLEGAM_AM**
Q23.5) Do you usually bring up phlegm on waking up, or first thing in the morning? Don’t count phlegm from your nose as a result of seasonal allergies or colds.
0. NO
1. YES
8. REF
9. DK

**P3_COUGHPHLEGPM_PM**
Q23.6) Do you usually bring up phlegm during the rest of the day or at night? Don’t count phlegm from your nose as a result of seasonal allergies or colds.
0. NO
1. YES
8. REF
9. DK

**BOX 23.2:** IF Q23.5 OR Q23.6 = YES (1), ASK Q23.7 AND Q23.8. IF BOTH Q23.5 AND Q23.6 = NO (2), SKIP TO Q23.9

**P3_PASTYRPHLEGAM_PLUS3MOS**
Q23.7) During the past 12 months, have you brought up phlegm on most days for three months or more?
0. NO
1. YES
8. REF
9. DK

**P3_PHLEGMYEARS**
Q23.8) How many years have you brought up phlegm regularly?

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**P3_PASTYRWHEEZ_V2**
Q23.9) During the past 12 months, about how many days of wheezing or whistling in your chest have you had?
0. NONE (Skip to Q23.11)
1. 1-2
2. 3-6
3. 7-12
4. 13 OR MORE
5. VERSION 1 – 1 OR MORE TIMES, BUT SPECIFIC AMOUNT IS UNDETERMINED (Skip to Q23.11)
7. NA (Skip to Q23.11)
8. REF (Skip to Q23.11)
9. DK (Skip to Q23.11)
P3_PASTYRWHEEZ_NOCOLD
Q23.10. During the past 12 months, have you had this wheezing or whistling in the chest when you did not have a cold?
0. NO
1. YES
8. REF
9. DK

P3_SHORTBREATH
Q23.11. Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill or up a flight of stairs?
0. NO
1. YES
8. REF
9. DK

P3_PASTYRAWAKENED_SHBREATH
Q23.12. During the past 12 months, have you been awakened by shortness of breath, coughing, wheezing, or whistling in your chest?
0. NO (Skip to Q23.14)
1. YES (Skip to Q23.14)
8. REF (Skip to Q23.14)
9. DK (Skip to Q23.14)

P3_AWAKENED_HOWOFT
Q23.13) During the past 12 months, how often have you been awakened in this manner? Would you say..
1. most days or nights
2. a few times a week
3. a few times a month
4. a few times in the past 12 months
5. once in the past 12 months
8. REF
9. DK

P3_PASTYR_INHALER
Q23.14) During the past 12 months, have you used an inhaler to help you breathe?
0. NO
1. YES
8. REF
9. DK

P3_PASTYRTIMES_COLDFLU
Q23.15) How many times within the past 12 months have you had a cold or the flu?
[ ] [ ] [ ] [Range: 1 to 52]
98. REF
99. DK
SECTION 24. NEUROLOGICAL SYMPTOMS
Now, I'd like to ask you about various conditions that you may have experienced in the past year.

**P3_PARK_LEG**
Q24.1) During the past 12 months, have you experienced your arms and legs shaking?  
0.  NO  
1.  YES  
8.  REF  
9.  DK

**P3_PARK_HAND**
Q24.2) Have you noticed your hands shaking or trembling, during the past 12 months?  
0.  NO  
1.  YES  
8.  REF  
9.  DK

**P3_PARK_BALANCE**
Q24.3) Have you experienced difficulty with your balance, during the past 12 months?  
0.  NO  
1.  YES  
8.  REF  
9.  DK

**P3_PARK_WRITE**
Q24.4) Is your handwriting smaller than it once was?  
0.  NO  
1.  YES  
8.  REF  
9.  DK

**P3_PARK_VOICE**
Q24.5) Is your voice softer than it once was?  
0.  NO  
1.  YES  
8.  REF  
9.  DK

**P3_PARK_STEP**
Q24.6) Do your feet shuffle when you walk?  
0.  NO  
1.  YES  
8.  REF  
9.  DK

**P3_PARK_SLOW**
Q24.7) Do you move more slowly than other people your age?  
0.  NO  
1.  YES  
8.  REF  
9.  DK
SECTION 25. PESTICIDE CONDITIONS

P3_PEST_POISON
Q25.1) Have you ever been diagnosed with pesticide poisoning?
   0. NO  (Skip to Section 26)
   1. YES (Skip to Section 26)
   8. REF (Skip to Section 26)
   9. DK  (Skip to Section 26)

P3_PEST_POISON_AGE
Q25.2) How old were you when you were first diagnosed with pesticide poisoning?
   [___ ___] AGE [Range: 1 to 120]
   998. REF
   999. DK

P3_PEST_POISON_HOWMANY
Q25.3) How many times have you been poisoned by pesticides?
   [___ ___] [Range: 1 to 60]
   98. REF
   99. DK

SECTION 26. FAMILY HISTORY OF DISEASE
Now I would like to ask you about diseases some of your family members may have experienced.

P3_FAMHADCA
Q26.1) Has your mother, father, sisters, brothers or children related to you by blood ever had cancer?
   0. NO  (Skip to Q26.3)
   1. YES (Skip to Q26.3)
   8. REF (Skip to Q26.3)
   9. DK  (Skip to Q26.3)
Q26.2) What type(s) of cancer? [MARK ALL THAT APPLY.]
   1. BRAIN  \_P3_FAMCANCER_BRAIN
   2. BREAST \_P3_FAMCANCER_BREAST
   3. COLON OR RECTAL \_P3_FAMCANCER_COLONRECTAL
   4. LEUKEMIA \_P3_FAMCANCER_LEUKEMIA
   5. LYMPHOMA \_P3_FAMCANCER_LYMPHOMA
   6. LUNG \_P3_FAMCANCER_LUNG
   7. MELANOMA OF THE SKIN \_P3_FAMCANCER_MELANOMA
   8. PANCREATIC \_P3_FAMCANCER_PANCREATIC
   9. PROSTATE \_P3_FAMCANCER_PROSTATE
  10. STOMACH \_P3_FAMCANCER_STOMACH
  11. BLADDER \_P3_FAMCANCER_BLADDER
  12. BONE \_P3_FAMCANCER_BONE
  13. CERVICAL \_P3_FAMCANCER_CERVICAL
  14. ESOPHAGUS \_P3_FAMCANCER_ESOPHAGUS
  15. KIDNEY \_P3_FAMCANCER_KIDNEY
  16. LIVER \_P3_FAMCANCER_LIVER
  17. MULTIPLE MYELOMA \_P3_FAMCANCER_MULTIPLEMYELOMA
  18. OVARIAN \_P3_FAMCANCER_OVARIAN
  19. SKIN \_P3_FAMCANCER_SKIN
  20. THYROID \_P3_FAMCANCER_THYROID
  21. UTERINE \_P3_FAMCANCER_UTERINE
  91. OTHER (SPECIFY)

New indicator variables were created to permit recoding of the “Other” responses. See Appendix A for a full list of all indicator variables associated with this question.
P3_FAMASTHMA
Q26.3) Has your mother, father, sisters, brothers or children related to you by blood ever been diagnosed with asthma?
   1. YES
   2. NO
   8. REF
   9. DK

BOX 26.1: MEN, SKIP TO SECTION 27. WOMEN, SKIP TO SECTION 28

SECTION 27. PROSTATE HEALTH CARE

P3_PSACHECKED
Q27.1) Within the past 5 years, have you had your PSA (prostate specific antigen) level checked? PSA is the blood test for prostate cancer.
   0. NO (Skip to CloStat)
   1. YES
   8. REF (Skip to CloStat)
   9. DK (Skip to CloStat)

P3_PSALEVEL
Q27.2) Was your PSA level, normal or above normal the last time it was tested?
   1. NORMAL
   2. ABOVE NORMAL
   8. REF
   9. DK

BOX 27.1: SKIP TO CloStat

SECTION 28. WOMEN’S REPRODUCTIVE HEALTH

P3_LASTMAMMOGRAM
Q28.1) The following questions are about mammograms, your menstrual cycles and reproductive health. When did you have your last mammogram? [ENTER 9997 FOR NEVER HAD]
   YEAR: [Range: 1900 to 2020]
   9997. NEVER HAD (Skip to Q28.2)
   9998. REF (Skip to Q28.2)
   9999. DK (Skip to Q28.2)

P3_NEVERHAD
Q28.1a) What was your age at the time of your last mammogram?
   [ENTER 97 FOR NEVER HAD]
   AGE [Range: 10 to 120]
   997. NEVER HAD
   998. REF
   999. DK

BOX Q28.2: If R known to have gone through menopause, skip to Q28.7, if R ≤ 55, skip to Q28.13.
P3.PREGNANT_TIMES
Q28.2) How many times in your lifetime have you been pregnant? Please include live births and any pregnancies ending in a loss or abortion.

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<td>NEVER</td>
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**BOX 28.1: IF Q28.2 = 0, SKIP TO Q28.4**

P3.LIVE_BIRTHS
Q28.3) How many children (live births) have you given birth to?

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P3.MENSTPERIODS
Q28.4) Do you still have menstrual periods?

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<td>1</td>
<td>YES</td>
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(P) 8. REF (Skip to Q28.7)

(P) 9. DK (Skip to Q28.7)

P3.LMPAGE
Q28.4a) How old were you when you had your last menstrual period?

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P3.MENO_STOP
Q28.5) Did your periods stop because of …

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<tr>
<td>1</td>
<td>natural menopause</td>
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<tr>
<td>2</td>
<td>surgery (a hysterectomy or removal of both your ovaries)</td>
</tr>
<tr>
<td>3</td>
<td>chemotherapy or radiation therapy</td>
</tr>
<tr>
<td>4</td>
<td>other medication, treatment, illness *</td>
</tr>
<tr>
<td>5</td>
<td>perimenopause/birth control/hormone replacement therapy (HRT) *</td>
</tr>
<tr>
<td>6</td>
<td>no menses *</td>
</tr>
<tr>
<td>91</td>
<td>OTHER, SPECIFY</td>
</tr>
<tr>
<td>8</td>
<td>REF</td>
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<tr>
<td>9</td>
<td>DK</td>
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(P) 8. REF (Skip to Q28.7)

(P) 9. DK (Skip to Q28.7)

* Response values 4 through 6 were added during data editing to categorize the responses recorded in question Q28.5a.

P3.MENOOTHSP
Q28.5) Other Meno reason:

OTHER, SPECIFY: ____________________________

(P) 8. REF (Skip to Q28.7)

(P) 9. DK (Skip to Q28.7)

P3.OVREMOVED
Q28.6) Did you have both your ovaries removed?

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<tr>
<td>1</td>
<td>YES</td>
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<td>REF</td>
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(P) 8. REF (Skip to Q28.7)

(P) 9. DK (Skip to Q28.7)
P3_HRT
Q28.7) Have you ever taken Premarin, estrogen, or other hormone replacement therapy, like Provera? Include pills, patches and shots.

0. NO (Skip to Q28.10)
1. YES
8. REF (Skip to Q28.10)
9. DK (Skip to Q28.10)

P3_HRT_AGE
Q28.8) How old were you when you first used hormone replacement therapy?

|__|__|__| AGE [Range: 10 to 120]
998. REF
999. DK

P3_HRT_YRS
Q28.9) How many years altogether have you taken hormone replacement therapy? Not counting the years that you stopped.

[ENTER 97 FOR LESS THAN 1 YEAR]
|__|__| [Range: 1 to 96]
97. LESS THAN ONE YEAR
98. REF
99. DK

P3_RALOXTAMOX
Q28.10) Have you ever taken raloxifene or tamoxifen?

0. NO (Skip to CloStat)
1. YES (Skip to CloStat)
8. REF (Skip to CloStat)
9. DK (Skip to CloStat)

P3_RALOXTAMOX_age
Q28.11) How old were you when you first took it?

|__|__|__| AGE [Range: 10 to 120]
998. REF
999. DK

P3_RALOXTAMOX_NUM
Q28.12) How many months or years altogether have you taken raloxifene or tamoxifen?

|__|__| [Range: 1 to 96]
98. REF (Skip to Box 28.2)
99. DK (Skip to Box 28.2)

P3_RALOXTAMOX_UNIT
Q28.12a) [How many month or years altogether have you taken raloxifene or tamoxifen?]
1. MONTHS
2. YEARS

BOX 28.2: SKIP TO CloStat FOR WOMEN KNOWN TO HAVE GONE THROUGH MENOPAUSE

P3_PREGNANT_TIMES
Q28.13) How many times in your lifetime have you been pregnant? Please include a current pregnancy, live births and any pregnancies ending in a loss or abortion.

|__|__| [Range: 1 to 40]
0. NEVER
98. REF
99. DK
BOX 28.3: IF Q28.13=0, SKIP TO Q28.17

P3_LIVE_BIRTHS
Q28.14) How many children -live births- have you given birth to?
[___] [Range: 1 to 30]
0. NONE
98. REF
99. DK

BOX 28.4: IF Q28.14=0, SKIP TO Q28.17

P3_BABYSINCEJAN1
Q28.15) Have you given birth to a baby since January 1st, ^DSPYearOfLastInterview?
0. NO
1. YES
8. REF
9. DK

P3_PREGNANT_NOW
Q28.16) Are you currently pregnant or breastfeeding?
0. NO
1. YES
8. REF
9. DK

P3_LMP_12MOS
Q28.17) Have you had a menstrual period in the past 12 months?
0. NO
1. YES (Skip to Q28.21)
8. REF (Skip to Q28.21)
9. DK (Skip to Q28.21)

P3_LMPAGE
Q28.18) How old were you when you had your last menstrual period?
[___] [Range: 10 to 96]
98. REF
99. DK

P3_MENO_REASON
Q28.19) Did your periods stop because of …
1. natural menopause (Skip to Q28.21)
2. surgery (a hysterectomy or removal of both your ovaries) (Skip to Q28.20)
3. chemotherapy or radiation therapy (Skip to Q28.21)
4. other medication, treatment, illness *
5. perimenopause/birth control/hormone replacement therapy (HRT) *
6. no menses *
91. OTHER, SPECIFY (Skip to Q28.21)
8. REF (Skip to Q28.21)
9. DK (Skip to Q28.21)

* Response values 4 through 6 were added during data editing to categorize the responses recorded in question Q28.19a.
P3_OTHREASON
Q28.19a) [Did your periods stop because of ]…
OTHER, SPECIFY: ____________________________  (Skip to Q28.21)

P3_OVREMOVED
Q28.20) Did you have both your ovaries removed?
  0. NO
  1. YES
  8. REF
  9. DK

P3_HRT
Q28.21) Have you ever taken Premarin, estrogen, or other hormone replacement therapy, like Provera? Include pills, patches and shots.
  0. NO  (Skip to Q28.24)
  1. YES  (Skip to Q28.24)
  8. REF  (Skip to Q28.24)
  9. DK  (Skip to Q28.24)

P3_HRT_AGE
Q28.22) How old were you when you first used hormone replacement therapy?
  ___ ___ AGE  [Range: 10 to 120]
  998. REF
  999. DK

P3_HRT_YRS
Q28.23) How many years altogether have you taken hormone replacement therapy? Do not include times when you stopped.
  ___ ___ [Range: 1 to 96]
  97. LESS THAN ONE YEAR
  98. REF
  99. DK

P3_RALOXTAMOX
Q28.24) Have you ever taken raloxifene or tamoxifen?
  0. NO  (Skip to Q28.27)
  1. YES  (Skip to Q28.27)
  8. REF  (Skip to Q28.27)
  9. DK  (Skip to Q28.27)

P3_RALOXTAMOX_AGE
Q28.25) At what age did you first use raloxifene or tamoxifen?
  ___ ___ AGE  [Range: 10 to 120]
  998. REF
  999. DK

P3_RALOXTAMOX_NUM
Q28.26) How many months or years altogether have you taken raloxifene or tamoxifen?
  ___ ___ [Range: 1 to 96]
  98. REF  (Skip to Q28.27)
  99. DK  (Skip to Q28.27)
P3_RALOXTAMOX_UNIT
Q28.26a) [How many months or years all together have you taken raloxifene or tamoxifen?]
1. MONTHS
2. YEARS
8. REF
9. DK

P3_BC_PILLS
Q28.27) Have you ever taken birth control pills for any reason?
0. NO (Skip to CloStat)
1. YES (Skip to CloStat)
8. REF (Skip to CloStat)
9. DK (Skip to CloStat)

P3_BC_PILLS_AGE
Q28.28) How old were you when you first took birth control pills?
|__|__|__| AGE [Range: 10 to 120]
998. REF
999. DK

P3_BC_PILLS_YRS
Q28.29) Not counting the times when you stopped, how many years altogether did you take birth control pills?
|__|__| [Range: 1 to 96]
97. LESS THAN ONE YEAR
98. REF
99. DK

Section CLO

CloStat) This concludes the interview. We appreciate your continued participation in the Agricultural Health Study. Thank you for taking the time to talk with me today.
1. CONTINUE (Skip to IntroEND)

IntroEnd1) Okay, then, thank you very much.
1. CONTINUE (Skip to IntroEND)

IntroEnd2) I’m sorry for the confusion. That is all the questions I have for you at this time. Thank you for speaking with me today.
1. CONTINUE

IntroEND) HANG UP
END OF INTERVIEW