

Risk Factors for Cholinesterase Depression among Pesticide Handlers

Survey Instrument
English Version

This is a practice question. Please select the apples and the grapes from the following list. When you have selected these two items, press "continue" to begin the survey.



Apples



Cherries



Grapes



Hops



Pears



Peaches



Apricots



Plums

Quit



Sound off



Back

Read
Again



Don't
know



Don't want
to answer

We would like to start by asking you a few questions about your pesticide handling activities at work.

Each of the following questions is asking about your activities for only the last 30 days.



Sound off



Back

Read
Again



In the last 30 days, did you ever apply pesticides using any of the following equipment? Select all responses that apply, then hit "continue" to go to the next screen.



Tractor-pulled air blast sprayer



Weed sprayer with horizontal arms



Tower sprayer



Backpack sprayer with a hand wand



Applied pesticides using some other method



Did not apply pesticides

Quit



Sound off



Back

Read Again



Don't know



Don't want to answer

**In the last 30 days, did you ever perform any of the following handling activities?
Select all responses that apply, then hit "continue" to go to the next screen.**



Mix pesticides or load pesticides into spray tanks



Repair spray equipment in the shop



Enter a pesticide storage room



Enter a field or orchard that was recently sprayed



Control traffic during a pesticide application



Supervise a pesticide application in the field or orchard



Did not perform any of these handling activities

Quit



Sound off



Back

Read Again



Don't know



Don't want to answer

**In the last 30 days, did you ever perform any of the following cleaning activities?
Select all responses that apply, then hit "continue" to go to the next screen.**



Cleaned spray equipment



Cleaned personal protective equipment



Cleaned a pesticide storage space



Cleaned up after a pesticide spill



Cleaned out pesticide containers



Did not perform any of these cleaning activities

Quit



Sound off



Back

Read Again



Don't know



Don't want to answer

In the last 30 days, which of the following organophosphate or carbamate pesticides did you use? Select all responses that apply, then hit "continue" to go to the next screen.



Lorsban or Dursban / Chlorpyrifos



Guthion / Azinphos-methyl



Sevin / Carbaryl



Imidan / Phosmet



Diazinon



Malathion



Supracide / Methidathion



Monitor / Methamidophos



Vapona / Dichlorvos or DDVP



Cygon or Digon / Dimethoate



Other organophosphate or carbamate pesticide



I am not sure which pesticides I used

Quit



Sound off



Back

Read Again



Don't know



Don't want to answer

We want to know about how you might have been exposed to these specific pesticides. Throughout the rest of the survey, please tell us what you usually do when you are handling these types of pesticides.



Sound off



Back

Read
Again



When was the last time that you handled any of the pesticides that you identified in the last question?

Choose One

- Today
- Yesterday
- 2-7 days ago
- 8-14 days ago
- 15-30 days ago
- More than 30 days ago

Quit



Sound off



Back

Read Again



Don't know



Don't want to answer

**In the last 30 days,
approximately how
many total hours did
you spend handling
these pesticides?**

Choose One

- Less than 10 hours
- 10-19 hours
- 20-29 hours
- 30-39 hours
- 40-49 hours
- 50+ hours

Quit



Sound off



Back

Read
Again



Don't
know



Don't want
to answer

In the last 30 days, which of the following crops did you treat with pesticides?
Select all responses that apply, then hit "continue" to go to the next screen.



Apples



Cherries



Grapes



Hops



Pears



Peaches



Apricots



Plums



Some other crop or
crops



Did not apply pesticides



I do not know which
crops I treated

Quit



Sound off



Back

Read
Again



Don't
know



Don't want
to answer



Next we would like to ask you some questions that are specifically about your activities using an air blast sprayer in the last 30 days.



Quit



Sound off



Back

Read
Again





**Did your tractor have
an enclosed cab?**

Choose One

- No
- Yes

Quit



Sound off



Back

Read
Again



Don't
know



Don't want
to answer



In the last 30 days, did you ever unclog spray nozzles during pesticide applications?

Choose One

- No
- Yes

Quit



Sound off



Back

Read Again



Don't know



Don't want to answer

How did you usually unclog the spray nozzles?



Took off my gloves



Took off my nitrile or chemical-resistant gloves, but wore disposable latex gloves



Wore my nitrile or chemical-resistant gloves

Quit



Sound off



Back

Read Again



Don't know



Don't want to answer



Workers can get exposed to pesticides if they use application equipment, such as a tractor, for other activities before it is washed. In the last 30 days, how often did this happen to you?

Choose One

- Never
- Sometimes
- Often (every day or almost every day)

Quit



Sound off



Back

Read Again



Don't know



Don't want to answer

When you performed mechanical repairs on spray equipment in the shop, did you wear gloves?



No



Yes, I wore disposable gloves



Yes, I wore nitrile or chemical-resistant gloves



Yes, I wore cloth gloves



Yes, I wore leather gloves



Yes, I wore some other type of gloves

Quit



Sound off



Back

Read Again



Don't know



Don't want to answer



In the last 30 days, did you ever do repairs inside a spray tank?

Choose One

- No
- Yes

Quit



Sound off



Back

Read Again



Don't know



Don't want to answer

In the last 30 days, did any pesticides ever get on to your skin, eyes, or mouth?

Choose One

- No
- Yes

Quit



Sound off



Back

Read Again



Don't know



Don't want to answer

In the last 30 days, did you ever handle equipment with your bare hands that was wet from spraying?

Choose One

- No
- Yes

Quit



Sound off



Back

Read Again



Don't know



Don't want to answer

In the last 30 days,
how often did you
spray for more than
eight hours at a time?

Choose One

- Never
- 1-2 times
- 3-4 times
- 5+ times

Quit



Sound off



Back

Read
Again



Don't
know



Don't want
to answer



**In the last 30 days,
how long would it
normally be from the
time that a spray
session ended to the
time when you took a
shower?**

Choose One

- Less than an hour
- 1-2 hours
- 3-4 hours
- 5+ hours
- Usually don't shower until the next morning

Quit



Sound off



Back

Read
Again



Don't
know



Don't want
to answer

In the last 30 days, did you ever handle pesticides at other worksites besides your main place of employment?

Choose One

- No
- Yes

Quit



Sound off



Back

Read Again



Don't know



Don't want to answer



Now we would like to ask you some questions about the type of personal protective equipment that you usually wear when you are handling pesticides. Please select the articles that you wear most often during pesticide applications.



Quit



Sound off



Back

Read
Again



Please select the type of respiratory protection that you usually wear when handling pesticides.



Half-face respirator



Full-face respirator



Powered air purifying
respirator (helmet or
hood)



Other type of respirator



Dust mask



I don't wear a respirator

Quit



Sound off



Back

Read
Again



Don't
know



Don't want
to answer



Have you been fit tested for your respirator in the last 12 months?

Choose One

- No
- Yes
- Don't know

Quit



Sound off



Back

Read Again



Don't know



Don't want to answer



**In the last 30 days,
how often did you
perform respirator seal
checks?**

Choose One

- Never
- Sometimes
- Always
- Don't know what respirator seal check means

Quit



Sound off



Back

Read
Again



Don't
know



Don't want
to answer



When do you change your respirator cartridges?

Choose One

- When it is hard to breathe while wearing the respirator
- When I can smell pesticides while wearing the respirator
- On a regular schedule: every day
- On a regular schedule: every week
- On a regular schedule: once per month
- On a regular schedule: once per year
- Don't know

Quit



Sound off



Back

Read Again



Don't know



Don't want to answer

Please select the type of eye protection that you usually wear when handling pesticides.



Safety glasses



Goggles



Face shield



Other eye protection



I don't wear eye protection

Quit



Sound off



Back

Read Again



Don't know



Don't want to answer

Please select the type of head covering that you usually wear when handling pesticides.



Rain hat



Chemical resistant hood



Baseball cap by itself



Other head covering



I don't wear head covering

Quit



Sound off



Back

Read Again



Don't know



Don't want to answer

Please select the type of gloves that you usually wear when handling pesticides.



Nitrile or chemical-resistant gloves alone



Disposable gloves underneath nitrile or chemical-resistant gloves



Cloth gloves underneath nitrile or chemical-resistant gloves



Leather gloves alone



Cloth gloves alone



Other type of gloves



I don't wear gloves

Quit



Sound off



Back

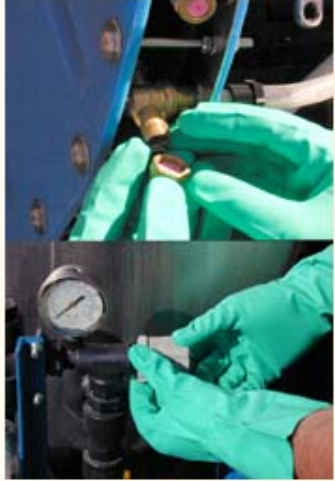
Read Again



Don't know



Don't want to answer



Do you think that your gloves are too thick to do certain handling activities while wearing them?
Examples of these activities include unclogging spray nozzles, adjusting the pressure regulator, or making mechanical repairs to spray equipment.

Choose One

- No
- Yes
- No opinion

Quit



Sound off



Back

Read
Again



Don't
know



Don't want
to answer

Please select the type of footwear that you usually wear when handling pesticides.



Chemical-resistant boots



Leather boots



Other type of boots



I don't wear boots

Quit



Sound off



Back

Read Again



Don't know



Don't want to answer

Please select the protective clothing items that you usually wear when handling pesticides. Select all items that apply, then hit "continue" to go to the next screen.



Chemical-resistant overalls



Chemical-resistant jacket (rain jacket)



Chemical-resistant apron



Chemical-resistant coveralls (Tyvek suit)



Other chemical-resistant clothing



I don't wear chemical-resistant clothing

Quit



Sound off



Back

Read Again



Don't know



Don't want to answer



Please describe the general condition of the personal protective equipment that you wear when handling pesticides.

Equipment with lots of wear and tear should be classified as "poor condition". Equipment that is new or as good as new should be classified as "excellent condition".

Choose One

- Poor
- Fair
- Good
- Excellent

Quit



Sound off



Back

Read
Again



Don't
know



Don't want
to answer

Where do you usually store your personal protective equipment?



At home



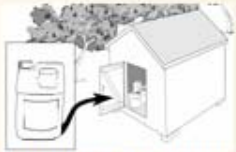
In the car



In a locker at work



In another storage space at work



In a pesticide storage room



Other location

Quit



Sound off



Back

Read Again



Don't know



Don't want to answer



**In the last 30 days,
how often did you
wear a hooded
sweatshirt underneath
your personal
protective equipment
when handling
pesticides?**

Choose One

- Never
- Sometimes
- Always

Quit



Sound off



Back

Read
Again



Don't
know



Don't want
to answer



**In the last 30 days,
how often did you
wear a baseball cap
underneath your
personal protective
equipment when
handling pesticides?**

Choose One

- Never
- Sometimes
- Always

Quit



Sound off



Back

Read
Again



Don't
know



Don't want
to answer



**In the last 30 days,
how often did you
wear a bandana
underneath your
personal protective
equipment when
handling pesticides?**

Choose One

- Never
- Sometimes
- Always

Quit



Sound off



Back

Read
Again



Don't
know



Don't want
to answer

The next few questions ask you about washing your hands after handling pesticides.



Quit



Sound off



Back

Read
Again



In the last 30 days, which of the following hand washing supplies did you usually use after handling pesticides? Select all responses that apply, then hit "continue" to go to the next screen.



Water



Bar soap or liquid soap



Chemical hand sanitizer gel



Hand wipes (disposable moist towelettes)



Shop towels



Cloth towel or rag



Other



I don't wash my hands after handling pesticides

Quit



Sound off



Back

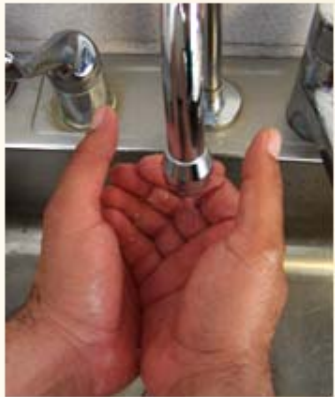
Read Again



Don't know



Don't want to answer



**In the last 30 days,
were you ever unable
to wash your hands at
the end of a spray
session?**

Choose One

- No
- Yes

Quit



Sound off



Back

Read
Again



Don't
know



Don't want
to answer

In the last 30 days, did you ever stop spraying or take a break during a spray session for any of the following reasons? Select all responses that apply, then hit "continue" to go to the next screen.



Drink water or another beverage



Eat



Smoke



Use a cellular phone



Use a two-way radio or walkie-talkie



Urinate in the orchard or field



Use a portable toilet



I never stopped spraying for any of these reasons

Quit



Sound off



Back

Read Again



Don't know



Don't want to answer



**In the last 30 days,
how often were you
able to wash your
hands first before
drinking water or
another beverage
during a spray
session?**

Choose One

- Never
- Sometimes
- Always

Quit



Sound off



Back

Read
Again



Don't
know



Don't want
to answer



**In the last 30 days,
how often were you
able to wash your
hands first before
eating during a spray
session?**

Choose One

- Never
- Sometimes
- Always

Quit



Sound off



Back

Read
Again



Don't
know



Don't want
to answer



**In the last 30 days,
how often were you
able to wash your
hands first before
smoking during a
spray session?**

Choose One

- Never
- Sometimes
- Always

Quit



Sound off



Back

Read
Again



Don't
know



Don't want
to answer



**In the last 30 days,
how often were you
able to wash your
hands first before
using a cellular phone
during a spray
session?**

Choose One

- Never**
- Sometimes**
- Always**

Quit



Sound off



Back

Read
Again



Don't
know



Don't want
to answer



**In the last 30 days,
how often were you
able to wash your
hands first before
using a two-way radio
or walkie-talkie during
a spray session?**

Choose One

- Never
- Sometimes
- Always

Quit



Sound off



Back

Read
Again



Don't
know



Don't want
to answer



**In the last 30 days,
how often were you
able to wash your
hands first before
urinating in the
orchard or field during
a spray session?**

Choose One

- Never
- Sometimes
- Always

Quit



Sound off



Back

Read
Again



Don't
know



Don't want
to answer



**In the last 30 days,
how often were you
able to wash your
hands first before
using a portable toilet
during a spray
session?**

Choose One

- Never
- Sometimes
- Always

Quit



Sound off



Back

Read
Again



Don't
know



Don't want
to answer



In the last 30 days, did you ever wear work clothes that may have been contaminated with pesticides without washing them first? This includes your hat, sweatshirt, or other articles of clothing.

Choose One

- No
- Yes
- Not sure

Quit



Sound off



Back

Read Again



Don't know



Don't want to answer

Now we would like to ask you a few questions about your work experience in agriculture.

 Continue

Quit



Sound off



Back

Read Again



In total, for how many years have you handled pesticides in your work?

Choose One

- One year or less
- 2-3 years
- 4-5 years
- 6-10 years
- 11-15 years
- 16-20 years
- More than 20 years

Quit



Sound off



Back

Read Again



Don't know



Don't want to answer



Do you have an applicator license?

Choose One

- No
- Yes
- Don't know

Quit



Sound off



Back

Read Again



Don't know



Don't want to answer

In the last 12 months,
did you ever receive
training about safe
pesticide handling
procedures from a
licensed pesticide
applicator?

Choose One

- No
- Yes
- Received training, but don't know if trainer was a licensed pesticide applicator

Quit



Sound off



Back

Read
Again



Don't
know



Don't want
to answer

Now we would like to ask you a few questions about your medical history. We will also ask you about other potential risk factors for cholinesterase depression.



Sound off



Back

Read
Again



Do you have a medical history of liver disease such as hepatitis or cirrhosis?

Choose One

- No
- Yes
- Don't know

Quit



Sound off



Back

Read Again



Don't know



Don't want to answer



In the last 30 days,
how often did you take
Tylenol?

Choose One

- Never
- Sometimes
- Often (every day or almost every day)

Quit



Sound off



Back

Read
Again



Don't
know



Don't want
to answer

Do you take medications to treat any of the following conditions? Select all responses that apply, then hit "continue" to go to the next screen.

Choose One or More

- High cholesterol
- Glaucoma
- Myasthenia Gravis
- Tuberculosis
- Alzheimer's Disease
- Malaria
- I take medication for another condition not listed here
- I don't take any medications
- Don't know

Quit



Sound off



Back

Read Again



Don't know



Don't want to answer

How often do you usually drink alcoholic beverages?



Choose One

- Never
- Rarely (less than one day per week on average)
- One day per week
- 2-3 days per week
- 4-6 days per week
- Every day

Quit



Sound off



Back

Read Again



Don't know



Don't want to answer



Do you currently
smoke cigarettes every
day, some days, or not
at all?

Choose One

- Every day
- Some days
- Not at all

Quit



Sound off



Back

Read
Again



Don't
know



Don't want
to answer



**In the last 30 days,
how often did you use
insecticides inside
your home?**

Choose One

- Never
- Sometimes
- Often (every day or almost every day)

Quit



Sound off



Back

Read
Again



Don't
know



Don't want
to answer

In the last 30 days, did you ever experience any health symptoms or illnesses that you think may have been related to exposure to pesticides?

Choose One

- No
- Yes
- Don't know

Quit



Sound off



Back

Read Again



Don't know



Don't want to answer

In the last 30 days, did you ever experience any of the following symptoms or illnesses? Select all responses that apply, then hit "continue" to go to the next screen.



Skin irritation, rash, or dermatitis



Eye irritation



Nose/throat irritation



Blurred vision



Dizziness



Asthma



Wheezing or trouble breathing



Headaches



Nausea or vomiting



Diarrhea



Other symptoms or illnesses



No symptoms or illnesses

Quit



Sound off



Back

Read Again



Don't know



Don't want to answer

How concerned are you about your health being affected by exposure to pesticides?

Choose One

- Not at all concerned
- A little bit concerned
- Very concerned
- I do not have an opinion

Quit



Sound off



Back

Read Again



Don't know



Don't want to answer

Finally, we would like to ask you a few questions about you and your personal background.

 Continue

Quit



Sound off



Back

Read
Again



What year were you born?

- | | | | |
|-----------------------------------|----------------------------|----------------------------|----------------------------------|
| <input type="radio"/> Before 1942 | <input type="radio"/> 1954 | <input type="radio"/> 1967 | <input type="radio"/> 1980 |
| <input type="radio"/> 1942 | <input type="radio"/> 1955 | <input type="radio"/> 1968 | <input type="radio"/> 1981 |
| <input type="radio"/> 1943 | <input type="radio"/> 1956 | <input type="radio"/> 1969 | <input type="radio"/> 1982 |
| <input type="radio"/> 1944 | <input type="radio"/> 1957 | <input type="radio"/> 1970 | <input type="radio"/> 1983 |
| <input type="radio"/> 1945 | <input type="radio"/> 1958 | <input type="radio"/> 1971 | <input type="radio"/> 1984 |
| <input type="radio"/> 1946 | <input type="radio"/> 1959 | <input type="radio"/> 1972 | <input type="radio"/> 1985 |
| <input type="radio"/> 1947 | <input type="radio"/> 1960 | <input type="radio"/> 1973 | <input type="radio"/> 1986 |
| <input type="radio"/> 1948 | <input type="radio"/> 1961 | <input type="radio"/> 1974 | <input type="radio"/> 1987 |
| <input type="radio"/> 1949 | <input type="radio"/> 1962 | <input type="radio"/> 1975 | <input type="radio"/> 1988 |
| <input type="radio"/> 1950 | <input type="radio"/> 1963 | <input type="radio"/> 1976 | <input type="radio"/> 1989 |
| <input type="radio"/> 1951 | <input type="radio"/> 1964 | <input type="radio"/> 1977 | <input type="radio"/> After 1989 |
| <input type="radio"/> 1952 | <input type="radio"/> 1965 | <input type="radio"/> 1978 | |
| <input type="radio"/> 1953 | <input type="radio"/> 1966 | <input type="radio"/> 1979 | |

Quit



Sound off



Back

Read
Again



Don't
know



Don't want
to answer

Are you male or female?

Choose One

- Male
- Female

Quit



Sound off



Back

Read Again



Don't know



Don't want to answer

What is your ethnic or racial background?
Select all responses that apply, then hit "continue" to go to the next screen.

Choose One or More

- Hispanic or Latino
- African-American
- Asian/Pacific Islander
- Caucasian
- Native American
- Other

Quit



Sound off



Back

Read Again



Don't know



Don't want to answer

In general, how would you rate your health?

Choose One

- Poor
- Fair
- Good
- Excellent

Quit



Sound off



Back

Read Again



Don't know



Don't want to answer

Did you go to school in Mexico or in the United States?

Choose One

- In Mexico
- In the United States
- In both Mexico and the United States
- Did not attend school

Quit



Sound off



Back

Read Again



Don't know



Don't want to answer

If you studied in Mexico, what level of education did you complete?

Choose One

- Part of primary school
- Completed primary school
- Completed middle school
- Completed high school
- Completed college or university

Quit



Sound off



Back

Read Again



Don't know



Don't want to answer

If you studied in the United States, what level of education did you complete?

Choose One

- Less than the sixth grade
- Through the sixth grade
- Some high school
- Completed high school
- Completed college or university

Quit



Sound off



Back

Read Again



Don't know



Don't want to answer

How well can you read
in Spanish?

Choose One

- Not at all
- Not very well
- Fairly well
- Very well

Quit



Sound off



Back

Read
Again



Don't
know



Don't want
to answer

How well can you read
in English?

Choose One

- Not at all
- Not very well
- Fairly well
- Very well

Quit



Sound off



Back

Read
Again



Don't
know



Don't want
to answer

Please select the response that best describes where you live:



In town



In the country, away from orchards



In the country, near orchards



Within an orchard or right next to an orchard



Other

Quit



Sound off



Back

Read Again



Don't know



Don't want to answer

You have completed the questionnaire. Thank you very much. Your help is very important to determine the possible causes of cholinesterase depression. If you return for another blood sample, you may be asked to answer this questionnaire again.



Sound off



Back

Read
Again

