

PESTICIDE SAFETY PRACTICES SURVEY – November 2014

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DRAFT



**NATIONAL
AGRICULTURAL
STATISTICS
SERVICE**



Please make corrections to name, address and ZIP Code, if necessary.

We are collecting information on pesticide safety practices and the factors that contribute to them. We need your help to make this information as accurate as possible. Under Title 7 of the U.S. Code and CIPSEA (Public Law 107-347), facts about your operation are kept **confidential** and used only for statistical purposes in combination with similar reports from other producers. Response is **voluntary**.

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SECTION A: THE APPLICATOR

These first few questions are about you.

Year
0100

1. In what year were you born?

[Select gender, if unsure ask:]

2. What is your gender?

0101

- 1 Male
- 2 Female
- 3 DK
- 4 REF

} **[Go to Q4]**

3. **[Does respondent have a beard that extends along the jawline from ear to ear?]**

0102

- 1 Yes
- 3 No
- 2 DK
- 4 N/A

4. Do you consider yourself to be of Hispanic or Latino decent?

0103

- 1 Yes
- 3 No
- 2 DK
- 4 REF

5. Please tell me which one or more of the following categories best describes your race.
(Check all that apply)

0104 American Indian or Alaska Native
0105 Asian
0106 Black or African American
0107 Native Hawaiian or other Pacific Islander
0108 White or Caucasian
0109 DK
0110 REF

6. Do you have a high school or equivalent GED degree?

0111

1 Yes
3 No
2 DK
4 REF

7. Do you have a college degree?

0112

1 Yes
3 No
2 DK
4 REF

8. Do you have a degree or certificate from a trade school, or vocational or technical program?

0113

1 Yes
3 No
2 DK
4 REF

9. Are you currently married?


0114

1 Yes
3 No
2 DK
4 REF

10. Do you have any children under the age of 19?

0115

1 Yes
3 No
2 DK
4 REF

11.  **[SHOWCARD A]** I will read 20 phrases that describe people's behaviors.

Please indicate how accurately each phrase describes **you**, using one of the responses from the card.

Describe yourself as you generally are now, not as you wish to be in the future.

Describe yourself in relation to other people you know, of the same gender, and roughly your age.

	1	2	3	4	5			
	Very Inaccurate	Moderately Inaccurate	Neither Inaccurate nor Accurate	Moderately Accurate	Very Accurate	DK	REF	
a. I am always prepared	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	0116
b. I often forget to put things back in their proper place	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	0117
c. I pay attention to detail	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	0118
d. I make a mess of things	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	0119
e. I get chores done right away	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	0120
f. I leave my belongings around	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	0121
g. I like to have order	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	0122
h. I avoid my responsibilities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	0123
i. I follow a schedule	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	0124
j. I am precise in my work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	0125
k. I enjoy being reckless	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	0126
l. I would never go hang gliding or bungee jumping	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	0127
m. I take risks	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	0128
n. I would never make a high risk investment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	0129
o. I seek danger	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	0130
p. I stick to the rules	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	0131
q. I know how to get around the rules	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	0132
r. I avoid dangerous situations	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	0133
s. I am willing to try anything once	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	0134
t. I seek adventure	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	0135

Pesticides include any fungicide, herbicide, insecticide, rodenticide, growth regulator or fumigant.

12. For about how many years have you **personally** applied chemical pesticides for crop production in your business?

0538 DK
0539 REF

Years
0136

13. Do you currently hold any of the following types of pesticide applicator licenses in the state of Pennsylvania?
(Check all that apply)

- 0137 Private
 0138 Commercial or Public
 0139 Business
 0140 NONE – I don't have a pesticide applicator license in the state of Pennsylvania
 0141 DK
 0142 REF

14. Does a licensed pesticide applicator supervise you when you personally apply pesticides?

- 0143
 1 Yes
 3 No
 2 DK
 4 REF

15. Have you ever experienced any ill effects of pesticide exposure, including even a temporary change in your normal functioning?

- 0144
 1 Yes
 3 No
 2 DK
 4 REF
- } [Go to Q17]

16. Do you continue to have any ill effects from an exposure to pesticide in the past?


- 0145
 1 Yes
 3 No
 2 DK
 4 REF
 5 N/A

17.  [Show pesticide label]

When we first contacted you, you indicated that you recently applied [RSCREEN1], [RSCREEN2], and [RSCREEN3] using a method other than a helicopter, airplane, or enclosed cab vehicle, to produce crops in your business.

Please look at this product label for [RSCREEN4].

Is this the same product of [RSCREEN 4] as the one you recently used?

- 0146
 1 Yes
 3 No
 2 DK
 4 REF
- }  [Add to Reference (R17) & Go to Q18]

18. For approximately how many years have you *personally* applied the same product of [RSCREEN 4]?

- 0540 DK
 0541 REF

Years
0147

SECTION B: THE APPLICATION

The next few questions are about how you last applied [RSCREEN4] using a method *other* than helicopters, airplanes, or enclosed cab vehicles.

19. Which **one** of the following locations most closely resembles the location where you last applied [RSCREEN4]? (Check one)

0148

- 1 On your farm
 2 In your nursery
 3 In your orchard
 4 In your greenhouse
 5 Someplace else – Specify: 0148 _____
 6 DK
 7 REF



[Add to Reference
(R19) & Continue]

20. Did you last apply [RSCREEN4] as a **pre-emergent** to the soil or seeds, or, as a **post-emergent** to crops?

0149?

- 1 Pre-emergent
 2 Post-emergent
 3 Other
 4 DK
 5 REF


21. To which crops, or type of crops, did you last apply [RSCREEN4] [R19]?

[If respondent specifies more than 3, ask:] Which three crops, or type of crops, required the longest application of time?

Specify crop: 0150? _____

Specify crop: 0151? _____

Specify crop: 0152? _____

22.  **[SHOWCARD B]** Please look at this card.

It lists some ways that chemical pesticides may be applied using methods other than airplanes, helicopters, and enclosed cab vehicles.

Which **one** of the following best describes the method you used the last time you applied [RSCREEN4] [R19]?

(Check one)

0153?

- 1 Hand-held sprayer equipment, such as a backpack with a hand-held mist blower sprayer, wand, or gun sprayer, and a hose-end spray gun attached to a tank – **[Go to Q23]**
 2 Vehicle- or horse-mounted/pulled equipment – **[Go to Q25]**
 3 A small-scale granule applicator, such as a belly grinder, drop or rotary spreader, or backpack granule applicator
 4 Dip treatment
 5 Chemigation
 6 No special equipment – such as hands, cups, spoons, shaker cans, or trigger sprayers
 7 Other – Specify: 0154? _____
 8 DK
 9 REF

[Go to Q26]

23. What type of hand-held sprayer equipment was it? (Check one)

0155?

- 1 Manual backpack with a wand or gun sprayer
 2 Motorized backpack with a wand or gun sprayer
 3 Motorized backpack mist blower sprayer
 4 Hose-end spray gun attached to tank
 5 Other – Specify: 0156 _____
 6 DK
 7 REF
 8 N/A

24. At approximately what pressure was the spray applied? Please use PSI, for pounds per square inch

- 0542 DK
 0543 REF
 0544 N/A

PSI
0157

[Go to Q26]

25. What type of equipment was it? (Check one)

0158

- 1 Airblast/Multi-head/Tunnel Recycler/ or Electrostatic Tower
 2 Ground Boom
 3 Broadcast spreader
 4 Wipers
 5 Fogger tank
 6 Fumigant injector
 7 Other – Specify: 0159 _____
 8 DK
 9 REF
 10 N/A

26. Was any part of that most recent application made indoors, such as in a greenhouse, shedhouse or shadehouse?

0160

- 1 Yes
 3 No
 2 DK
 4 REF
 5 N/A

27. At any time during that most recent application, did you apply [RSCREEN4] above your head?

0161

- 1 Yes
 3 No
 2 DK
 4 REF
 5 N/A

CHECKPOINT 1:



SEE REFERENCE TABLE, COLUMN 1. SELECT THE APPLICABLE REQUIREMENTS (AS NECESSARY).

SECTION C1: HEADWEAR

The next few questions are about what you wore the last time you applied [RSCREEN4] [R19].

28. During your **most recent** application of [RSCREEN4] [R19], did you wear something on top of your **head** such as a scarf, baseball cap, hat, hood, or helmet?

0162

1 Yes – [Go to Q30]3 No2 DK4 REF


[Add to Reference (R28_30_33) & Go to Q29]

29. Have you ever worn anything on top of your head when you have applied [RSCREEN4] [R19] in the past?

0163

1 Yes3 No2 DK4 REF5 N/A

[Go to Checkpoint 2]

30.  [SHOWCARD C1] Which **one** of these images most closely resembles what you wore on top of your **head** when you last applied [RSCREEN4] [R19]?

[Read labels to respondent]

0164

1 Bandanna, scarf, or t-shirt – [Go to Checkpoint 2]2 Baseball cap or short-brimmed hat – [Go to Q31]3 Wide-brimmed hat (wide brim all the way around) – [Go to Q31]4 Hood – [Go to Q31]5 Hooded respirator – [Go to Q31]6 Helmet or helmet respirator – [Go to Q31]8 DK9 REF10 N/A

[Go to Checkpoint 2]



[Add to Reference (R28_30_33) & Go to specified question/item]

31. What was the [R28_30_33] made of?

(Check all that apply)

0165 **Breathable** material, such as cotton or nylon0166 **Leather**0167 **Water resistant** material0168 **Waterproof** material0518 NONE OF THE ABOVE0170 DK0171 REF0172 N/A

32. Was the material chemical resistant?

0525

1 Yes3 No2 DK4 REF5 N/A

33. Did you wear a cover over your [R28_30_33]?

0173

1 Yes  [Add to Reference (R28_30_33) & Go to Q34]3 No2 DK4 REF5 N/A

[Go to Q36]

34. What was that cover made of?

(Check all that apply)

- 0526 **Breathable** material, such as cotton or nylon
 0527 **Water resistant** material
 0528 **Waterproof** material
 0519 NONE OF THE ABOVE
 0177 DK
 0178 REF
 0179 N/A

35. Was the material chemical resistant?

0529

- 1 Yes
 3 No
 2 DK
 4 REF
 5 N/A

36. Have you always worn the same [R28_30_33], or type of [R28_30_33], whenever you have applied [RSCREEN4] [R19] in the past?

0180

- 1 Yes
 3 No
 2 DK
 4 REF
 5 N/A

37. Did you wear the [R28_30_33], in part, to help protect your *head* from being exposed to [RSCREEN4]?

0181

- 1 Yes
 3 No
 2 DK
 4 REF
 5 N/A

38. Did anyone advise you to wear the [R28_30_33] for head protection while applying [RSCREEN4]?

0182

- 1 Yes
 3 No
 2 DK
 4 REF
 5 N/A

CHECKPOINT 2:

WAS THE CORRECT HEADWEAR WORN?

NOTE: IF R17 = NO, DK, OR REF, THEN [CORRECT] = DK

0183

- 1 Yes
 3 No
 2 DK
 4 N/A



COMPLETE REFERENCE TABLE COLUMN 3 [CORRECT]

SECTION C2: EYEWEAR

39. During your **most recent** application of [RSCREEN4] [R19], did you wear something over your **eyes** such as glasses, goggles, a face shield, or a full-face respirator?

0184

1 Yes – [Go to Q41]3 No2 DK4 REF

[Add to Reference (R39_41) & Go to Q40]

40. Have you ever worn anything over your eyes, other than prescription glasses or ordinary sun glasses, whenever you have applied [RSCREEN4] [R19] in the past?

0185

1 Yes3 No2 DK4 REF5 N/A

[Go to Checkpoint 3]

41. [SHOWCARD C2] Which of **one** of these images most closely resembles what you wore over your **eyes** when you last applied [RSCREEN4] [R19]?

[Read labels to respondent]

0186

1 Glasses (includes prescription and non-prescription) – [Go to Q42]2 Goggles – [Go to Q44]3 Face shield – [Go to Q46]4 Full-face respirator – [Go to Q46]5 Helmet respirator with face shield – [Go to Q46]6 DK7 REF8 N/A

[Go to Checkpoint 3]



[Add to Reference (R39_41) & Go to specified question/item]

42. [SHOWCARD C2. Point to images of side protection] Did those glasses have side shields near your temples?

0187

1 Yes3 No2 DK4 REF5 N/A

43. [SHOWCARD C2. Point to images of brow protection] Did those glasses have extra shielding on top of the lenses near your forehead?

0188

1 Yes3 No2 DK4 REF5 N/A

[Go to Q46]

44. [SHOWCARD C2. Point to the image of the goggles with shields] Did those goggles have vents or holes for airflow, that were not shielded?

0189

1 Yes3 No2 DK4 REF5 N/A

45. Did they have a foam inner lining where they rest against your face?

0190

- 1 Yes
 3 No
 2 DK
 4 REF
 5 N/A

46. Have you always worn the same [R39_41], or type of [R39_41], whenever have you applied [RSCREEN4] [R19] in the past?

0191

- 1 Yes
 3 No
 2 DK
 4 REF
 5 N/A

47. Did you wear the [R39_41], in part, to help protect your eyes from being exposed to [RSCREEN4]?

0192

- 1 Yes
 3 No
 2 DK
 4 REF
 5 N/A

48. Did anyone advise you to wear the [R39_41] for eye protection while applying [RSCREEN4]?

0193

- 1 Yes
 3 No
 2 DK
 4 REF
 5 N/A

CHECKPOINT 3:

WAS THE CORRECT EYEWEAR WORN?

NOTE: IF R17 = NO, DK, OR REF, THEN [CORRECT] = DK


0194

- 1 Yes
 3 No
 2 DK
 4 N/A



COMPLETE REFERENCE TABLE COLUMN 3 [CORRECT]

SECTION C3: CLOTHING

49.  **[SHOWCARD C3]** Please select the images that most closely resemble the **outer layer** of clothing you wore when you last applied [RSCREEN4] [R19].

[Read labels to respondent]

0195

- 1 Short sleeved shirt
 2 Long sleeved shirt
 3 Shorts or short pants
 4 Long pants
 5 Jacket
 6 Coveralls
 7 Set of jacket and pants
 8 NONE
 9 DK
 10 REF

[Go to Q50]

[Go to Checkpoint 4]



**[Add to Reference
(R49_56_57) & Go to
the specified
question/item]**

50. What were/was the [R49_56_57] made from?
(Check all that apply)

- 0196 **Breathable** materials, such as cotton or nylon
 0197 **Leather**
 0198 **Water- or liquid-proof** materials
 0520 NONE OF THE ABOVE
 0200 DK
 0201 REF
 0202 N/A

51. Was/were the material(s) chemical resistant?
0530

- 1 Yes
 3 No
 2 DK
 4 REF
 5 N/A

52. After you finished applying [RSCREEN4], did you change out of your [R49_56_57] before entering your home?
0203

- 1 Yes
 3 No
 2 DK
 4 REF
 5 N/A

53. Have you reworn the same [R49_56_57] after wearing them to apply [RSCREEN4] [R19]?
0204

- 1 Yes
 3 No
 2 DK
 4 REF
 5 N/A

[Go to Q56]

54. Did you wash the [R49_56_57] before wearing them again?
0205

- 1 Yes
 3 No
 2 DK
 4 REF
 5 N/A

[Go to Q56]

55. Did you wash the [R49_56_57] with any personal or family laundry?

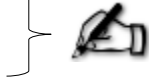
0206

- 1 Yes
 3 No
 2 DK
 4 REF
 5 N/A


56. Excluding underwear, did you wear other clothing **underneath** the [R49_56_57]?

0207

- 1 Yes – **[Go to Q57]**
 3 No
 2 DK
 4 REF
 5 N/A



[Add to Reference (R49_56_57) & Go to Q60]

57.  **[SHOWCARD C3]** Please select the images that most closely resemble the clothing that you wore **underneath** your [R49_56_57] when you last applied [RSCREEN4] [R19].
 (Check all that apply)

- 0208 Short-sleeved shirt
 0209 Long sleeved shirt
 0210 Shorts or short pants
 0211 Long pants
 0212 Jacket
 0213 Coveralls
 0214 Set of jacket and pants
 0215 DK
 0216 REF
 0217 N/A



[Add to Reference (R49_56_57) & Go to Q58]

[Go to Q58]

58. What was the clothing you wore underneath made from?
 (Check all that apply)

- 0196 **Breathable** materials, such as cotton or nylon
 0197 **Leather**
 0198 **Water- or liquid-proof** materials
 0520 NONE OF THE ABOVE
 0200 DK
 0201 REF
 0202 N/A

59. Was/were the material(s) chemical resistant?

0531

- 1 Yes
 3 No
 2 DK
 4 REF
 5 N/A

60. Have you always worn the same [R49_56_57], or type of [R49_56_57], whenever you have applied [RSCREEN4] [R19] in the past?

0218

- 1 Yes
 3 No
 2 DK
 4 REF
 5 N/A

61. Did you wear the [R49_56_57], in part, to help protect you from being exposed to [RSCREEN4]?

0219

- 1 Yes
 3 No
 2 DK
 4 REF
 5 N/A

62. Did anyone advise you to wear the [R49_56_57] for protection while applying [RSCREEN4]?

0220

- 1 Yes
 3 No
 2 DK
 4 REF
 5 N/A

CHECKPOINT 4:

WAS THE CORRECT CLOTHING WORN?

NOTE: IF R17 = NO, DK, OR REF, THEN [CORRECT] = DK


0221

- 1 Yes
 3 No
 2 DK
 4 N/A



COMPLETE REFERENCE TABLE COLUMN 3 [CORRECT]

SECTION C4: FOOTWEAR

63.  **[SHOWCARD C4]** Which one of these images most closely resembles what you wore on your **feet** when you last applied [RSCREEN4] [R19]?

[Read labels to respondent]

0222

- 1 Sandals, or other open-toe or open-heel shoes – **[Go to Q64]**
 2 Closed-toe and closed-heel shoes or overshoes – **[Go to Q65]**
 3 Boots or overboots – **[Go to Q65]**
 4 NONE
 5 DK
 6 REF

[Go to Q64]



[Add to Reference (R63_70) & Go to the specified question]

64. Have you ever worn any closed-toe and closed heel-shoes, or boots whenever you have applied [RSCREEN4] [R19] in the past?

0223

- 1 Yes
 3 No
 2 DK
 4 REF
 5 N/A

[Go to Checkpoint 5]

65. Did you wear socks?

0224

- 1 Yes
 3 No
 2 DK
 4 REF
 5 N/A

66. Were the [R63_70] made of ...?

(Check all that apply)

- 0225 **Breathable** material, such as cotton or nylon
 0226 **Leather**
 0227 **Waterproof** material
 0521 NONE OF THE ABOVE
 0229 DK
 0230 REF
 0231 N/A

67. Was/were the material(s) chemical resistant?

0532

- 1 Yes
 3 No
 2 DK
 4 REF
 5 N/A

68. After you finished applying [RSCREEN4], did you take off your [R63_70] before entering your home?

0232

- 1 Yes – **[Go to Q70]**
 3 No
 2 DK
 4 REF
 5 N/A

[Go to Q69]

69. Did you wash the [R63_70] before wearing them in your home?


0233

- 1 Yes
 3 No
 2 DK
 4 REF
 5 N/A

70.  **[SHOWCARD C4. Point to images of shoe/boot covers]** Did you wear covers **over** your [R63_70]?

[Read labels to respondent]

0234

- 1 Yes }  **[Add to Reference (R63_70) & Go to Q71]**
 3 No }
 2 DK } **Go to Q73**
 4 REF }
 5 N/A }

71. What were those covers made of?

(Check all that apply)

- 0225 **Breathable** material, such as cotton or nylon
 0235 **Waterproof** material
 0522 NONE OF THE ABOVE
 0237 DK
 0238 REF
 0239 N/A

72. Was the material chemical resistant?

0533

- 1 Yes
 3 No
 2 DK
 4 REF
 5 N/A

73. Have you always worn the same [R63_70], or type of [R63_70], while applying [RSCREEN4] [R19]?

0468

- 1 Yes
 3 No
 2 DK
 4 REF
 5 N/A

74. Did you wear the [R63_70], in part, to help protect your *feet* from being exposed to [RSCREEN4]?

0469

- 1 Yes
 3 No
 2 DK
 4 REF
 5 N/A

75. Did anyone advise you to wear the [R63_70] for foot protection while applying [RSCREEN4]?

0470


- 1 Yes
 3 No
 2 DK
 4 REF
 5 N/A

CHECKPOINT 5:

WAS THE CORRECT FOOTWEAR WORN?

NOTE: IF R17 = NO, DK, OR REF, THEN [CORRECT] = DK

0471

- 1 Yes }  **COMPLETE REFERENCE TABLE COLUMN 3 [CORRECT]**
 3 No }
 2 DK }
 4 N/A }

76. During your **most recent** application of [RSCREEN4] [R19], did you wear gloves?

0240

1 Yes – **[Go to Q78]**

3 No

2 DK

4 REF

[Go to Q77]



[Add to Reference (R76) & Go to specified question]

77. Have you ever worn gloves whenever you have applied [RSCREEN4] [R19] in the past?

0241

1 Yes

3 No

2 DK

4 REF

5 N/A

[Go to Checkpoint 7a]

78. Did you wear more than one glove at a time on either hand when you last applied [RSCREEN4] [R19]?

0242

1 Yes

3 No

2 DK

4 REF

5 N/A



[Add to Reference (R78) & Go to Q79]

79. **[If R78=YES, refer to the “outer gloves,” otherwise refer to the “gloves”]** What color were your (outer) gloves?

Color
0243

0472 DK

0473 REF

0474 N/A

80. **[If R78=YES, refer to the “outer gloves,” otherwise refer to the “gloves”]** What were the (outer) gloves made of? (Check all that apply)

0244 **Breathable** material, such as cotton or nylon

0245 **Leather**

0246 **Rubber** material

0247 **Plastic** material

0248 **Waterproof** material

0523 NONE OF THE ABOVE

0249 DK

0250 REF

0251 N/A

81. **[If R78=YES, refer to the “outer gloves,” otherwise refer to the “gloves”]** Were the (outer) gloves made of a **chemical resistant** material?

0252

1 Yes – **[Go to Q82]**

3 No

2 DK


4 REF

5 N/A

[Go to Q84]



[Add to Reference (R81) & Go to specified question]

82.  **[SHOWCARD C5.1]** Please look at this card. It lists some chemical resistant materials for gloves.

[If R78=YES, refer to the “outer gloves,” otherwise refer to the “gloves”] Do you know which type of chemical resistant material the (outer) gloves were made of, or not?

0253

1 Yes – KNOW THE TYPE OF MATERIAL – **[Go to Q83]**

3 No – DO NOT KNOW THE TYPE OF MATERIAL

4 REF

5 N/A

[Go to Q84]

83.  [SHOWCARD C5.1]

[If R78=YES, refer to the “outer gloves,” otherwise refer to the “gloves”] What kind of **chemical resistant** material were the (outer) gloves made of? (Check one)

0254

- 1 Nitrile rubber
 2 Neoprene rubber
 3 Butyl rubber
 4 Polyvinyl chloride (PVC) rubber
 5 Natural latex rubber
 6 Viton rubber
 7 Polyethylene
 8 Barrier laminate
 9 Other – Specify: 0255 _____
 10 DK
 11 REF
 12 N/A

Gloves come in different lengths.

84.  [SHOWCARD C5].

[If R78=YES, refer to the “outer gloves,” otherwise refer to the “gloves”] Did your (outer) gloves stop at about the wrist or extend past the wrist at least two inches?

0256

- 1 Stop at about the wrist
 2 Extend at least 2 inches past the wrist
 3 DK
 4 REF
 5 N/A

85. **[Provide glove swatches].** These materials range in thickness from smallest to largest. Please feel each one.

[If R78=YES, refer to the “outer gloves,” otherwise refer to the “gloves”] Which **one** most closely resembles the thickness of the (outer) gloves? (Check one)

0257

- 1 4
 2 8
 3 12
 4 15
 5 22
 6 DK
 7 REF
 8 N/A

86. **[If R78=YES, refer to the “outer gloves,” otherwise refer to the “gloves”]** Did your (outer) gloves have a non-removable inner lining made of an absorbent material, such as cotton, flock, or jersey?

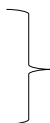
0258

- 1 Yes
 3 No
 2 DK
 4 REF
 5 N/A

87. **[If R78=YES, refer to the “outer gloves,” otherwise refer to the “gloves”]** Have you ever reused the same pair of (outer) gloves to apply [RSCREEN4] on a different day?

0259

- 1 Yes
 3 No
 2 DK
 4 REF
 5 N/A



[Add to Reference (R87) & Go to Checkpoint 6]

CHECKPOINT 6:

WHAT IS R78?

YES

NO/DK/REF

GO TO Q88

GO TO Q97

Color
0260

88. What color were the inner gloves?

- 0475 DK
- 0476 REF
- 0477 N/A

89. What were the inner gloves made of?
(Check all that apply)

- 0261 **Breathable material**, such as cotton or nylon
- 0262 **Leather**
- 0263 **Rubber** material
- 0264 **Plastic** material
- 0265 **Waterproof** material
- 0524 NONE OF THE ABOVE
- 0267 DK
- 0268 REF
- 0269 N/A

90. Were the inner gloves made of a **chemical resistant** material?

0534

- 1 Yes – **[Go to Q91]**
- 3 No
- 2 DK
- 4 REF
- 5 N/A

[Go to Q93]



[Add to Reference (R90) & Go to specified question]

91. **[SHOWCARD C5.1]** Please look at this card. It lists some chemical resistant materials for gloves.

Do you know which type of chemical resistant material the inner gloves were made of, or not?

0535

- 1 Yes – **KNOW THE TYPE OF MATERIAL** – **[Go to Q92]**
- 3 No – **DO NOT KNOW THE TYPE OF MATERIAL**
- 4 REF
- 5 N/A

[Go to Q93]

92.  **[SHOWCARD C5.1]**

What kind of **chemical resistant** material were the inner gloves made of? (Check one)

0536

- 1 Nitrile rubber
 2 Neoprene rubber
 3 Butyl rubber
 4 Polyvinyl chloride (PVC) rubber
 5 Natural latex rubber
 6 Viton rubber
 7 Polyethylene
 8 Barrier laminate
 9 Other – Specify: 0537 _____
 10 DK
 11 REF
 12 N/A

93.  **[SHOWCARD C5]** Did your inner gloves stop about at the wrist or extend past the wrist at least two inches?

0270

- 1 Stop at about the wrist
 2 Extend at least 2 inches past the wrist
 3 DK
 4 REF
 5 N/A

94. **[Provide glove swatches]** Please feel each material. They range in thickness from smallest to largest. Which **one** most closely resembles the thickness of your inner gloves? (Check one)

0271

- 1 4
 2 8
 3 12
 4 15
 5 22
 6 DK
 7 REF
 8 N/A

95. Did the inner gloves have a non-removable inner lining made of an absorbent material, such as cotton, flock, or jersey?

0272

- 1 Yes
 3 No
 2 DK
 4 REF
 5 N/A

96. Have you ever reused the same pair of the inner gloves to apply [RSCREEN4] on a different day?

0273

- 1 Yes
 3 No
 2 DK
 4 REF
 5 N/A

97. **[If R78=YES, refer to “2 pair of gloves,” otherwise refer to the “gloves”]** Have you always worn the same (2 pairs of) gloves, or type of gloves, whenever you have applied [RSCREEN4] [R19] in the past?

0274

- 1 Yes
 3 No
 2 DK
 4 REF
 5 N/A

98. Did you wear the gloves, in part, to help protect your *hands* from being exposed to [RSCREEN4]?

0275

- 1 Yes
- 3 No
- 2 DK
- 4 REF
- 5 N/A

99. Did anyone advise you to wear the gloves to protect your *hands* while applying [RSCREEN4]?

0276

- 1 Yes
- 3 No
- 2 DK
- 4 REF
- 5 N/A

CHECKPOINT 7a:

WERE EITHER OF THE OUTER **OR** INNER GLOVES CORRECT?

NOTE: IF R17 = NO, DK, OR REF, THEN [CORRECT] = DK

0277

- 1 Yes
- 3 No
- 2 DK
- 4 N/A



COMPLETE REFERENCE TABLE COLUMN 3 [CORRECT]

CHECKPOINT 7b:

WERE EITHER OF THE OUTER OR INNER GLOVES CORRECT?

NO/DK/NA

YES

GO TO Q105

WHAT IS R78?

YES/DK/REF

NO

GO TO Q105

WHAT IS R81?

NO/DK/REF

YES

GO TO Q105

1.

3.

2.

5.

4.

100. Do you always inspect your used gloves before applying [RSCREEN4], for all signs of damage and wear, including small tears, subtle changes in material texture and coloring, and pin holes?


0278

- 1 Yes – [Go to Q105]
 3 No
 2 DK
 4 REF
 5 N/A
- } [Go to Q101]

101. True or false. It is not necessary to inspect your gloves for all signs of damage and wear each time, before reusing them to apply [RSCREEN4]?

0279

- 1 True
 2 False
 3 DK
 4 REF
 5 N/A


102.  [SHOWCARD C5.2]. Please look at this card. [Point to item 1 on the card]

I will read you a list of issues.

Please indicate yes or no for each, if it has ever **prevented you** from inspecting your gloves properly for all signs of damage and wear, each time, before reusing them to apply [RSCREEN4].

		YES	NO	DK	REF	
a.	Thinking you are so careful, that your gloves will never get damaged or worn	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0280
b.	Thinking it is better to wear worn or damaged gloves, than no gloves at all	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0281
c.	Thinking other growers do not inspect their gloves properly before reusing them	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0282
d.	Being too much in a hurry	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0283
e.	Being forgetful	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0284
f.	Is there any other issue that prevented you from inspecting your gloves properly before reusing them? Specify: 0285 _____	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0286

0478 N/A

103.  [SHOWCARD C5.2] Please look at this card. [Point to item 2 on the card]

I will read you four factors.

Please indicate yes or no for each, if it may **cause you** to start **inspecting** your gloves properly for all signs of damage and wear, each time, before reusing them to apply [RSCREEN4].

		YES	NO	DK	REF	
a.	Learning that gloves, with only minor damage or wear, can allow pesticides to get on your skin	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0287
b.	Learning that pesticides which get on your skin can potentially harm your health	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0288
c.	Learning that the pesticide residues which get on your skin can be transferred to your family	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0289
d.	Learning that other growers inspect their gloves properly before reusing them	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0290

0479 N/A

104. Is there anything else that might cause you to start inspecting your gloves properly for all signs of damage and wear, each time, before using them to apply [RSCREEN4]?

0291

1 Yes – Specify: 0292 _____

3 No

2 DK

4 REF

5 N/A

SECTION C6: RESPIRATORS

105. During your **most recent** application of [RSCREEN4] [R19], did you wear something to cover your **mouth and nose** such as a scarf, mask, or respirator?


0293

1 Yes – **[Go to Q107]**3 No2 DK4 REF} **[Go to Q106]**} **[Add to Reference (R105_107) & Go to specified question]**

106. Have you ever worn anything to cover your mouth and nose whenever you have applied [RSCREEN4] [R19] in the past?

0294

1 Yes3 No2 DK4 REF5 N/A} **[Go to Checkpoint 8a]**

107.  **[SHOWCARD C6a]** Which **one** of these images most closely resembles what you wore over your mouth and nose when you last applied [RSCREEN4] [R19]? (Check one)

0295

1 Piece of cloth, such as a bandanna – **[Go to Checkpoint 8a]**2 Filtering facepiece respirator3 Air-purifying respirator (non-powered)4 Powered air-purifying respirator (PAPR)5 Supplied air respirator (SAR)6 Self-contained breathing apparatus (SCBA)7 DK8 REF9 N/A} **[Go to Q108]**} **[Go to Checkpoint 8a]**} **[Add to Reference (R105_107) & Go to specified question/item]**

108. NIOSH is the National Institute for Occupational Safety and Health. Was your respirator NIOSH approved?

0296

1 Yes3 No2 DK4 REF5 N/A

109.  **[SHOWCARD C6b]** Please look at this card.

There are two main types of filters, cartridges, and canisters called particulate and organic vapor.


They may be used separately or in combination with each other.

[Point to the images for particulate, organic vapor, and particulate + organic vapor]

Do you know which main type of filter, cartridge, or canister you used, or not?


0297

1 Yes – I KNOW3 No – I DON'T KNOW2 REF4 N/A} **[Go to Q112]**

110.  **[SHOWCARD C6b]** What was the main type of filter, cartridge, or canister, you used?
[Read each category and point to each on the cards]

0298

1 A particulate – **[Go to Q111]**2 An organic vapor – **[Go to Q112]**3 A combination of particulate and organic vapor – **[Go to Q111]**4 Other – Specify: 0299 _____5 DK6 REF7 N/A} **[Go to Q112]**

111.  **[SHOWCARD C6b]** There are different types of particulate filters. What type did you use?

[Read each category while pointing to each image]

0300

- 1 An N series
 2 An R or P series
 3 An HE (high efficiency) or HEPA
 4 None of the above
 5 DK
 6 REF
 7 N/A

112. What color were the filters, cartridges, or canisters you used?

[If the respondent specifies more than three, ask:] Which three colors were the most obvious?

Specify: 0301 _____

Specify: 0302 _____

Specify: 0303 _____

- 0480 DK
 0481 REF
 0482 N/A

113. Have you always worn the same respirator, or type of respirator, including the filters whenever you have applied [RSCREEN4] [R19] in the past?

0304

- 1 Yes
 3 No
 2 DK
 4 REF
 5 N/A

114. Did you wear the respirator, in part, to help protect you from breathing in [RSCREEN4]?

0305

- 1 Yes
 3 No
 2 DK
 4 REF
 5 N/A

115. Did anyone advise you to wear this type of respirator and filter for your protection while applying [RSCREEN4]?

0306

- 1 Yes
 3 No
 2 DK
 4 REF
 5 N/A

CHECKPOINT 8a:

WAS THE CORRECT RESPIRATOR/FILTER WORN?

NOTE: IF R17 = NO, DK, OR REF, THEN [CORRECT] = DK

0307

- 1 Yes
 3 No
 2 DK
 4 N/A



COMPLETE REFERENCE TABLE COLUMN 3 [CORRECT]

CHECKPOINT 8b:

**WAS EITHER A FILTERING FACEPIECE RESPIRATOR OR
AN AIR-PURIFYING RESPIRATOR (NON-POWERED) SELECTED IN R105_107?**

YES

NO

GO TO Q116

GO TO Q125

116. Prior to using your [R105_107] for your most recent application of [RSCREEN4], did a health care professional ever determine it was safe for you to wear a respirator?

0308

- 1 Yes
3 No
2 DK
4 REF
5 N/A

117. **[If Male:]** Have you ever worn your [R105_107], or same type of [R105_107], over a beard?

0309

- 1 Yes
3 No
2 DK
4 REF
5 N/A – Female respondent
6 N/A

118. Did **you personally** check whether your [R105_107] sealed tightly to your face with no air leaks before you wore it that last time you applied [RSCREEN4]?

0310

- 1 Yes
3 No
2 DK
4 REF
5 N/A
- } **[Go to Q120]**

119. Did your [R105_107] seal tightly to your face with no air leaks?

0311

- 1 Yes
3 No
2 DK
4 REF
5 N/A

120. Did **someone else** ever test to see whether your [R105_107], or same type of [R105_107], fit you properly -- sealing tightly to your face with no air leaks, even while you made basic movements?


0312

- 1 Yes – **[Go to Q125]**
3 No – **[Go to Q121]**
2 DK
4 REF
5 N/A
- } **[Go to Q125]**

121. True or False. Before using your tight-fitting respirator, it is important to be tested by someone else to assure it seals tightly to the face with no air leaks.

0313

- 1 True
 2 False
 3 DK
 4 REF
 5 N/A


122.  **[SHOWCARD C6.1].** Please look at this card. **[Point to item 1 on the card]**

I will read you a list of issues

Please indicate yes or no for each, if it **prevented you** from ever being tested by someone else to see if the type of respirator you wore fit you properly.

		YES	NO	DK	REF	
a.	Thinking it is better to wear a respirator that leaks than to not wear one at all	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0314
b.	Thinking other growers are not being tested to see if their respirators fit them properly	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0315
c.	Being unsure how to get tested to see if your respirator fits you properly	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0316
d.	Is there any other issue that prevented you from being tested to see if the type of respirator you wore fits you properly? Specify: 0317 _____	1 <input type="checkbox"/> 1 <input type="checkbox"/>	3 <input type="checkbox"/> 3 <input type="checkbox"/>	2 <input type="checkbox"/> 2 <input type="checkbox"/>	4 <input type="checkbox"/> 4 <input type="checkbox"/>	0318

0483 N/A

123.  **[SHOWCARD C6.1. Point to item 2 on the card]**

I will read you three factors. Please indicate yes or no for each, if it would **cause you** to get tested to assure that your respirator fits you properly before you use it to apply [RSCREEN4]

		YES	NO	DK	REF	
a.	Learning that respirators which don't fit properly, can leak while making only basic movements	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0319
b.	Learning that wearing a respirator with, even very small air leaks, can be harmful to your health	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0320
c.	Learning that other growers get tested to see if their respirators fit them properly before using them	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0321

0484 N/A

124. Is there anything else that might **cause you** to get **tested** to see if your respirator fits you properly before using it to apply [RSCREEN4]?

0322

1 Yes – Specify: 0323 _____

- 3 No
 2 DK
 4 REF
 5 N/A

SECTION D: LABEL

These next questions are about pesticide labels.

125. Have you ever read the label for the information on personal protective equipment and clothing to wear from the same product of [RSCREEN4] that you recently applied?

0324

1 Yes – [Go to Q132]3 No2 DK4 REF

[Go to Q126]



[Add to Reference (R125) & Go to specified question]

126. Have you ever read the label for the information on personal protective equipment and clothing to wear from another product of [RSCREEN4] you previously applied?

0325

1 Yes3 No – I have never read the label for the information from another product of [RSCREEN4] I previously applied6 No – I have never applied another product of [RSCREEN4]2 DK4 REF5 N/A

127. True or false. A pesticide applicator is required to read every product label for the information on personal protective equipment and clothing to wear before applying it.


0326

1 True2 False3 DK4 REF5 N/A

128. Are you aware that the pesticide product label information on the personal protective equipment and clothing is updated from time to time?

0327

1 Yes3 No2 DK4 REF5 N/A

129.  **[SHOWCARD D]** Please look at this card. **[Point to item 1 on the card]**

I will read you a list of issues. Please indicate yes or no for each, if it **prevented you** from reading the [RSCREEN4] product label for the information on the personal protective equipment and clothing to wear.

		YES	NO	DK	REF	
a.	The label was always lost or damaged	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0328
b.	Thinking the product is safe and requires no special protective equipment or clothing	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0329
c.	Thinking you are careful when you apply it, so there is no need to read the label	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0330
d.	Thinking you are in too much of a hurry and don't have time to read the label					0331
d.	Thinking you already know the equipment and clothing needed	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0332
e.	Thinking that other growers do not read the label for the information	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0333
f.	Thinking the information is too hard to find on the label	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0334
g.	Thinking the information is too small to read on the label	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0335
h.	Is there any other issue that prevented you from reading the label for this information? Specify: 0336 _____	1 <input type="checkbox"/> 1 <input type="checkbox"/>	3 <input type="checkbox"/> 3 <input type="checkbox"/>	2 <input type="checkbox"/> 2 <input type="checkbox"/>	4 <input type="checkbox"/> 4 <input type="checkbox"/>	0337

0485 N/A

130.  **[SHOWCARD D. Point to item 2 on the card]**

I will read you a list of five factors.

Please indicate yes or no for each, if it might **cause you** to read the [RSCREEN4] product label for the personal protective equipment and clothing to wear before applying it again.

		YES	NO	DK	REF	
a.	Learning that wearing personal protective equipment and clothing which is less protective than required by label can allow you to be exposed to a pesticide	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0338
b.	Learning that pesticides can get on you even when you are careful while applying them	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0339
c.	Learning that you can transfer pesticide residues on you to your family					0340
d.	Learning that other growers always read pesticide product labels before applying them	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0341
e.	Learning you could be cited for wearing personal protective equipment and clothing which is less protective than required by label	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0342

0486 N/A

131. Is there anything else that might **cause you** to read the [RSCREEN4] product label before applying it again?

0343

1 Yes – Specify: 0344 _____

[Go to
Checkpoint 9]

- 3 No
2 DK
4 REF
5 N/A

132. Were you able to find information on the product label about which personal protective equipment and clothing should be worn?

0345

- 1 Yes
3 No
2 DK
4 REF
5 N/A



[Add to Reference (R132) & Go to Checkpoint 9]

CHECKPOINT 9:

WERE BOTH R125 AND R132 = YES

YES

NO

GO TO CHECKPOINT 10

GO TO Q175

CHECKPOINT 10:

WAS THE CORRECT HEADWEAR WORN?

NO

YES/DK/NA

GO TO Q133

GO TO CHECKPOINT 11

The next questions are about the label requirement for [HEADWEAR] when you last applied [RSCREEN4] [R19].

133. When you read the pesticide label, did you understand the requirement for [HEADWEAR] which includes [HFEATURES]?

0346

- 1 Yes - [Go to Q135]
 3 No - [Go to Q134]
 2 DK
 4 REF } [Go to Q135]

134. What about the requirement made it difficult to understand?

Specify: 0347 _____

- 0487 DK
 0488 REF
 0489 N/A

135. Did you have any proper [HEADWEAR] when you last applied [RSCREEN4] [R19]?


0348

- 1 Yes
 3 No
 2 DK
 4 REF
 5 N/A

136. Were you aware of any place that sold proper [HEADWEAR]?

0349

- 1 Yes
 3 No
 2 DK
 4 REF
 5 N/A

137.  [SHOWCARD E] Please look at this card. [Point to item 1 on the card]


I will read a list of issues.

Please indicate yes or no for each issue, if it **prevented you** from wearing proper [HEADWEAR] the last time you

applied [RSCREEN4].

		YES	NO	DK	REF	
a.	Label requirements that are unclear	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0350
b.	Thinking you don't know where to buy it	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0351
c.	Thinking you are so careful that pesticides won't get on your head	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0352
d.	Thinking it interferes with your ability to work safely	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0353
e.	Thinking it interferes with your ability to work quickly	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0354
f.	Thinking other growers do not wear it	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0355
g.	Thinking it is too hot to wear	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0356
h.	Thinking it tears too easily	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0357
i.	Thinking it is too uncomfortable (other than being hot)	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0358
j.	Is there any other issue that prevented you from wearing proper [HEADWEAR] the last time you applied [RSCREEN4]? Specify: 0359_____	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0360

0490 N/A

138.  **[SHOWCARD E. Point to item 2 on the card]** I will read you three factors.
Please indicate yes or no for each factor, if it might **cause you** to wear proper [HEADWEAR] every time you apply [RSCREEN4].

		YES	NO	DK	REF	
a.	Learning that pesticides can get on you even if you are careful while applying them	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0361
b.	Learning the pesticides residues that get in your hair and on your head can be transferred to your family	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0362
c.	Learning that other growers are wearing it	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0363

0491 N/A

139. Is there anything else that might **cause you** to wear proper [HEADWEAR] every time you apply [RSCREEN4]?

0364

- 1 Yes – Specify: 0365_____
- 3 No
- 2 DK
- 4 REF
- 5 N/A

CHECKPOINT 11:

WAS THE CORRECT EYEWEAR WORN?

NO

YES/DK/NA

GO TO Q140

GO TO CHECKPOINT 12

The next questions are about the label requirement for [EYEWEAR] when you last applied [RSCREEN4] [R19].

140. When you read the pesticide label, did you understand the requirement for [EYEWEAR] which includes [EFEATURES]?

0366

- 1 Yes – [Go to Q142]
 3 No – [Go to Q141]
 2 DK
 4 REF } [Go to Q142]

141. What about the requirement made it difficult to understand?

Specify: 0367 _____

- 0492 DK
 0493 REF
 0494 N/A

142. Did you have any proper [EYEWEAR] when you last applied [RSCREEN4] [R19]?


0368

- 1 Yes
 3 No
 2 DK
 4 REF
 5 N/A

143. Were you aware of any place that sold proper [EYEWEAR]?

0369

- 1 Yes
 3 No
 2 DK
 4 REF
 5 N/A

144.  [SHOWCARD E] Please look at this card. [Point to item 1 on the card]

I will read a list of issues.

Please indicate yes or no for each issue, if it **prevented you** from wearing proper [EYEWEAR] the last time you applied [RSCREEN4].

		YES	NO	DK	REF	
a.	Label requirements that are unclear	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0370
b.	Thinking you don't know where to buy it	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0371
c.	Thinking you are so careful that pesticides won't get in your eyes	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0372
d.	Thinking it interferes with your ability to work safely	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0373
e.	Thinking it interferes with your ability to work quickly	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0374
f.	Thinking other growers do not wear it	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0375
g.	Thinking it is too hot to wear	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0376
h.	Thinking it gets too dirty	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0377
i.	Thinking it is too uncomfortable (other than being hot)	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0378
j.	Is there any other issue that prevented you from wearing proper [EYEWEAR] the last time you applied [RSCREEN4]? Specify: 0379 _____	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0380

0495 N/A145.  [SHOWCARD E. Point to item 2 on the card]

I will read you two factors.

Please indicate yes or no for each factor, if it might **cause you** to wear proper [EYEWEAR] every time you apply [RSCREEN4].

		YES	NO	DK	REF	
a.	Learning that pesticides can get on you even if you are careful while applying them	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0381
b.	Learning that other growers are wearing it	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0382

0496 N/A146. Is there anything else that might **cause you** to wear proper [EYEWEAR] every time you apply [RSCREEN4]?

0383

1 Yes – Specify: 0384 _____3 No2 DK4 REF5 N/A**CHECKPOINT 12:**

WAS THE CORRECT CLOTHING WORN?

NO

YES/DK/NA

GO TO Q147

GO TO CHECKPOINT 13

The next questions are about the label requirement for [CLOTHING] when you last applied [RSCREEN4] [R19].

147. When you read the pesticide label, did you understand the requirement for [CLOTHING] which includes [CFEATURES]?

0385

- 1 Yes – [Go to Q149]
 3 No – [Go to Q148]
 2 DK
 4 REF } [Go to Q149]

148. What about the requirement made it difficult to understand?

Specify: 0386 _____

- 0497 DK
 0498 REF
 0499 N/A

149. Did you have any proper [CLOTHING] when you last applied [RSCREEN4] [R19]?


0387

- 1 Yes
 3 No
 2 DK
 4 REF
 5 N/A

150. Were you aware of any place that sold proper [CLOTHING]?

0388

- 1 Yes
 3 No
 2 DK
 4 REF
 5 N/A

151.  [SHOWCARD E] Please look at this card. [Point to item 1 on the card]

I will read a list of issues.

Please indicate yes or no for each issue, if it **prevented you** from wearing proper [CLOTHING] the last time you applied [RSCREEN4].

		YES	NO	DK	REF	
a.	Label requirements that are unclear	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0389
b.	Thinking you don't know where to buy it	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0390
c.	Thinking you are so careful that pesticides won't get on you	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0391
d.	Thinking they interfere with your ability to work safely	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0392
e.	Thinking they interfere with your ability to work quickly	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0393
f.	Thinking other growers do not wear them	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0394
g.	Thinking you are not able to get them in your size	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0395
h.	Thinking they are too hot to wear	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0396
i.	Thinking they tear too easily	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0397
j.	Thinking they are too uncomfortable (other than being hot)	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0398
k.	Is there any other issue that prevented you from wearing them the last time you applied [RSCREEN4]? Specify: 0399_____	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0400

0500 N/A152.  **[SHOWCARD E. Point to item 2 on the card]**

I will read you three factors.

Please indicate yes or no for each factor, if it might **cause you** to wear proper [CLOTHING] every time you apply [RSCREEN4].

		YES	NO	DK	REF	
a.	Learning that pesticides can get on you even if you are careful while applying them	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0401
b.	Learning the pesticides residues that get in your hair and on your head can be transferred to your family	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0402
c.	Learning that other growers are wearing them	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0403

0501 N/A153. Is there anything else that might **cause you** to wear proper [CLOTHING] every time you apply [RSCREEN4]?

0404

1 Yes – Specify: 0405_____3 No2 DK4 REF**CHECKPOINT 13:**

WAS THE CORRECT FOOTWEAR WORN?

NO

YES/DK/NA

GO TO Q154

GO TO CHECKPOINT 14

The next questions are about the label requirement for [FOOTWEAR] when you last applied [RSCREEN4] [R19].

154. When you read the pesticide label, did you understand the requirement for [FOOTWEAR] which includes [FFEATURES]?

0406

- 1 Yes – [Go to Q156]
 3 No – [Go to Q155]
 2 DK
 4 REF } [Go to Q156]

155. What about the requirement made it difficult to understand?

Specify: 0407 _____

- 0502 DK
 0503 REF
 0504 N/A

156. Did you have any proper [FOOTWEAR] when you last applied [RSCREEN4] [R19]?


0408

- 1 Yes
 3 No
 2 DK
 4 REF
 5 N/A

157. Were you aware of any place that sold proper [FOOTWEAR]?

0409

- 1 Yes
 3 No
 2 DK
 4 REF
 5 N/A

158.  [SHOWCARD E] Please look at this card. [Point to item 1 on the card]

I will read a list of issues.

Please indicate yes or no for each issue, if it **prevented you** from wearing proper [FOOTWEAR] the last time you applied [RSCREEN4].

		YES	NO	DK	REF	
a.	Label requirements that are unclear	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0410
b.	Thinking you don't know where to buy it	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0411
c.	Thinking you are so careful that pesticides won't get on your feet	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0412
d.	Thinking they interfere with your ability to work safely	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0413
e.	Thinking they interfere with your ability to work quickly	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0414
f.	Thinking other growers do not wear them	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0415
g.	Thinking you are not able to get them in your size	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0416
h.	Thinking they are too hot to wear	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0417
i.	Thinking they tear too easily	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0418
j.	Thinking they are too uncomfortable (other than being hot)	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0419
k.	Is there any other issue that prevented you from wearing them the last time you applied [RSCREEN4]? Specify: 0420 _____	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0421

0505 N/A159.  **[SHOWCARD E. Point to item 2 on the card]**

I will read you three factors.

Please indicate yes or no for each factor, if it might **cause you** to wear proper [FOOTWEAR] every time you apply [RSCREEN4].

		YES	NO	DK	REF	
a.	Learning that pesticides can get on you even if you are careful while applying them	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0422
b.	Learning the pesticides residues that get in your hair and on your head can be transferred to your family	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0423
c.	Learning that other growers are wearing them	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0424

0506 N/A160. Is there anything else that might **cause you** to wear proper [FOOTWEAR] every time you apply [RSCREEN4]?

0425

1 Yes – Specify: 0507 _____3 No2 DK4 REF**CHECKPOINT 14:**

WERE EITHER THE CORRECT OUTER OR CORRECT INNER GLOVES WORN?

NO

YES/DK/NA

GO TO Q161

GO TO CHECKPOINT 15

The next questions are about the label requirement for [GLOVES] when you last applied [RSCREEN4] [R19].

161. When you read the pesticide label, did you understand the requirement for [GLOVES] which includes [GFEATURES]?

0426

- 1 Yes – [Go to Q163]
 3 No – [Go to Q162]
 2 DK
 4 REF } [Go to Q163]

162. What about the requirement made it difficult to understand?

Specify: 0427 _____

- 0508 DK
 0509 REF
 0510 N/A

163. Did you have any proper [GLOVES] when you last applied [RSCREEN4] [R19]?


0428

- 1 Yes
 3 No
 2 DK
 4 REF
 5 N/A

164. Were you aware of any place that sold proper [GLOVES]?

0429

- 1 Yes
 3 No
 2 DK
 4 REF
 5 N/A

165.  [SHOWCARD E]. Please look at this card. [Point to item 1 on the card].

I will read a list of issues.

Please indicate yes or no for each issue, if it **prevented you** from wearing proper [GLOVES] the last time you applied [RSCREEN4].

		YES	NO	DK	REF	
a.	Label requirements that are unclear	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0430
b.	Thinking you don't know where to buy it	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0431
c.	Thinking you are so careful that pesticides won't get on your hands	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0432
d.	Thinking they interfere with your ability to work quickly	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0433
e.	Thinking other growers do not wear them	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0434
f.	Thinking you are not able to get them in your size	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0435
g.	Thinking they are too hot to wear	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0436
h.	Thinking they tear too easily	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0437
i.	Thinking they are too uncomfortable (other than being hot)	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0438
j.	Is there any other issue that prevented you from wearing them the last time you applied [RSCREEN4]? Specify: 0439 _____	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0440

0511 N/A166.  **[SHOWCARD E. Point to item 2 on the card]**

I will read you three factors.

Please indicate yes or no for each factor, if it might **cause you** to wear proper [GLOVES] every time you apply [RSCREEN4].

		YES	NO	DK	REF	
a.	Learning that pesticides can get on you even if you are careful while applying them	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0441
b.	Learning the pesticides residues that get in your hair and on your head can be transferred to your family	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0442
c.	Learning that other growers are wearing them	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0443

0512 N/A167. Is there anything else that might **cause you** to wear proper [GLOVES] every time you apply [RSCREEN4]?

0444

1 Yes – Specify: 0445 _____3 No2 DK4 REF5 N/A**CHECKPOINT 15:**

WERE THE CORRECT RESPIRATORS/FILTERS WORN?

NO

YES/DK/NA

GO TO Q168

GO TO Q175

The next questions are about the label requirement for [RESPIRATOR/FILTER] when you last applied [RSCREEN4] [R19].

168. When you read the pesticide label, did you understand the requirement for [RESPIRATOR/FILTER] which includes [RFEATURES]?

0446

- 1 Yes – [Go to Q170]
 3 No – [Go to Q169]
 2 DK
 4 REF } [Go to Q170]

169. What about the requirement made it difficult to understand?

Specify: 0447 _____

- 0513 DK
 0514 REF
 0515 N/A

170. Did you have any proper [RESPIRATOR/FILTER] when you last applied [RSCREEN4] [R19]?


0448

- 1 Yes
 3 No
 2 DK
 4 REF
 5 N/A

171. Were you aware of any place that sold proper [RESPIRATOR/FILTER]?

0449

- 1 Yes
 3 No
 2 DK
 4 REF
 5 N/A

172.  [SHOWCARD E] Please look at this card. [Point to item 1 on the card]

I will read a list of issues.

Please indicate yes or no for each issue, if it **prevented you** from wearing proper [RESPIRATOR/FILTER] the last time you applied [RSCREEN4].

		YES	NO	DK	REF	
a.	Label requirements that are unclear	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0450
b.	Thinking you don't know where to buy it	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0451
c.	Thinking it is too easily damaged	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0452
d.	Thinking you are so careful that you won't breathe in pesticides	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0453
e.	Thinking it interferes with your ability to work quickly	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0454
f.	Thinking other growers do not wear it	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0455
g.	Thinking it is too expensive	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0456
h.	Thinking it is too hot to wear	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0457
i.	Thinking they are too uncomfortable (other than being hot)	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0458
j.	Is there any other issue that prevented you from wearing proper [RESPIRATOR/FILTER] the last time you applied [RSCREEN4]? Specify: 0459 _____	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0460

0516 N/A173.  **[SHOWCARD E. Point to item 2 on the card]**

I will read you two factors.

Please indicate yes or no for each factor, if it might **cause you** to wear proper [RESPIRATOR/FILTER] every time you apply [RSCREEN4].

		YES	NO	DK	REF	
a.	Learning that you can breathe pesticides in even when you're careful	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0461
b.	Learning that other growers are wearing them	1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	0462

0517 N/A174. Is there anything else that might **cause you** to wear proper [RESPIRATOR/FILTER] every time you apply [RSCREEN4]?

0463

1 Yes – Specify: 0464 _____3 No2 DK4 REF5 N/A

175. Thank you very much for your time. That is all the questions I have for you today.

Comments:

That completes our survey. **Thank you for your help**

We may need additional information later in 2014 to complete this study. If so, we will contact you in November or December to set up a time that is good for you.

Respondent Name:	9911	9910	MM	DD	YY
	Phone:	Date:			

For questions or concerns, please contact _____ at _____.

Response	Respondent	Mode	Enum.	Eval.	R. Unit	Change	Office Use for POID						
1-Comp	9901	1-Op/Mgr	9902	1-Mail	9903	098	100	921	785	789			
2-R		2-Sp		2-Tel						-			
3-Inac		3-Acct/Bkpr		3-Face-to-Face						-			
4-Office Hold		4-Partner		4-CATI									
5-R – Est		9-Oth		5-Web									
6-Inac – Est				6-e-mail									
7-Off Hold – Est				7-Fax									
8-Known Zero				8-CAPI						407	408	9906	9916
				19-Other									
S/E Name													

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