

25-3. AHS Phase IV Health Follow-Up Paper & Pen Participant Survey

Attachment 25-3: Agricultural Health Study - Phase IV Participant Follow-Up Questionnaire

Instructions:

- Please use DARK BLUE OR BLACK BALLPOINT PEN.
- Mark only one answer for each question unless otherwise indicated.
- Follow the arrow from your response to find the next question.
- Only write comments in the spaces provided.
- Please keep this questionnaire clean, flat, and dry.
- Do not fold or tear any of the pages.

Fill in the bubbles COMPLETELY for each of the questions in this form.

Like this: ● Yes

Not like this: ⊗

If you have to change an answer, please mark a single horizontal line through it and then bubble in the correct answer completely.

Like this: ●—Yes

Not like this: ●~~—~~YES

When we ask for dates or ages, if you can't remember the exact year, or how old you were when something happened, it's fine to give us your best guess.

When we ask how many years you did something, please round to the nearest whole number.

OMB No.: 0925-0406
Expiration Date: 09/30/2016

Collection of this information is authorized by The Public Health Service Act (2USC 285l). Rights of study participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. Refusal to participate will not affect your benefits in any way. The information collected in this study will be kept private to the extent provided by law. Names and other identifiers will not appear in any report of the study. Information provided will be combined for all study participants and reported as summaries. You are being contacted by mail to complete this health follow-up survey because as a member of the Agricultural Health Study your continued involvement can help us learn more about how agricultural and environmental factors may affect the health of farmers and their families.

Public reporting burden for this collection of information is estimated to average 25 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.

AG1. Is your current home located on a farm? A farm is defined as any place from which \$1,000 or more of agricultural products would normally be sold during the year.

No → **Go to AG3**

Yes



AG2. In the past 12 months, how many total acres of crops were grown on this farm?

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

AG3. What is your primary source of drinking water at your current home?

- Private well
- Spring
- Public or community supply
- Bottled water
- Rural water

AG4. How many years has this been your primary source of drinking water at your current house? Please round to the nearest year.

|_|_|_|
Years

AG5. If you currently use a private well for drinking water, how deep is your private well ?

- Less than 50 feet
- 50–100 feet
- 101–150 feet
- More than 150 feet
- Don't know
- Do not use a private well

AG6. In the past 12 months have you personally performed farm work?

- No
- Yes → **Go to AG8**

AG7. When was the last year you personally performed farming activities?

|_|_|_|_|
Year

OR Never did farm work

AG8. In the past 12 months, what major income producing crops did you personally grow, excluding gardens for personal use? Mark all that apply:

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

AG9. In the past 12 months, what poultry or livestock did you personally raise for sale?
Mark all that apply:

- None → **Go to AG12**
- Beef cattle
- Dairy cattle
- Hogs/swine
- Poultry
- Poultry for eggs
- Sheep or goats
- Horses
- Other animals

AG10. In the past 12 months, how many livestock in total (cattle, hogs, sheep, goats, horses), did you personally raise for sale? Report the most livestock you had at any one time in the past 12 months.

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

AG11. In the past 12 months, how many poultry did you personally raise for sale? Report the most poultry you had at any one time in the past 12 months.

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

AG12. The next questions are about your use of pesticides including herbicides, insecticides, fungicides, fumigants, or other chemicals used to kill plants, insects, fungi, molds, or rodents. Please do not include the use of antibiotics, sanitizers, antimicrobial soaps or fertilizers.

Have you **ever** personally mixed, loaded, or applied any pesticides for use on crops, animals, or any other purpose NOT including home and garden use?

- No → **Go to AG16**
- Yes



AG13. How many years in your lifetime did you personally mix, load, or apply pesticides?

|_|_|_|
Years

AG14. How many days per year on average did you personally mix, load, or apply pesticides?

|_|_|_|
Days per year

AG15. In the past 12 months, have you personally mixed, loaded, or applied pesticides?

- No
- Yes

AG16. Since you started farming, have you ever produced or grown any crops, vegetables, fruits, livestock, or poultry for sale without using conventional pesticides?

- Did not farm → **Go to AG18**
- No → **Go to AG18**
- Yes



AG17. What percent (by acreage) of your current operation does not use conventional pesticides?

- None
- Less than 10%
- 10 to 25%
- More than 25%
- Not currently farming

AG18. Do you currently have a job other than working on a farm? If you are retired, mark 'No.'

No → **Go to AG20**

Yes



AG19. About how many years have you had this job?

Less than 1 year

1 to 5 years

5 to 10 years

10 to 20 years

More than 20 years

AG20. What is your current marital status? Please choose the **one** response that best describes your situation.

Single

Married

Living as married

Divorced or separated

Widowed

Tobacco and Alcohol

TA1. Have you smoked a total of 100 cigarettes or more during your lifetime?

No → **Go to TA6**

Yes



TA2. How old were you when you first started smoking cigarettes?

|_|_|_|
Age

TA3. Do you currently smoke cigarettes?

No

Yes → **Go to TA5**

TA4. How old were you when you last smoked cigarettes?

|_|_|_|
Age

TA5. Thinking about all the years that you smoked, about how many cigarettes per day did you usually smoke on days when you smoked?

|_|_|_|
Cigarettes/day

TA6. Have you ever used chewing tobacco for 6 months or longer?

No → **Go to TA10**

Yes



TA7. How old were you when you first started using chewing tobacco?

|_|_|_|
Age

TA8. How many total years did you use chewing tobacco?
Please round to the nearest year. If it was less than 1 year, enter '1'.

|_|_|_|
Years

TA9. Do you currently use chewing tobacco?

No

Yes

TA10. Have you ever used snuff for 6 months or longer?

No → **Go to TA14**

Yes



TA11. How old were you when you first started using snuff?

|_|_|_|
Age

TA12. For how many total years did you use snuff? Please round to the nearest year. If it was less than 1 year, enter '1'.

|_|_|_|
Years

TA13. Do you currently use snuff?

- No
- Yes

TA14. The following questions ask about drinking alcoholic beverages including beer or ale, wine, wine coolers, champagne, mixed drinks, and liquor. When you are asked about a "drink," think about a 12-ounce bottle or can of beer, a 5-ounce glass of wine or champagne, one wine cooler, one shot of liquor, or one mixed drink or cocktail.

Did you ever drink any type of alcoholic beverage?

- No → **Go to Height and Weight, next page**
- Yes



TA15. How old were you when you last consumed an alcoholic beverage?

|_|_|_|
Age

TA16. In the **past 12 months**, how often did you drink any type of alcoholic beverage?

- About every day
- 3 to 5 days a week
- 1 to 2 days a week
- 2 to 3 days a month
- About once a month
- Less than once a month
- Never → **Go to Height and Weight, next page**

TA17. In the **past 12 months**, on days when you drank alcoholic beverages, how many drinks did you usually have?

- 1 to 2
- 3 to 5
- 6 to 8
- 9 to 11
- 12 or more

TA18. In the **past 12 months** how often have you had [4 or more (women) / 5 or more (men)] drinks on a single occasion?

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

Height and Weight

HW1. What is your current height? Please answer in feet and inches, and round to the nearest inch.

|_|_|
Feet

|_|_|
Inches

HW2. What is your current weight?

|_|_|_|
Pounds

HW3. In the past three years, have you **lost** more than 5 pounds without intending to?

- No → **Go to Family Medical History, next page**
- Yes



HW4. In the past three years, how many pounds did you lose **without intending to**?

|_|_|_|
Pounds

Family Medical History

FH1. Has anyone in your immediate family related to you **by blood** (mother, father, sisters, brothers, or children) ever been diagnosed with asthma?

- No
- Yes

FH2. Has anyone in your immediate family related to you **by blood** (mother, father, sisters, brothers, or children) ever been diagnosed with Parkinson's Disease?

- No
- Yes

FH3. Has anyone in your immediate family related to you **by blood** (mother, father, sisters, brothers, or children) ever had cancer?

- No → **Go to Pain Relievers, next page**
- Yes



FH4. What type(s) of cancer? Mark all that apply.

- | | |
|---------------------------------------|--|
| <input type="radio"/> Bladder | <input type="radio"/> Lymphoma |
| <input type="radio"/> Bone | <input type="radio"/> Melanoma |
| <input type="radio"/> Brain | <input type="radio"/> Multiple myeloma |
| <input type="radio"/> Breast | <input type="radio"/> Ovarian |
| <input type="radio"/> Cervical | <input type="radio"/> Pancreatic |
| <input type="radio"/> Colon or rectal | <input type="radio"/> Prostate |
| <input type="radio"/> Esophagus | <input type="radio"/> Stomach |
| <input type="radio"/> Kidney | <input type="radio"/> Thyroid |
| <input type="radio"/> Leukemia | <input type="radio"/> Uterine or endometrial |
| <input type="radio"/> Liver | <input type="radio"/> Other type of cancer |
| <input type="radio"/> Lung | <input type="radio"/> Don't know type |

Pain Relievers

PR1. The next questions are about some common pain relievers.

Have you ever taken **aspirin** regularly (at least twice per week for 6 months or longer)?

- No → **Go to PR6**
- Yes



PR2. Do you currently take aspirin regularly (at least twice per week)?

- No
- Yes

PR3. How many years in total have you taken aspirin regularly (at least twice per week)?

- Less than 1 year
- 1 to 5 years
- 5 to 10 years
- 10 to 15 years
- More than 15 years

PR4. When you took aspirin regularly, typically how many days per week did you take it?

- Every day
- 5 to 6 days per week
- 3 to 4 days per week
- 1 to 2 days per week

PR5. Did you typically take **baby aspirin** or **regular aspirin**?

- Baby aspirin
- Regular aspirin
- Both
- Don't know

PR6. The next questions are about the pain reliever **ibuprofen**. Common brand names include Motrin, Advil, and Nuprin.

Have you ever taken ibuprofen regularly (at least twice per week for 6 months or longer)?

- No → **Go to PR10**
- Yes



PR7. Do you currently take ibuprofen regularly (at least twice per week)?

- No
- Yes

PR8. How many years in total have you taken ibuprofen regularly (at least twice per week)?

- Less than 1 year
- 1 to 5 years
- 5 to 10 years
- 10 to 15 years
- More than 15 years

PR9. When you took ibuprofen regularly, typically how many days per week did you take it?

- Every day
- 5 to 6 days per week
- 3 to 4 days per week
- 1 to 2 days per week

PR10. Have you ever taken **Tylenol or acetaminophen** regularly (at least twice per week for 6 months or longer)?

No → **Go to General Health**

Yes



PR11. Do you currently take Tylenol or acetaminophen regularly (at least twice per week)?

No

Yes

PR12. How many years in total have you taken Tylenol or acetaminophen regularly (at least twice per week)?

Less than 1 year

1 to 5 years

5 to 10 years

10 to 15 years

More than 15 years

PR13. When you took Tylenol or acetaminophen regularly, typically how many days per week did you take it?

Every day

5 to 6 days per week

3 to 4 days per week

1 to 2 days per week

General Health

GH1. 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...

Never

Less than 1 year ago

1 to 2 years ago

2 to 5 years ago

More than 5 years ago

GH2a. MEN: When did you last have a PSA test (a blood test used to check men for prostate cancer) or a digital rectal exam to examine the prostate gland?

GH2b. WOMEN: When did you last have a mammogram (an x-ray of each breast to look for breast cancer)?

- Never
- Less than 1 year ago
- 1 to 2 years ago
- 2 to 5 years ago
- More than 5 years ago

The next few questions ask about colon and bowel health.

GH3. When did you last have a sigmoidoscopy or colonoscopy, exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems?

- Never
- Less than 1 year ago
- 1 to 2 years ago
- 2 to 5 years ago
- More than 5 years ago

GH4. Have you ever taken any over-the-counter or prescribed medicines more than a few times a year to help with bowel movements?

- No
- Yes

GH5. Typically, how often do you have bowel movements?

- Two or more times per day
- Once per day
- 5 to 6 times per week
- 3 to 4 times a week (about once every other day)
- Less than three times per week

Men go to Health Conditions on page 19.

Women go to Women's reproductive health on the next page.

Women's reproductive health

RH1. How many times have you been pregnant in your lifetime? Please include live and stillbirths as well as any pregnancies that ended in a loss of pregnancy or abortion. If you have never been pregnant, please enter '0'.

|_|_|
Pregnancies

None → **Go to RH5**

RH2. How many of your pregnancies ended in live birth or still birth? If none, please enter '0'.

|_|_|
births

None → **Go to RH5**

RH3. How old were you the **first** time you had a pregnancy ending in a live birth or stillbirth?

|_|_|_|
Age

RH4. How old were you the **last** time you had a live birth or stillbirth?

|_|_|_|
Age

RH5. Have you ever had any of the following surgeries?

Mark an answer for each row below:	No	Yes
a. hysterectomy (a surgical procedure to remove the uterus) without removing ovaries	<input type="radio"/>	<input type="radio"/>
b. hysterectomy (a surgical procedure to remove the uterus) with removal of one or more ovaries	<input type="radio"/>	<input type="radio"/>
c. Separate surgery to remove one or both ovaries	<input type="radio"/>	<input type="radio"/>

RH6. Have you had a menstrual period in the past 12 months?

- No
- Yes → **Go to RH9**

FOR WOMEN WHO HAVE NOT HAD A PERIOD IN THE PAST 12 MONTHS:

RH7. Why did your periods stop? Please choose the **one** response that best describes your situation.

- My periods stopped on their own (naturally)
- My periods stopped after my uterus or ovaries were removed
- My periods stopped due to radiation or chemotherapy
- My periods stopped because I am using the kind of birth control that eliminates periods
- My periods stopped because I am pregnant or breastfeeding
- My periods stopped for some other reason

RH8. How old were you when you had your last menstrual period?

|_|_|_| → **Go to RH11**
Age

FOR WOMEN WHO HAVE HAD A PERIOD IN THE PAST 12 MONTHS:

RH9. What statement best describes you?

- My periods have not stopped and I am not taking hormone replacement therapy → **Go to RH11**
- My periods have not stopped but I am taking hormone replacement therapy → **Go to RH11**
- My periods stopped, but restarted when I began hormone replacement therapy → **Go to RH11**
- My periods stopped sometime in the last 12 months



RH10. IF PERIODS STOPPED IN PAST 12 MONTHS: Why did they stop sometime in the last 12 months? Please choose the **one** response that best describes your situation.

- My periods stopped on their own (naturally)
- My periods stopped after my uterus or ovaries were removed
- My periods stopped due to radiation or chemotherapy
- My periods stopped because I am using the kind of birth control that eliminates periods
- My periods stopped because I am pregnant or breastfeeding
- My periods stopped for some other reason

RH11. Have you ever used estrogen or progesterone for hormone replacement therapy? Common brand and generic names include Premarin, Estrace, estradiol, Provera, and medroxyprogesterone.

- No → **Go to RH17**
- Yes



RH12. How old were you when you first used prescribed hormone replacement therapy?

|_|_|_|
Age

RH13. How many years altogether have you used prescribed hormone replacement therapy? Do not count years that you stopped. Please round to the nearest year. If it was less than 1 year, enter '1'.

|_|_|_|
Years

RH14. Are you currently using prescribed hormone replacement therapy?

- No
- Yes

RH15. Was the prescribed hormone replacement that you took the most often...

- A combination of estrogen and progesterone
- Estrogen only
- Progesterone only
- Something else
- Don't know

RH16. Have you ever taken birth control pills for any reason?

- No → **Go to Health Conditions, next page**
- Yes



RH17. How old were you when you first took birth control pills?

|_|_|_|
Age

RH18. How many years altogether did you take birth control pills? Do not count years that you stopped. Please round to the nearest year. If it was less than 1 year, enter '1'.

|_|_|
Years

Health Conditions

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

HC1. Have you ever been diagnosed with **Parkinson's disease**?

- No → **Go to HC6**
- Yes



HC2. How old were you when you were first diagnosed with Parkinson's disease?

|_|_|_|
Age

HC3. Was the diagnosis made or confirmed by a neurologist or movement disorder specialist?

- No
- Yes

HC4. Do you currently take any prescribed medicines for Parkinson's disease?
Examples include:

Carbidopa or levodopa (brand names such as Sinemet, Stalevo, or Parcopa);
Mirapex or Pramipexole; Requip or Ropinirole; Permax or Pergolide

- No → **Go to HC6**
- Yes



HC5. Did your symptoms ever improve after taking any of these medicines?

- No
- Yes

HC6. Have you ever been diagnosed with **depression**?

- No → **Go to HC9**
 Yes



HC7. How old were you when you were first diagnosed with depression?

|_|_|_|
Age

HC8. Are you currently taking any prescribed medicines for depression?

- No
 Yes

HC9. Have you ever been diagnosed with **high blood pressure or hypertension**?
(WOMEN: Please do not count this condition if it occurred **only** during pregnancy.)

- No → **Go to HC12**
 Yes



HC10. How old were you when you were first diagnosed with high blood pressure or hypertension?

|_|_|_|
Age

HC11. Do you currently take any prescribed medicines for high blood pressure or hypertension?

- No
 Yes

HC12. Have you ever been diagnosed with a **heart attack** (or myocardial infarction)?

- No → **Go to HC14**
- Yes



HC13. How old were you when you were first diagnosed with a heart attack (or myocardial infarction)?

|_|_|_|
Age

HC14. Have you ever been diagnosed with **heart failure**?

- No → **Go to HC16**
- Yes



HC15. How old were you when you were first diagnosed with heart failure?

|_|_|_|
Age

HC16. Have you ever been diagnosed with a **stroke**? Do not include TIAs or mini-strokes.

- No → **Go to HC18**
- Yes



HC17. How old were you when you were first diagnosed with a stroke?

|_|_|_|
Age

HC18. Have you ever been diagnosed with **asthma**?

- No → **Go to HC23**
- Yes



HC19. How old were you when you were first diagnosed with asthma?

|_|_|_|
Age

HC20. Do you still have asthma?

- No
- Yes → **Go to HC22**

HC21. How old were you when your asthma stopped?

|_|_|_|
Age

HC22. During the past 12 months, have you used any prescribed medicines for asthma, including an inhaler?

- No
- Yes

HC23. Have you ever been diagnosed with **Farmer's Lung**?

- No → **Go to HC25**
- Yes



HC24. How old were you when you were first diagnosed with Farmer's Lung?

|_|_|_|
Age

HC25. Have you ever been diagnosed with **idiopathic pulmonary fibrosis**?

- No → **Go to HC27**
- Yes



HC26. How old were you when you were first diagnosed with idiopathic pulmonary fibrosis?

|_|_|_|
Age

HC27. Have you ever been diagnosed with **emphysema**?

No → **Go to HC29**

Yes



HC28. How old were you when you were first diagnosed with emphysema?

|_|_|_|
Age

HC29. Have you ever been diagnosed with **chronic bronchitis**?

No → **Go to HC31**

Yes



HC30. How old were you when you were first diagnosed with chronic bronchitis?

|_|_|_|
Age

HC31. Have you ever been diagnosed with **chronic obstructive pulmonary disease (COPD)**?

No → **Go to HC33**

Yes



HC32. How old were you when you were first diagnosed with chronic obstructive pulmonary disease (COPD)?

|_|_|_|
Age

HC33. Have you ever been diagnosed with **diabetes** (WOMEN: other than when pregnant)?

- No → **Go to HC37**
- Yes



HC34. How old were you when you were first diagnosed with diabetes?

|_|_|_|
Age

HC35. Do you currently take any prescribed medicines for diabetes?

- No → **Go to HC37**
- Yes



HC36. Do you currently take insulin?

- No
- Yes

HC37. Have you ever been diagnosed with **thyroid disease or thyroid problems**?

- No → **Go to HC46**
- Yes



HC38. Have you ever been diagnosed with an **overactive thyroid (hyperthyroidism)**?

- No → **Go to HC42**
- Yes



HC39. How old were you when you were first diagnosed with an overactive thyroid?

|_|_|_|
Age

HC40. Was this **Graves' disease** or some other type of thyroid condition that caused the overactive thyroid gland?

- Graves' disease
- Other overactive thyroid condition
- Don't know

HC41. Do you currently take any prescribed medicines for an overactive thyroid?

- No
- Yes

HC42. Have you ever been diagnosed with an **underactive thyroid (hypothyroidism)**?

- No → **Go to HC46**
- Yes



HC43. How old were you when you were first diagnosed with an underactive thyroid (hypothyroidism)?

|_|_|_|
Age

HC44. Was this **thyroiditis**, sometimes called Hashimoto's thyroiditis, or was this some other type of thyroid condition that caused the underactive thyroid gland?

- Thyroiditis (also called Hashimoto's thyroiditis)
- Other underactive thyroid condition
- Don't know

HC45. Do you currently take any prescribed medicines for an underactive thyroid?

- No
- Yes

HC46. Have you ever been diagnosed with **kidney stones**?

- No → **Go to HC49**
 Yes



HC47. How old were you when you were first diagnosed with kidney stones?

|_|_|_|
Age

HC48. How many times have you had kidney stones?

|_|_|_|
Times

HC49. Have you ever been diagnosed with **kidney disease**? Do not include kidney stones.

- No → **Go to HC53**
 Yes



HC50. How old were you when you were first diagnosed with kidney disease?

|_|_|_|
Age

HC51. Have you ever been treated with dialysis?

- No → **Go to HC53**
 Yes

HC52. How old were you when you were first treated with dialysis?

|_|_|_|
Age

HC53. Have you ever been diagnosed with **rheumatoid arthritis** (an autoimmune disease)?
Do not include osteoarthritis (the most common type of arthritis).

No → **Go to HC58**

Yes



HC54. How old were you when you were first diagnosed with rheumatoid arthritis?

|_|_|_|
Age

HC55. Did you see a rheumatologist (a physician who specializes in bone, joint, and skin diseases) for rheumatoid arthritis?

No

Yes

HC56. Have you **ever** taken any of the following medicines for rheumatoid arthritis?

Mark an answer for each row below:	No	Yes	Don't know
a. Hydroxychloroquine or chloroquine (Plaquenil), Methotrexate (Rheumatrex or Trexall)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Leflunomide (Arava), Sulfasalazine (Azulfidine)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Biologics, given by infusion or injection, such as infliximab (Remicade), adalimumab (Humira), etanercept (Enbrel), rituximab (Rituxan). Do not include steroid injections in the joints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

HC57. Are you **currently** taking any of these medicines for rheumatoid arthritis?

No

Yes

HC58. Have you ever been diagnosed with **lupus**?

- No → **Go to HC63**
 Yes



HC59. How old were you when you were first diagnosed with lupus?

|_|_|_|
Age

HC60. Did you see a rheumatologist (a physician who specializes in bone, joint, and skin diseases) for lupus?

- No
 Yes

HC61. Have you **ever** taken any of the following medicines for lupus?

Mark an answer for **each row** below:

	No	Yes	Don't know
a. Hydroxychloroquine or chloroquine (Plaquenil), Methotrexate (Rheumatrex or Trexall)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Azathioprine (Imuran), Cellcept, Cytoxan, or Cyclosporine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Biologics, given by infusion or injection, such as belimumab (Benlysta). Do not include steroid injections in the joints or skin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

HC62. Are you **currently** taking any of these medicines for lupus?

- No
 Yes

HC63. Have you ever been diagnosed with **Sjögren's disease**?

- No → **Go to HC68**
- Yes



HC64. How old were you when you were first diagnosed with Sjögren's disease?

 |_|_|_|
Age

HC65. Did you see a rheumatologist (a physician who specializes in bone, joint, and skin diseases) or ear, nose and throat specialist for Sjögren's disease?

- No
- Yes

HC66. Have you **ever** taken any of the following medicines for Sjögren's disease?

Mark an answer for each row below:	No	Yes	Don't know
a. Hydroxychloroquine or chloroquine (Plaquenil), or Methotrexate (Rheumatrex or Trexall)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Pilocarpine (Salagen) or Cevimeline (Evoxac), or Cyclosporine Ophthalmic (Restasis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Biologics, given by infusion or injection, such as Rituximab (Rituxan)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

HC67. Are you **currently** taking any of these medicines for Sjögren's disease?

- No
- Yes

HC68. Have you ever been diagnosed with **sarcoidosis**?

- No → **Go to HC70**
- Yes



HC69. How old were you when you were first diagnosed with sarcoidosis?

|_|_|_|
Age

HC70. Have you ever been diagnosed with **pesticide poisoning**?

- No → **Go to HC73**
- Yes



HC71. How old were you when you were first diagnosed with pesticide poisoning?

|_|_|_|
Age

HC72. How many times have you been poisoned by pesticides?

|_|_|
Times

HC73. Have you ever had a **head injury requiring medical attention**?

- No → **Go to HC77**
- Yes



HC74. Have you ever had a head injury that resulted in loss of consciousness (got knocked out)?

- No → **Go to HC77**
- Yes



HC75. How old were you the first time you lost consciousness from a head injury?

|_|_|_|
Age

HC76. How many times have you had a head injury with loss of consciousness?

|_|_|
Times

HC77. Have you ever had hay fever, seasonal allergies or allergic rhinitis, **whether or not it was diagnosed** by a doctor?

No → **Go to Symptoms**

Yes



HC78. In the past 12 months have you taken any prescribed or over-the-counter medicines for these allergies?

No

Yes

Symptoms

SM1. The next few questions ask about respiratory symptoms that you may have experienced in the past 12 months.

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

No → **Go to SM4**

Yes



SM2. Do you usually cough like this at least three months per year?

No

Yes

SM3. How many years have you had this cough?

|_|_|_|
Years

SM4. Do you usually bring up phlegm when you cough? Don't count phlegm from your nose as a result of seasonal allergies or colds.

No

Yes

SM5. During the past 12 months, about how many days of wheezing or whistling in your chest have you had?

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

SM6. Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill or up a flight of stairs?

- No
- Yes

SM7. Do your hands shake or tremble?

- No
- Yes

SM8. Do your arms or legs shake?

- No
- Yes

SM9. Is your handwriting smaller than it once was?

- No
- Yes

SM10. Is your voice softer than it once was?

- No
- Yes

SM11. Do your feet shuffle when you walk?

- No
- Yes

SM12. Do you have trouble rising from a chair?

- No
- Yes

SM13. Do you suffer from a loss of sense of smell or a significantly decreased sense of smell?

- No → **Go to SM15**
- Yes



SM14. When did you start losing your sense of smell?

- Less than 1 year ago
- 1 to 5 years ago
- 5 to 10 years ago
- More than 10 years ago

SM15. Have you ever been told, or suspected yourself, that you seem to “act out your dreams” while sleeping? For example, punching or flailing arms in the air, shouting, or screaming while asleep.

- No → **Go to SM18**
- Yes



SM16. When did you first “act out your dreams”?

- Less than 1 year ago
- 1 to 5 years ago
- 5 to 10 years ago
- More than 10 years ago

SM17.How often have you “acted out your dreams”?

- Less than 3 times in your life
- Less than once a month
- 1 to 3 times a month
- Once a week
- More than once per week
- Don't know

SM18.Have you ever had joint swelling in your wrists, fingers, elbows, or knees lasting six or more weeks?

- No
- Yes

SM19.Have you ever had joint stiffness in the mornings, lasting at least 1 hour, for at least six weeks? Do not include stiffness that is related to or due to an injury or surgery.

- No
- Yes

SM20.Have you **ever** in your life had a period lasting two weeks or longer when most of the day you felt uninterested in things (like hobbies, work, or other things you usually enjoy) for most of the day?

- No
- Yes

SM21.Did you **ever** have a time in your life when you were a “worrier” – that is, when you worried a lot more about things than other people with the same problems as you?

- No
- Yes

SM22. Over the last two weeks , how often have you been bothered by...	Not at all	Several days	More than half the days	Nearly every day
a. having little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. feeling down, depressed, or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. having trouble falling or staying asleep, or sleeping too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. feeling tired or having little energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. feeling nervous, anxious, or on edge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. not being able to stop or control worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SM23. How many hours of sleep do you get each night?

- Less than 6 hours
- 6 hours to 6 hours and 59 minutes
- 7 hours to 7 hours and 59 minutes
- 8 hours to 8 hours and 59 minutes
- 9 hours or more

SM24. How often do you feel sleepy most of the day?

- Never
- Less than one day per month
- 1 to 3 days per month
- 1 to 2 days per week
- 3 to 5 days per week
- 6 to 7 days per week

SM25. Do you nap during the day?

No → **Go to SM27**

Yes



SM26. How long do you nap?

Less than 30 minutes

30 minutes to 1 hour

More than 1 hour

SM27. Date this form was completed:

|_|_| / |_|_| / |_|_|_|_|
Month Day Year

4. Lastly, we are interested in hearing about what you would like to gain from the Agricultural Health Study. What findings are you interested in learning about from this study?
