

## 26-3. AHS Phase IV Health Follow-Up Paper & Pen Proxy Survey

## Attachment 26-3: Agricultural Health Study - Phase IV Follow-Up Proxy Questionnaire

- 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.
- Do not write comments on the form.
- 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 the study participant was when something happened, it's fine to give us your best guess.

When we ask how many years the study participant 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 (42 USC 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 on behalf of the Agricultural Health Study cohort member because 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 10 - 15 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.

**A1.** Did he/she smoke a total of 100 cigarettes or more during his/her lifetime?

- No → **Go to A5**
- Yes



**A2.** How old was he/she when he/she first started smoking cigarettes?

|\_|\_|\_|  
Age

**A3.** How old was he/she when he/she last smoked cigarettes?

|\_|\_|\_|  
Age

**A4.** Thinking about all the years that he/she smoked, about how many cigarettes per day did he/she usually smoke on days when he/she smoked?

|\_|\_|\_|  
# Cigarettes/day

**A5.** 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 he/she ever drink any type of alcoholic beverage?

- No → **Go to A7**
- Yes



**A6.** How old was he/she when he/she last consumed an alcoholic beverage?

|\_|\_|\_|  
Age

**A7.** About how tall was he/she? Please answer in feet and inches, and round to the nearest inch.

|\_|\_|      |\_|\_|  
Feet      Inches

**A8.** About how much did he/she weigh?

|\_|\_|\_|  
# Pounds

**A9.** Has anyone in his/her immediate family related **by blood** (his/her mother, father, sisters, brothers, or children) ever been diagnosed with asthma?

- No
- Yes

**A10.** Has anyone in his/her immediate family related **by blood** (his/her mother, father, sisters, brothers, or children) ever been diagnosed with Parkinson's Disease?

- No
- Yes

**A11.** Has anyone in his/her immediate family related **by blood** (his/her mother, father, sisters, brothers, or children) ever had cancer?

- No → **Go to Health Conditions (on next page)**
- Yes



**A12.** 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"/> Don't know type        |
| <input type="radio"/> Lung            |  |

# Health Conditions

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

We are interested in what age he/she was diagnosed with a specific condition. If you do not know the exact age, please give us your best guess.

**B1.** Was he/she ever diagnosed with **Parkinson's disease**?

No → **Go to B6**

Yes



**B2.** How old was he/she when first diagnosed with Parkinson's disease?

|\_|\_|\_|  
Age

**B3.** Was the diagnosis made or confirmed by a neurologist or movement disorder specialist?

No

Yes

**B4.** Did he/she ever 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 B6**

Yes



**B5.** Did his/her symptoms ever improve after taking any of these medicines?

No

Yes

**B6.** Was he/she ever diagnosed with **depression**?

No → **Go to B8**

Yes



**B7.** How old was he/she when first diagnosed with depression?

|\_|\_|\_|  
Age

**B8.** Was he/she ever diagnosed with **high blood pressure or hypertension**?  
(WOMEN: Please do not count this condition if it occurred only during pregnancy.)

No → **Go to B10**

Yes



**B9.** How old was he/she when first diagnosed with high blood pressure or hypertension?

|\_|\_|\_|  
Age

**B10.** Was he/she ever diagnosed with a **heart attack** (or myocardial infarction)?

No → **Go to B12**

Yes



**B11.** How old was he/she when first diagnosed with a heart attack (or myocardial infarction)?

|\_|\_|\_|  
Age

**B12.** Was he/she ever diagnosed with **heart failure**?

- No → **Go to B14**
- Yes



**B13.** How old was he/she when first diagnosed with heart failure?

|\_|\_|\_|  
Age

**B14.** Was he/she ever diagnosed with a **stroke**? Do not include TIAs or mini-strokes.

- No → **Go to B16**
- Yes



**B15.** How old was he/she when were first diagnosed with a stroke?

|\_|\_|\_|  
Age

**B16.** Was he/she ever diagnosed with **asthma**?

- No → **Go to B18**
- Yes



**B17.** How old was he/she when first diagnosed with asthma?

|\_|\_|\_|  
Age

**B18.** Was he/she ever diagnosed with **Farmer's Lung**?

- No → **Go to B20**
- Yes



**B19.** How old was he/she when first diagnosed with Farmer's Lung?

|\_|\_|\_|  
Age

**B20.** Was he/she ever diagnosed with **idiopathic pulmonary fibrosis**?

No → **Go to B22**

Yes



**B21.** How old was he/she when first diagnosed with idiopathic pulmonary fibrosis?

|\_|\_|\_|  
Age

**B22.** Was he/she ever diagnosed with **emphysema**?

No → **Go to B24**

Yes



**B23.** How old was he/she when first diagnosed with emphysema?

|\_|\_|\_|  
Age

**B24.** Was he/she ever diagnosed with **chronic bronchitis**?

No → **Go to B26**

Yes



**B25.** How old was he/she when first diagnosed with chronic bronchitis?

|\_|\_|\_|  
Age



**B26.** Was he/she ever diagnosed with **chronic obstructive pulmonary disease (COPD)**?

No → **Go to B28**

Yes



**B27.** How old was he/she when first diagnosed with chronic obstructive pulmonary disease (COPD)?

|\_|\_|\_|  
Age

**B28.** Was he/she ever diagnosed with **diabetes**, (WOMEN: other than when pregnant)?

No → **Go to B32**

Yes



**B29.** How old was he/she when first diagnosed with diabetes?

|\_|\_|\_|  
Age

**B30.** Did he/she ever take any prescribed medicines for diabetes?

No → **Go to B32**

Yes



**B31.** Did he/she ever take insulin?

No

Yes

**B32.** Was he/she ever diagnosed with **thyroid disease or thyroid problems**?

- No → **Go to B39**
- Yes



**B33.** Was he/she ever diagnosed with an **overactive thyroid (hyperthyroidism)**?

- No → **Go to B36**
- Yes



**B34.** How old was he/she when first diagnosed with an overactive thyroid?

|\_|\_|\_|  
Age

**B35.** 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

**B36.** Was he/she ever diagnosed with an **underactive thyroid (hypothyroidism)**?

- No → **Go to B39**
- Yes



**B37.** How old was he/she when first diagnosed with an underactive thyroid (hypothyroidism)?

|\_|\_|\_|  
Age

**B38.** 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

**B39.** Was he/she ever diagnosed with **kidney stones**?

No → **Go to B42**

Yes



**B40.** How old was he/she when first diagnosed with kidney stones?

|\_|\_|\_|  
Age

**B41.** How many times has he/she had kidney stones?

|\_|\_|\_|  
# Times

**B42.** Was he/she ever diagnosed with **kidney disease**? Do not include kidney stones.

No → **Go to B46**

Yes



**B43.** How old was he/she when first diagnosed with kidney disease?

|\_|\_|\_|  
Age

**B44.** Was he/she ever treated with dialysis?

No

Yes

**B45.** How old was he/she when first treated with dialysis?

|\_|\_|\_|  
Age

**B46.** Was he/she ever diagnosed with **rheumatoid arthritis** (an autoimmune disease)? Do not include osteoarthritis (the most common type of arthritis).

No → **Go to B50**

Yes



**B47.** How old was he/she when first diagnosed with rheumatoid arthritis?

|\_|\_|\_|  
Age

**B48.** Did he/she see a rheumatologist (a physician who specializes in bone, joint, and skin diseases) for rheumatoid arthritis?

No

Yes

**B49.** Has he/she **ever** taken any of the following medicines for rheumatoid arthritis?

Mark an answer for <b>each row</b> 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. Leuflunomide (Arava), Sulfasalazine (Azulfidine)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Biologics, given by infusion or injection, such as iflixamab (Remicade) adalimumab (Humera), entercept (Enbrel), rituximab (Rituxan). Do <b>not</b> include steroid injections in the joints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**B50.** Was he/she ever diagnosed with **lupus**?

No → **Go to B54**

Yes



**B51.** How old was he/she when first diagnosed with lupus?

|\_|\_|\_|  
Age

**B52.** Did he/she see a rheumatologist (a physician who specializes in bone, joint, and skin diseases) for lupus?

- No
- Yes

**B53.** Has he/she **ever** taken any of the following medicines for lupus?

Mark an answer for <b>each row</b> 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 <b>not</b> include steroid injections in the joints or skin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**B54.** Was he/she ever diagnosed with **Sjögren's disease**?

- No → **Go to B58**
- Yes



**B55.** How old was he/she when first diagnosed with Sjögren's disease?

|\_|\_|\_|  
Age

**B56.** Did he/she 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

**B57.** Has he/she **ever** taken any of the following medicines for Sjögren's disease?

Mark an answer for <b>each row</b> 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"/>

**B58.** Was he/she ever diagnosed with **sarcoidosis**?

- No → **Go to B60**  
 Yes



**B59.** How old was he/she when first diagnosed with sarcoidosis?

|\_|\_|\_|  
Age

**B60.** Was he/she ever diagnosed with **pesticide poisoning**?

- No → **Go to B63**  
 Yes



**B61.** How old was he/she when first diagnosed with pesticide poisoning?

|\_|\_|\_|  
Age

**B62.** How many times was he/she poisoned by pesticides?

|\_|\_|  
# Times

**B63.** Has he/she ever had a **head injury requiring medical attention**?

No → **Go to B67**

Yes



**B64.** Has he/she ever had a head injury that resulted in loss of consciousness (got knocked out)?

No → **Go to B67**

Yes



**B65.** How old was he/she the first time he/she lost consciousness from a head injury?

|\_|\_|\_|  
Age

**B66.** How many times has he/she had a head injury with loss of consciousness?

|\_|\_|  
# Times

**B67.** Has he/she ever had hay fever, seasonal allergies or allergic rhinitis, **whether or not it was diagnosed** by a doctor?

No

Yes

**B68.** Can we contact you again in the future ?

No

Yes → Please go to the next page to fill out the contact information sheet.







