

25-1. AHS Phase IV Health Follow-Up CAWI Participant Survey



Welcome to the AHS Health Followup Online Survey!

If you are an AHS participant and received a letter with your log-in information, or if you are responding on behalf of an AHS participant, please continue to the next page.


If you found our site looking for more information from the Agricultural Health Study, please go to www.aghealth.org.

Login

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 Please enter the username and password from your letter:

Username:



Password:

Next >>

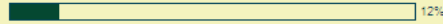
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OMB No.: 0925-0406

Expiration Date: 09/30/2016

Collection of this information is authorized by The Public Health Service Act (42 USC 285i). 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 online 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.

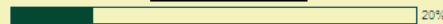


General Instructions for the Online Survey:

- To move through the survey, please use the 'Next' and 'Previous' buttons at the bottom of each page. **Do not use the back button** on your browser.
- If you want to quit and come back later, you may close the survey by clicking the 'X' at the top right corner of the survey window. The answers you provided up to that point are saved.
- To return to this online survey, you will need to go to the study website at www.aghealthsurvey.org (as described in your letter). You will use the same username and password each time you access the survey.

Please click 'Next' to continue.

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Before we get started, please confirm that we have the correct survey. This survey is for and/or about **John Joe Doe, Sr.**

Which of the following statements is true?

- This name is correct
- This name was correct, but it has since changed
- This name is incorrect

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29%


 As an added security measure, we need to verify each participants date of birth before going any further.


Please enter the date of birth for **John Joe Doe, Sr.** below:

MM/DD/YYYY

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37%

 It is best for **John Joe Doe, Sr.** to fill out his own questionnaire, but if this is not possible, it is okay for someone else to complete this survey.

Will **John Joe Doe, Sr.** be completing this questionnaire himself?

Yes
 No, I am completing this on behalf of the AHS participant

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45%

Is **John Joe Doe, Sr.** actively taking part in answering the questions?

- Yes
- No

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54%

Why is he not actively taking part in answering the questions? He is...

- Not capable of answering the questions
- Incapacitated
- Deceased
- Currently hospitalized
- Other


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82%

 What is your relationship to **John Joe Doe, Sr.**?

- Spouse
- Sibling
- Child
- Grandchild
- Parent
- Other relative
- Guardian
- Friend
- Other


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70%

 How long have you known **John Joe Doe, Sr.**?

of Years

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70%

 ▶ How long have you known **John Joe Doe, Sr.?**

of Years


Next » « Previous

Message from webpage ✖

 Please give us your best guess. If you prefer to not answer this question, please enter '997'.

OK

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81%

We want to thank you for agreeing to take part in this survey. As a reminder, your participation is completely voluntary and all the information collected will be kept confidential to the extent permitted by law.

If you have any questions while you are completing this survey, please contact study staff at 1 (###) ### - ####.

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88%

Now we are ready to get started with the AHS Health Follow-up Survey.

This should take about 25 minutes to complete.

Please click 'Submit' to begin.


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91%

 It appears there may be a problem with the *[name and/or date of birth]* in our records. Sorry for the inconvenience. We need to contact you to make sure we have the correct information in your record.

Please let us know the best way to reach you to update your information.

Click 'Close' to exit this survey, and a study staff member will be in touch soon.

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0%

In this survey we will be asking questions about:

- Farming
- General Health
- Family Medical History

We hope that you will be willing to answer all the questions, but if for some reason you prefer not to answer certain questions, the survey will allow you to do so.


When we ask for dates or ages, if you can't remember the exact year or how old you were when something happened, please give us your best guess. When we ask how many years you did something, please round to the nearest whole number.

After you have completed the entire survey, please remember to click on the 'Submit' button so that we will know you have completed it.

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0%

 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.

- Yes
- No
- Prefer not to answer

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0%

 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
- Prefer not to answer*

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0%

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

- Private well
- Spring
- Public or community supply
- Bottled water
- Rural water
- Prefer not to answer*

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1%

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

Years

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2%

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
- Don't know
- Prefer not to answer*

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2%

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

- Yes
- No
- Prefer not to answer

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2%


When was the last year you personally performed farming activities? If you have never done farm work, please enter '0' in the box below.

Year last performed farm work

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3%

 These next four screens ask about different crops. If you do not see certain crops listed on this screen, they may be on one of the next screens coming up.

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

- I did not grow any crops in the past 12 months
- Corn, field
- Corn, pop
- Corn, seed
- Hay or forage
- Soybeans
- Wheat
- Alfalfa
- Oats
- None of the above
- Prefer not to answer*

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4%

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

- Corn, sweet
- Cabbage
- Cucumbers
- Peppers
- Pumpkins
- Snap beans
- Sweet potatoes
- Tomatoes
- Potatoes
- None of the above

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4%

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

- Peanuts
- Other vegetables
- Apples
- Blueberries
- Grapes
- Melons
- Peaches
- Strawberries
- Other fruits
- None of the above

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5%

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

- Bermuda grass
- Christmas trees
- Nursery crops
- Cotton
- Tobacco
- Other crops
- Barley
- Rye
- Sorghum
- None of the above


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5%

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

- None
- Beef cattle
- Dairy cattle
- Hogs/swine
- Poultry
- Poultry for eggs
- Sheep or goats
- Horses
- Other animals
- Prefer not to answer*

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0%

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.)

- Less than 50
- 50 - 99
- 100 - 499
- 500 - 999
- 1,000 or more
- Prefer not to answer

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0%

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.)

- Less than 50
- 50 - 99
- 100 - 499
- 500 - 999
- 1,000 - 10,000
- More than 10,000
- Prefer not to answer

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7%

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.

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7%

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?


- Yes
- No
- Prefer not to answer

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

Years

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

Days per year

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

- Yes
- No
- Prefer not to answer

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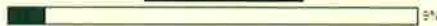
 Since you started farming, have you ever produced or grown any crops, vegetables, fruits, livestock, or poultry for sale without using conventional pesticides?

- Yes
- No
- Did not farm
- Prefer not to answer

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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
- Prefer not to answer

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Do you currently have a job other than working on a farm? If you are retired, the answer should be 'No'.

- Yes
- No
- Prefer not to answer

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10%

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
- Prefer not to answer

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11%

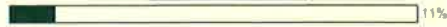
What is your current marital status? Please choose the **one** response that best describes your situation.

- Single
- Married
- Living as married
- Divorced or separated
- Widowed
- Prefer not to answer

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

- Yes
- No
- Prefer not to answer

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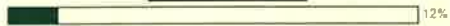



 How old were you when you first started smoking cigarettes?

Age

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 Do you currently smoke cigarettes?

- Yes
- No
- Prefer not to answer

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 How old were you when you last smoked cigarettes?

Age

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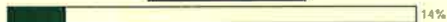
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 Thinking about all the years that you smoked, about how many cigarettes per day did you usually smoke on days when you smoked?

Cigarettes per day

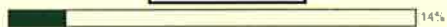
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 Have you ever used chewing tobacco for 6 months or longer?

- Yes
- No
- Prefer not to answer

Powered by DotStar




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

Age

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 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

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15%

 Do you currently use chewing tobacco?

- Yes
- No
- Prefer not to answer

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16%

 Have you ever used snuff for 6 months or longer?


- Yes
- No
- Prefer not to answer

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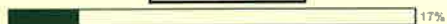
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 ▶ How old were you when you first started using snuff?

Age

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 ▶ 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

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17%

Do you currently use snuff?

- Yes
- No
- Prefer not to answer

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15%

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.

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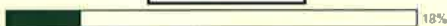


 Did you ever drink any type of alcoholic beverage?

- Yes
- No
- Prefer not to answer

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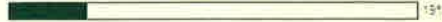



 How old were you when you last consumed an alcoholic beverage?

Age

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 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
- Prefer not to answer*

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 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
- Prefer not to answer*

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Question presented to female participants:



20%


In the **past 12 months**, how often have you had 4 or more 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
- Prefer not to answer*

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Question presented to male participants:



20%

In the **past 12 months**, how often have you had 5 or more 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
- Prefer not to answer*

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21%

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

Feet and inches

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21%

 What is your current weight?

Pounds

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

- Yes
- No
- Prefer not to answer*

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

Pounds

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23%

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

- Yes
- No
- Prefer not to answer

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23%

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

- Yes
- No
- Prefer not to answer

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24%

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

- Yes
- No
- Prefer not to answer*

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24%

These next three screens ask about different types of cancer in your family. If you do not see certain types listed on this screen, they may be on one of the next screens coming up.

What type(s) of cancer have members of your **immediate** family had? Mark all that apply.

- Bladder
- Bone
- Brain
- Breast
- Cervical
- Colon or rectal
- Esophagus
- Kidney
- None of the above
- Prefer not to answer*


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24%

 What type(s) of cancer have members of your **immediate** family had? Mark all that apply.

- Leukemia
- Liver
- Lung
- Lymphoma
- Melanoma
- Multiple myeloma
- Ovarian
- Pancreatic
- Prostate
- None of the above


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25%

 What type(s) of cancer have members of your **immediate** family had? Mark all that apply.

- Stomach
- Thyroid
- Uterine or endometrial
- Other type of cancer
- None of the above
- Don't know type

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20%

The next questions are about some common pain relievers.

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20%

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

- Yes
- No
- Prefer not to answer

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27%

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

- Yes
- No
- Prefer not to answer

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27%

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
- Prefer not to answer

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« Previous

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21%

 ▶ 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
- Prefer not to answer


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22%

 ▶ Did you typically take **baby aspirin** or **regular aspirin**?

- Baby aspirin
- Regular aspirin
- Both
- Don't know
- Prefer not to answer

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20%

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

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29%

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

- Yes
- No
- Prefer not to answer

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29%

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

- Yes
- No
- Prefer not to answer*

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30%

 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
- Prefer not to answer*

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30%

▶ 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
- Prefer not to answer

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31%

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

- Yes
- No
- Prefer not to answer

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31%

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

- Yes
- No
- Prefer not to answer

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32%

 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
- Prefer not to answer


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Powered by QdG Star



32%

 ▶ 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
- Prefer not to answer


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33%

 ▶ 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
- Prefer not to answer

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Question presented to male participants:



32%


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?

- Never
- Less than 1 year ago
- 1 to 2 years ago
- 2 to 5 years ago
- More than 5 years ago
- Prefer not to answer

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Question presented to female participants:



34%

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
- Prefer not to answer

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34%

The next few questions ask about colon and bowel health.

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34%

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
- Prefer not to answer

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35%

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

- Yes
- No
- Prefer not to answer

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35%

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 3 times per week
- Prefer not to answer

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Questions presented to female participants (Women's Reproductive Health):




36%

▶ 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

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35%

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

Births

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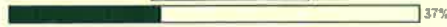


 ▶ How old were you the **first** time you had a pregnancy ending in a live birth or stillbirth?

Age

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

Age

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35%

Have you ever had any of the following surgeries?

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

	Yes	No	Prefer not to answer
Hysterectomy (a surgical procedure to remove the uterus) without removing ovaries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hysterectomy (a surgical procedure to remove the uterus) with removal of one or more ovaries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Separate surgery to remove one or both ovaries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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38%

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

- Yes
- No
- Prefer not to answer


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39%

 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
- Prefer not to answer


Next »

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40%

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

Age

Next »

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43%

 What statement best describes you?

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


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40%

 Why did your periods 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
- Prefer not to answer*

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41%

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

- Yes
- No
- Prefer not to answer

Powered by Qeios



42%


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

Age

Powered by Qeios



42%

 ▶ 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

Next ▶

◀ Previous

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43%

 ▶ Are you currently using prescribed hormone replacement therapy?

- Yes
- No
- Prefer not to answer

Next ▶

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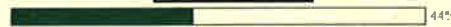
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Was the prescribed hormone replacement that you took the most often...

- A combination of estrogen and progesterone
- Estrogen only
- Progesterone only
- Something else
- Don't know
- Prefer not to answer*

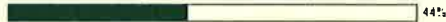
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Have you ever taken birth control pills for any reason?

- Yes
- No
- Prefer not to answer*

Powered by QdStat




 ▶ How old were you when you first took birth control pills?

Age

Powered by DataStat



 ▶ 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

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End of Women's Reproductive Health section



45%

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.

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45%

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

- Yes
- No
- Prefer not to answer*

[Next »](#) [« Previous](#)

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48%

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

Age

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46%

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

- Yes
- No
- Prefer not to answer

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47%

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.

- Yes
- No
- Prefer not to answer

Next >>

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47%

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

- Yes
- No
- Prefer not to answer

Next >>

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48%

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

- Yes
- No
- Prefer not to answer*

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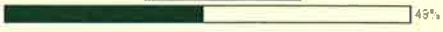


45%

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

Age

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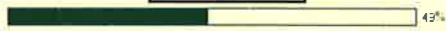
Are you currently taking any prescribed medicines for depression?

- Yes
- No
- Prefer not to answer

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Question presented to male participants:




Have you ever been diagnosed with **high blood pressure or hypertension**?

- Yes
- No
- Prefer not to answer

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Powered by CMStat

Question presented to female participants:




50%

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

Yes
 No
 Prefer not to answer

[Next](#) [Previous](#)

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50%

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


Age

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Powered by DotStat



51%

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

- Yes
- No
- Prefer not to answer


[Next »](#)

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51%

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

- Yes
- No
- Prefer not to answer

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52%

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

Age

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Powered by Survey



52%

 ▶ Have you ever been diagnosed with **heart failure**?

- Yes
- No
- Prefer not to answer

[Next](#) ▶

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Powered by Survey



53%

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


Age

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53%

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


- Yes
- No
- Prefer not to answer

[Next](#) [Previous](#)

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54%

 ▶ How old were you when you were first diagnosed with a stroke?

Age

Next ▶

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54%

 ▶ Have you ever been diagnosed with asthma?

- Yes
- No
- Prefer not to answer

Next ▶

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 ▶ How old were you when you were first diagnosed with asthma?

Age

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 ▶ Do you still have asthma?

- Yes
- No
- Prefer not to answer*

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 ▶ How old were you when your asthma stopped?

Age

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

- Yes
- No
- Prefer not to answer*

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

- Yes
- No
- Prefer not to answer

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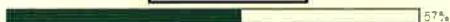


 How old were you when you were first diagnosed with Farmer's Lung?

Age

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

- Yes
- No
- Prefer not to answer

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

Age

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 ▶ Have you ever been diagnosed with **emphysema**?

- Yes
- No
- Prefer not to answer*

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 ▶ How old were you when you were first diagnosed with emphysema?

Age

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59%

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

- Yes
- No
- Prefer not to answer*

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60%

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

Age

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80%

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

- Yes
- No
- Prefer not to answer*

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81%


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

Age

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Question presented to male participants:


81%


 Have you ever been diagnosed with **diabetes**?


- Yes
- No
- Prefer not to answer*

[Next »](#) [« Previous](#)

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Question presented to female participants:


82%

 Have you ever been diagnosed with **diabetes** other than when pregnant?

- Yes
- No
- Prefer not to answer*

[Next »](#) [« Previous](#)

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92%

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

Age

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83%

Do you currently take any prescribed medicines for diabetes?

- Yes
- No
- Prefer not to answer

Next

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 Do you currently take insulin?

- Yes
- No
- Prefer not to answer*

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

- Yes
- No
- Prefer not to answer*

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84*

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

- Yes
- No
- Prefer not to answer*

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85*

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

Age

Next »

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85%

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
- Prefer not to answer*

Next »

« Previous

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85%

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

- Yes
- No
- Prefer not to answer*

Next »

« Previous

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36%

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

- Yes
- No
- Prefer not to answer

Next »

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67%

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

Age


Next »

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07%

 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
- Prefer not to answer

Next »

« Previous

Powered by QMStra



08%

 Do you currently take any prescribed medicines for underactive thyroid?

- Yes
- No
- Prefer not to answer

Next »

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 Have you ever been diagnosed with kidney stones?

- Yes
- No
- Prefer not to answer

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

Age

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▶ How many times have you had kidney stones?

_____ # Times

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

- Yes
- No
- Prefer not to answer

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▶ How old were you when you were first diagnosed with kidney disease?

Age

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▶ Have you ever been treated with dialysis?

- Yes
- No
- Prefer not to answer*

Powered by DatStat



71%

▶ How old were you when you were first treated with dialysis?

Age

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72%

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

- Yes
- No
- Prefer not to answer

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72%

 ▶ How old were you when you were first diagnosed with rheumatoid arthritis?

Age


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72%

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

- Yes
- No
- Prefer not to answer*

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73%

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

Mark an answer for each row below:

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

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74%

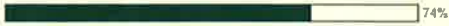
Are you currently taking any of these medicines for rheumatoid arthritis?

- Yes
- No
- Prefer not to answer

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Have you ever been diagnosed with lupus?

- Yes
- No
- Prefer not to answer

Powered by iStat



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

Age

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75%

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

- Yes
- No
- Prefer not to answer

Next »

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76%

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

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

	Yes	No	Don't know	Prefer not to answer
Hydroxychloroquine or chloroquine (Plaquenil), Methotrexate (Rheumatrex or Trexall)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Azathioprine (Imuran), Cellcept, Cytoxan, or Cyclosporine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>	<input type="radio"/>

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77%

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

- Yes
- No
- Prefer not to answer*

[next »](#) [« Previous](#)

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77%

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

- Yes
- No
- Prefer not to answer*

[Next »](#) [« Previous](#)

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75%

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

Age

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76%

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?

- Yes
- No
- Prefer not to answer

Next »

« Previous

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79%

▶ Have you ever taken any of the following medicines for Sjogren's disease?

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

	Yes	No	Don't know	Prefer not to answer
Hydroxychloroquine or chloroquine (Plaquenil), or Methotrexate (Rheumatrex or Trexall)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pilocarpine (Salagen) or Cevimeline (Evoxac), or Cyclosporine Ophthalmic (Restasis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Biologics, given by infusion or injection, such as Rituximab (Rituxan)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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80%

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

- Yes
- No
- Prefer not to answer

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

- Yes
- No
- Prefer not to answer*

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

Age

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81%

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

- Yes
- No
- Prefer not to answer

Next »

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82%

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

_____ Age


Next »

« Previous

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62%

 How many times have you been poisoned by pesticides?

Times

Next 

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83%

 Have you ever had a head injury requiring medical attention?

- Yes
- No
- Prefer not to answer*

Next 

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82%

- Have you ever had a head injury that resulted in loss of consciousness (got knocked out)?
- Yes
 - No
 - Prefer not to answer

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84%

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

Age

[Next »](#) [« Previous](#)

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84%

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

Times

Next ▶

◀ Previous

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85%

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

- Yes
- No
- Prefer not to answer


Next ▶

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85%

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

- Yes
- No
- Prefer not to answer

Next 

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85%

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

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

- Yes
- No
- Prefer not to answer*

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


- Yes
- No
- Prefer not to answer*

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87%

 How many years have you had this cough?

Years


Next 

 Previous

Powered by Data2air



87%

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

- Yes
- No
- Prefer not to answer

Next 

 Previous

Powered by Data2air



88%

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
- Prefer not to answer

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88%

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

- Yes
- No
- Prefer not to answer

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39%

 Do your hands shake or tremble?

- Yes
- No
- Prefer not to answer*

[Next »](#)

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39%

 Do your arms or legs shake?

- Yes
- No
- Prefer not to answer*

[Next »](#)

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90%

 Is your handwriting smaller than it once was?

- Yes
- No
- Prefer not to answer*

Next 

 Previous

Powered by: CatStat



90%

 Is your voice softer than it once was?

- Yes
- No
- Prefer not to answer*

Next 

 Previous

Powered by: CatStat



31%

 Do your feet shuffle when you walk?

- Yes
- No
- Prefer not to answer*

[Next »](#)

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Powered by iStatKit



31%

 Do you have trouble rising from a chair?

- Yes
- No
- Prefer not to answer*

[Next »](#)

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92%

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

- Yes
- No
- Prefer not to answer

Next »

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92%

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
- Prefer not to answer


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93%

 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.

- Yes
- No
- Prefer not to answer*


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93%

 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
- Prefer not to answer*


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94%

 ▶ 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
- Prefer not to answer*

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94%

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

- Yes
- No
- Prefer not to answer*

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95%

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.

- Yes
- No
- Prefer not to answer

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95%

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?

- Yes
- No
- Prefer not to answer

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90%

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?

- Yes
- No
- Prefer not to answer

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90%

Over the **last two weeks**, how often have you been bothered by...

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


	Not at all	Several days	More than half the days	Nearly every day	Prefer not to answer
having little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
feeling down, depressed, or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
having trouble falling or staying asleep, or sleeping too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
feeling tired or having little energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
feeling nervous, anxious, or on edge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
not being able to stop or control worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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98%

 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
- Prefer not to answer*


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 Previous

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98%

 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
- Prefer not to answer*

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99%

 Do you nap during the day?

- Yes
- No
- Prefer not to answer*

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99%

 How long do you nap?

- Less than 30 minutes
- 30 minutes to 1 hour
- More than 1 hour
- Prefer not to answer*

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Thank you for completing the AHS Health Followup Online Survey!

Please click 'Submit' to complete the survey.

On the next page, we will update your contact information.

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Contact Information

We would like to make sure that our records include your accurate contact information should we need to contact you in the future.

1. Please provide your updated phone numbers and e-mail address.

Phone Numbers: HOME:

CELL:

OTHER:

What is the best number to reach you? Home Cell Other

E-mail Address:

E-mail Address:

E-mail Address:

What is your preferred method of contact? Phone Email Mail

2. Our records indicate that your current address is:

Is this correct? No → Please enter corrections in the space provided below
 Yes → Question 3

Street Number

Street Name

Apt. Number

City

State

Zip Code

In what year did you move into your current address?
Year

3. In case we are unable to reach you, please list the name and contact information for two people who do not live with you but will know how to reach you in case you move. It is best to give the name of someone who is about your age or younger.

Person 1 - Name, Relationship, and Phone Number Information:

First name

Last name

Relationship to you:

Phone Numbers: HOME:

CELL:

OTHER:

Person 1 - Address Information:

Address:

Street Number

Street Name

Apt. Number

City

State

Zip Code

Person 2 - Name, Relationship, and Phone Number Information:

First name

Last name

Relationship to you:

Phone Numbers: HOME:

CELL:

OTHER:

Person 2 - Address Information:

Address:

Street Number

Street Name

Apt. Number

City

State

Zip Code



Thank you for taking our survey.

[Close](#)

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