

26-1. AHS Phase IV Health Follow-Up CAWI Proxy 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:

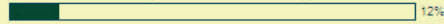
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OMB No.: 0925-0406
Expiration Date: 09/30/2016

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 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.



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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48%

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

Next >><< Previous

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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 10 - 15 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 the study participant was when something happened, please give us your best guess. When we ask how many years the study participant 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.

Next »



0%

Did he smoke a total of 100 cigarettes or more during his lifetime?

- Yes
- No
- Prefer not to answer

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1%

How old was he when he first started smoking cigarettes?

Age

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2%

 ▶ How old was he when he last smoked cigarettes?


Age

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2%

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

Cigarettes per day

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4%

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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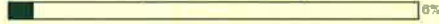
5%

Did he ever drink any type of alcoholic beverage?

- Yes
- No
- Prefer not to answer*

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▶ How old was he when he last consumed an alcoholic beverage?

Age

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▶ About how tall was he? Please answer in feet and inches, and round to the nearest inch.

Feet and inches

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▶ About how much did he weigh?

Pounds

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

- Yes
- No
- Prefer not to answer*

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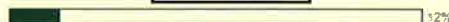


Has anyone in his immediate family related **by blood** (his mother, father, sisters, brothers, or children) ever been diagnosed with Parkinson's disease?

- Yes
- No
- Prefer not to answer*

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


- Yes
- No
- Prefer not to answer*

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13%

 ▶ These next three screens ask about different types of cancer in his 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 his **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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15%

 ▶ What type(s) of cancer have members of his **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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16%

 What type(s) of cancer have members of his **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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16%

These questions are about medical conditions the study participant may have had. Please only report conditions that were diagnosed by a doctor or other health professional.

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

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17%

Was he ever diagnosed with **Parkinson's disease**?

- Yes
- No
- Prefer not to answer

Next »

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18%

How old was he when first diagnosed with Parkinson's disease?

Age

Next »

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19%

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

- Yes
- No
- Prefer not to answer

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21%

Did he 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.

- Yes
- No
- Prefer not to answer

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22%

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

- Yes
- No
- Prefer not to answer

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23%

Was he ever diagnosed with depression?

- Yes
- No
- Prefer not to answer

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24%

▶ How old was he when first diagnosed with depression?

Age

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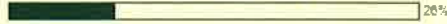


25%

▶ Was he ever diagnosed with **high blood pressure or hypertension**?

- Yes
- No
- Prefer not to answer

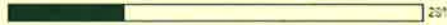
Powered by CatStat



 ▶ How old was he when first diagnosed with high blood pressure or hypertension?

Age

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 ▶ Was he ever diagnosed with a **heart attack** (or myocardial infarction)?

- Yes
- No
- Prefer not to answer

Powered by DatStat



29%

How old was he when first diagnosed with a heart attack (or myocardial infarction)?

Age

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30%

Was he ever diagnosed with heart failure?

- Yes
- No
- Prefer not to answer

Powered by QIMStat



▶ How old was he when first diagnosed with heart failure?

Age

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

- Yes
- No
- Prefer not to answer*

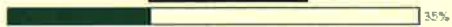
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▶ How old was he when first diagnosed with a stroke?

Age

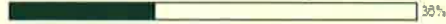
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▶ Was he ever diagnosed with asthma?

- Yes
- No
- Prefer not to answer

Powered by DataStat



▶ How old was he when first diagnosed with asthma?

Age

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▶ Was he ever diagnosed with **Farmer's Lung**?

- Yes
- No
- Prefer not to answer

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38%

How old was he when first diagnosed with Farmer's Lung?

Age

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39%

Was he ever diagnosed with idiopathic pulmonary fibrosis?

- Yes
- No
- Prefer not to answer

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40%

▶ How old was he when first diagnosed with idiopathic pulmonary fibrosis?

Age

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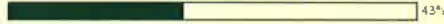


42%

▶ Was he ever diagnosed with **emphysema**?

- Yes
- No
- Prefer not to answer

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 ▶ How old was he when first diagnosed with emphysema?

Age

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 ▶ Was he ever diagnosed with **chronic bronchitis**?

- Yes
- No
- Prefer not to answer

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▶ How old was he when first diagnosed with chronic bronchitis?

Age

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▶ Was he ever diagnosed with chronic obstructive pulmonary disease (COPD)?

- Yes
- No
- Prefer not to answer

Powered by DataStat



▶ How old was he when first diagnosed with chronic obstructive pulmonary disease (COPD)?

Age

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▶ Was he ever diagnosed with diabetes?

- Yes
- No
- Prefer not to answer

Powered by DataStat



 ▶ How old was he when first diagnosed with diabetes?

Age

Powered by DataStat



 ▶ Did he ever take any prescribed medicines for diabetes?

- Yes
- No
- Prefer not to answer

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52%

Did he ever take insulin?

- Yes
- No
- Prefer not to answer

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53%

Was he ever diagnosed with **thyroid disease or thyroid problems?**

- Yes
- No
- Prefer not to answer

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54%

Was he ever diagnosed with an overactive thyroid (hyperthyroidism)?

- Yes
- No
- Prefer not to answer

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55%

How old was he when first diagnosed with an overactive thyroid?

Age

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57%

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 »

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58%

Was he ever diagnosed with an **underactive thyroid (hypothyroidism)**?

- Yes
- No
- Prefer not to answer

Next »

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Powered by QesStat



100%

How old was he when first diagnosed with an underactive thyroid (hypothyroidism)?

Age

Next

Previous

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100%

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

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Was he ever diagnosed with kidney stones?

- Yes
- No
- Prefer not to answer

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How old was he when first diagnosed with kidney stones?

Age

Powered by DatStat



▶ How many times did he have kidney stones?

Times

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▶ Was he ever diagnosed with **kidney disease**? Do not include kidney stones.

- Yes
- No
- Prefer not to answer

Powered by DataStar



Progress bar showing 66% completion.

▶ How old was he when first diagnosed with kidney disease?

Age

Navigation buttons: [Next ▶](#) and [◀ Previous](#)

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Progress bar showing 67% completion.

▶ Was he ever treated with dialysis?

- Yes
- No
- Prefer not to answer

Navigation buttons: [Next ▶](#) and [◀ Previous](#)

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69%

▶ How old was he when first treated with dialysis?

Age

[Next ▶](#)

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70%

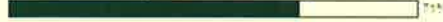
▶ Was he ever diagnosed with **rheumatoid arthritis** (an autoimmune disease)? Do not include osteoarthritis (the most common type of arthritis).

- Yes
- No
- Prefer not to answer*

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▶ How old was he when first diagnosed with rheumatoid arthritis?

Age

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▶ Did he 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%

Did he ever take 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"/>

Next »

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75%

Was he ever diagnosed with lupus?

- Yes
- No
- Prefer not to answer

Next »

« Previous

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▶ How old was he when first diagnosed with lupus?

Age

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

- Yes
- No
- Prefer not to answer

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79%

Did he ever take 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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81%

Was he ever diagnosed with Sjögren's disease?

- Yes
- No
- Prefer not to answer

Next » Previous

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82%

▶ How old was he when first diagnosed with Sjögren's disease?

Age

Next ▶▶

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84%

▶ Did he 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 ▶▶

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54%

Did he ever take 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 (Evxac), 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"/>

Next

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57%

Was he ever diagnosed with sarcoidosis?

- Yes
- No
- Prefer not to answer

Next

Powered by: iCafé



▶ How old was he when first diagnosed with sarcoidosis?

Age

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▶ Was he ever diagnosed with pesticide poisoning?

- Yes
- No
- Prefer not to answer

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91%

 How old was he when first diagnosed with pesticide poisoning?

Age

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82%

 How many times was he poisoned by pesticides?

Times

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93%

 Did he ever have a **head injury requiring medical attention?**

- Yes
- No
- Prefer not to answer*


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94%

 Did he ever have a head injury that resulted in loss of consciousness (got knocked out)?


- Yes
- No
- Prefer not to answer*

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 ▶ How old was he the first time he lost consciousness from a head injury?


Age

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 ▶ How many times did he have a head injury with loss of consciousness?

Times


[Next](#) ▶

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97%

 Did he ever have hay fever, seasonal allergies or allergic rhinitis, **whether or not it was diagnosed** by a doctor?

- Yes
- No
- Prefer not to answer


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98%

 Thank you for completing the AHS Health Follow-up Online Survey!

Can we contact you again in the future?

- Yes
- No
- Prefer not to answer

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Please click 'Submit' to complete the survey.

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

Submit	Previous
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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