

Questionnaire on work and health for farmers and agricultural industry workers

In this questionnaire you will find questions about your personal information and your work activities (part A, B and C), questions about respiratory health and allergies (part D and E), and about your smoking habits (part F).

Parts A, D, E and F are the same for all participants, parts B and C differ per sector.

If anything is unclear, you can always call us or send an email.



In case you do not want to fill in this questionnaire, we ask you to return the – uncompleted - questionnaire, including the reason you don't want to fill it in. This way, we will know whether all questionnaires have reached their destination and we can estimate whether the reasons people do not participate are of influence on the conclusions of this study.

- I do not want to complete this questionnaire, because

.....

All participants

A) General Questions

A1) What is your gender?

- Male
- Female

A2) What is your date of birth? _____ 19_____ (day, month, year)

A3) Did you grow up on a farm/agricultural company?

- Yes → Continue to question A3 a
- No → Continue to question B1

A3 a) What was the main production activity in the farm/company that you grew up in?

(Multiple answers possible)

- Livestock
- Agriculture

Farmers

B) Questions about your company

(Part B only needs to be completed by one of the owners of the farm)

B1) How many people work on the farm including yourself? (number)

B2) Was you farm previously a regular farm and did you then switch to organic farming?

- Yes → Continue to question B2a
- No → Continue to question B3

B2a) How many years ago did you start changing to organic production? (years ago)

B3) What is or what are the main production activities in your current company? Are these activities organic, biodynamic, partly organic or regular in nature? *(Multiple answers possible)*

| Type of production | Organic | Biodynamic | Partly organic | Regular |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> Dairy farm | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Cattle farm, meat production | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Poultry farm, laying hens | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Poultry farm, broilers | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Breeding sows | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Fattening pigs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Sheep or goat farm, dairy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Sheep or goat farm, meat | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Agriculture: grain | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Agriculture: fodder crops | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Agriculture: other | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Open air vegetable growth | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Flower bulbs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Trees | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Fruit | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Horticulture | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Mushrooms | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Other, i.e. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

B4) What number of the below listed farm animals do you keep on your farm?

| Farm animal | Number |
|--------------------------|--------|
| Cows | |
| Bulls | |
| Calf and heifers | |
| Laying hen | |
| Broilers | |
| Other poultry, i.e. | |
| Breeding sow | |
| Fattening pigs | |
| Goats | |
| Sheep | |
| Horses | |
| Other animals, i.e. | |
| Other animals, i.e. | |

B5) Do you use disinfectants at your farm?

- Yes → Continue to question B5 a
- No → Continue to question C1

B5 a) Which disinfectants do you use?

Only tick the boxes of the disinfectants you use regularly
(Multiple answers possible)

| | |
|--------------------------|---|
| <input type="checkbox"/> | QAC (Deosan, P3-Incidin) |
| <input type="checkbox"/> | QAC + bases (Incosept, Nofordes) |
| <input type="checkbox"/> | QAC + aldehydes (Macrodes, Megades, Favoriet Ontsmetal, Parvotek, Aldekol, CID 20, Neoseptal, Roloxid, Togodor) |
| <input type="checkbox"/> | Chloramine-T (Halamid) |
| <input type="checkbox"/> | Chlorine containing compounds (Actisan, Sumatox, Chloortabletten, natriumhypochloriet) |
| <input type="checkbox"/> | Bases+chlorine containing compounds (Quick Clean, Neomosan) |
| <input type="checkbox"/> | Other disinfectants, i.e. |

Farmers

C) Questions about your work

- C1) At what age did you start working at an agricultural company? (years)
- C2) At what age did you start working at the current agricultural company? (years)
- C3) Are you (co)owner of the company where you currently work?
- Yes
 - No
- C4) How many hours a week do you work at your current company?
- Less than 20 hours a week
 - 20 to 32 hours a week
 - 33 to 40 hours a week
 - More than 40 hours a week
- C5) Which of the below tasks **do you perform yourself?**
(Multiple answers possible)

| Task | |
|---|--|
| <input type="radio"/> Animal care | <input type="radio"/> Working with liquid manure |
| <input type="radio"/> Working with wood chips or sawdust | <input type="radio"/> Working with dry manure |
| <input type="radio"/> Working with straw | <input type="radio"/> Working with pesticides |
| <input type="radio"/> Working with hay | <input type="radio"/> Taking care of crops, outside |
| <input type="radio"/> Working with silage grass | <input type="radio"/> Taking care of crops, horticulture |
| <input type="radio"/> Personally mixing animal fodder | <input type="radio"/> Working with grain |
| <input type="radio"/> Desinfecting areas | <input type="radio"/> Sorting onions or flower bulbs |
| <input type="radio"/> Cleaning with high-pressure cleaner | <input type="radio"/> Sorting potatoes |
| <input type="radio"/> Cleaning with fire hose | <input type="radio"/> Other tasks at agricultural farm |
| <input type="radio"/> None of the above, my main task at the company is: | |

- C6) What is the most dusty task you perform, according to you?

- C7) Do you regularly use personal protective equipment during your work?
(Multiple answers possible)
- Yes, gloves
 - Yes, respiratory protection
 - No

Flower bulb industry

B) Questions about your work

B1) When did you start working at the current company?

_____ (day, month, year)

B2) How many hours a week do you work?

- Less than 20 hours a week
- 20 to 32 hours a week
- 33 to 40 hours a week
- More than 40 hours a week

B3) What is your current job title?

| |
|--|
| <input type="radio"/> Forklift driver |
| <input type="radio"/> Production worker |
| <input type="radio"/> Packaging worker |
| <input type="radio"/> Technical service, maintenance |
| <input type="radio"/> Housekeeping |
| <input type="radio"/> Cultivation-/harvest worker |
| <input type="radio"/> Lab technician |
| <input type="radio"/> Administrative employee |
| <input type="radio"/> Supervisor (Company director, Managing director) |
| <input type="radio"/> Other, i.e.:..... |

B4) Which of the following tasks do you perform and how often?

| | Never | At most half a day per week | 1 to 3 days a week | 4 to 5 days a week |
|--|-----------------------|-----------------------------------|--------------------------|--------------------------|
| <input type="radio"/> Taking care of crops, culture, harvest | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Fork lift driving | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Rinsing flower bulbs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Sorting flower bulbs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Packaging, by hand | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Packaging, automated | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Repair, maintenance | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Cleaning: cleaning up/sweeping | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Cleaning: high pressure spray | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Cleaning: compressed air | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Cleaning: fire hose | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Laboratory activities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Office work | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Other, i.e..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

B5) Where in the company do you work most of the time (tick only one box)?

| |
|--|
| <input type="radio"/> Outside |
| <input type="radio"/> Reception hall |
| <input type="radio"/> Production department |
| <input type="radio"/> Packaging department |
| <input type="radio"/> Logistics department/warehouse |
| <input type="radio"/> Workshop |
| <input type="radio"/> Laboratory |
| <input type="radio"/> Office |
| <input type="radio"/> Somewhere else i.e.:..... |

Animal feed

B) Questions about your work

B1) When did you start working at the current company?

_____ (day, month, year)

B2) How many hours a week do you work?

- Less than 20 hours a week
- 20 to 32 hours a week
- 33 to 40 hours a week
- More than 40 hours a week

B3) What is your current job title?

| |
|--|
| <input type="radio"/> Truck driver |
| <input type="radio"/> Crane driver |
| <input type="radio"/> Ship unloader (bobcat) |
| <input type="radio"/> Production worker / process operator |
| <input type="radio"/> Filling bags |
| <input type="radio"/> Forklift driver |
| <input type="radio"/> Technical service, maintenance |
| <input type="radio"/> Silo cleaner |
| <input type="radio"/> Lab / Quality worker |
| <input type="radio"/> Administrative assistant |
| <input type="radio"/> Supervisor (Company director, Managing director) |

B4) Which of the following tasks do you perform and how often?

| | Never | At most half a day per week | 1 to 3 days a week | 4 to 5 days a week |
|--|-----------------------|-----------------------------------|--------------------------|--------------------------|
| <input type="radio"/> Unloading raw materials | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Control room | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Weighing and adding special ingredients | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Forklift driving | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Loading and filling-up bags | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Truck loading | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Repair, maintenance | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Cleaning: cleaning up/sweeping | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Cleaning: vacuuming | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Cleaning: compressed air (clothing) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Laboratory work | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Officework | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Machinery pressing, unloading, mixing, sacking | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

B5) Where in the company do you work most of the time (tick only one box)?

| |
|---|
| <input type="radio"/> Outside (unloading ships) |
| <input type="radio"/> (Un)loading bulk transport trucks |
| <input type="radio"/> Control room |
| <input type="radio"/> Factory floor |
| <input type="radio"/> Sacking department |
| <input type="radio"/> Dispatch room |
| <input type="radio"/> Workshop |
| <input type="radio"/> Laboratory |
| <input type="radio"/> Office |

Union industry

B) Questions about your work

B1) When did you start working at the current company?

_____ (day, month, year)

B2) How many hours a week do you work?

- Less than 20 hours a week
- 20 to 32 hours a week
- 33 to 40 hours a week
- More than 40 hours a week

B3) What is your current job title?

| |
|--|
| <input type="radio"/> Forklift driver |
| <input type="radio"/> Production worker |
| <input type="radio"/> Packaging |
| <input type="radio"/> Technical service, maintenance |
| <input type="radio"/> Housekeeping |
| <input type="radio"/> Cultivation-/harvest worker |
| <input type="radio"/> Lab technician |
| <input type="radio"/> Administrative employee |
| <input type="radio"/> Supervisor (Company director, Managing director) |
| <input type="radio"/> Other, i.e.:..... |

B4) Which of the following tasks do you perform and how often?

| | Never | At most half a day per week | 1 to 3 days a week | 4 to 5 days a week |
|---|-----------------------|-----------------------------------|--------------------------|--------------------------|
| <input type="radio"/> Taking care of crops, cultivation, harvesting | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Forklift driving | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Onion cleaning | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Onion sorting | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Packing | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Repair, maintenance | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Cleaning: cleaning up/sweeping | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Cleaning: high pressure spray | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Cleaning: compressed air | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Cleaning: fire hose | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Laboratory activities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Office work | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Other, i.e..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

B5) Where in the company do you work most of the time (tick only one box)?

| |
|--|
| <input type="radio"/> Outside |
| <input type="radio"/> Crop reception |
| <input type="radio"/> Production |
| <input type="radio"/> Packaging |
| <input type="radio"/> Logistics department/warehouse |
| <input type="radio"/> Workshop |
| <input type="radio"/> Laboratory |
| <input type="radio"/> Office |
| <input type="radio"/> Somewhere else i.e.:..... |

Seed industry

B) Questions about your work

B1) When did you start working at the current company?

_____ (day, month, year)

B2) How many hours a week do you work?

- Less than 20 hours a week
- 20 to 32 hours a week
- 33 to 40 hours a week
- More than 40 hours a week

B3) What is your current job title?

| |
|--|
| <input type="radio"/> Forklift driver |
| <input type="radio"/> Production worker/ process operator |
| <input type="radio"/> Packaging |
| <input type="radio"/> Technical service, maintenance |
| <input type="radio"/> Housekeeping |
| <input type="radio"/> Cultivation worker |
| <input type="radio"/> Lab technician |
| <input type="radio"/> Administrative employee |
| <input type="radio"/> Supervisor (Company director, Managing director) |
| <input type="radio"/> Other, i.e.:..... |

B4) Which of the following tasks do you perform and how often?

| | Never | At most half a day per week | 1 to 3 days a week | 4 to 5 days a week |
|---|-----------------------|-----------------------------------|--------------------------|--------------------------|
| <input type="radio"/> Taking care of crops, cultivation, harvesting | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Forklift driving | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Tilting / decanting | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Cleaning | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Mixing | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Seed disinfecting, coating | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Packaging | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Repair, maintenance | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Cleaning: cleaning up/sweeping | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Cleaning: vacuuming | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Cleaning: compressed air | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Laboratory activities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Office work | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Other, i.e..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

B5) Where in the company do you work most of the time (tick only one box)?

| |
|--|
| <input type="radio"/> Outside |
| <input type="radio"/> Greenhouse |
| <input type="radio"/> Crop reception |
| <input type="radio"/> Production floor |
| <input type="radio"/> Packaging department |
| <input type="radio"/> Logistics department/warehouse |
| <input type="radio"/> Workshop |
| <input type="radio"/> Laboratory |
| <input type="radio"/> Office |
| <input type="radio"/> Somewhere else i.e.:..... |

All company workers (not farmers)

B6) What is the most dusty work you perform, according to you?
.....

B7) Do you regularly use personal protective equipment during your work?
(Multiple answers possible)

- Yes, gloves
- Yes, respiratory protection
- No

B8) Before you started this job, did you work at another company in the flowerbulb/animal feed/ onion/seed industry?

- Yes → How long?Years
- No

B9) Before you started work in the flowerbulb/animal feed/ onion/seed industry, did you have another job at which you were exposed to dust?
E.g. bakery, grain industry, agriculture, etc.

- Yes → Continue to question B9a
- No

B9 a) What company or companies?

| | | |
|-------|-----------|------------|
| | How long? |Years |
| | How long? |Years |
| | How long? |Years |

All company workers (not farmers)

C) Questions about personal hygiene

- C1) Do you ever eat or drink at your work station (so outside the office or canteen)?
- Yes, always
 - Yes, some times
 - No
- C2) Do you usual shower at the end of your work day?
- Yes, at work
 - Yes, at home
 - No
- C3) Does your company wash your work clothes or do you wash them at home?
- The company
 - Partly by the company, partly at home
 - At home
- C4) Do you change clothes at home or at work?
- At work
 - At home

All participants

D) Questions about health

- D1) Do you ever have problems breathing?
- Continuously, my breath is never completely fine
 - Repeatedly, but it always recovers completely
 - Never/rarely
- D2) In the past 12 months, did you cough almost daily for three consecutive months?
- Yes
 - No
- D3) In the past 12 months, did you ever wake up due to coughing?
- Yes
 - No
- D4) In the past 12 months, did you cough up phlegm almost daily for 3 consecutive months?
- Yes
 - No
- D5) In the past months, did you ever wake up with chest tightness?
- Yes
 - No
- D6) Are you troubled by shortness of breath when hurrying on level ground, or when walking up a slight incline or taking the stairs at a normal pace?
- Yes → Continue to question D6 a
 - No → Continue to question D7
- D6a) Do you get short of breath walking with other people of your own age on level ground in normal pace?
- Yes
 - No
- D7) Have you had attacks of wheezing at any time in the last 12 months?
- Yes → Continue to question D7 a
 - No → Continue to question D8
- D7 a) Were you troubled with shortness of breath during this wheezing?
- Yes
 - No
- D7 b) Have you had this wheezing without having a cold?
- Yes
 - No

D8) Did you ever have to change jobs due to bronchitis or emphysema?

- Yes
- No

D9) In the last 12 months, did you use medicines for bronchitis or emphysema?

- Yes → Continue to question D9 a
- No → Continue to question D10

D9 a) What medicines have you used for bronchitis or emphysema?

Multiple answers possible

- Ventolin
- Atrovent
- Bricanyl
- Prednison
- Other, i.e.

D10) Have you at any time in the last 12 months been woken at night by a attack of shortness of breath?

- Yes
- No

D11) Were you at any time in the last 12 months troubled by an attack of shortness of breath during the day while at rest?

- Yes
- No

D12) Were you at any time in the last 12 months troubled by an attack of shortness of breath after exercise?

- Yes
- No

D13) Have you ever had asthma?

- Yes → Continue to question D13 a
- No → Continue to question D14

D13 a) Was the asthma confirmed by a doctor?

- Yes → Continue to question D13 b
- No → Continue to question D13 c

D13 b) How old were you when diagnosed with asthma?year

D13 c) Have you had an asthma attack in the last 12 months?

- Yes → Continue to question D13 d
- No → Continue to question D13 f

D13 d) How many asthma attacks have you had in the past 12 months?

D13 e) Have you had an asthma attack during work in the past 12 months?

- Yes
- No

D13 f) Are you currently using medicines for asthma (inhalers, aerosols, tablets)?

- Yes → Continue to question D13 g
- No → Continue to question D14

D13 g) What medicines have you used for asthma?

Multiple answers possible

- Ventolin
- Pulmicort
- Atrovent
- Bricanyl
- Becotide
- Symbicort
- Flixotide
- Prednison
- Other, i.e.

D14) Are you or have you been hypersensitive or allergic to one or more substances?

- Yes → Continue to question D14 a
- No → Continue to question D15

D14 a) If yes, please tick the applicable boxes below and indicate which symptoms you have?

Multiple answers possible.

| | | Sneezing or runny nose | Breathlessness (asthma) | Itchy or red skin | Itchy or teary eyes |
|-----------------------|------------------------|------------------------------|----------------------------|-----------------------|------------------------|
| <input type="radio"/> | House dust | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | Food | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | Animals | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | Plants or grass pollen | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

D14 b) In the last 12 months, have you been to a general physician or specialist due to your allergic symptoms?

- Yes
- No

D14 c) In the last 12 months, have you ever had to leave your work due to allergic symptoms?

- Yes
- No

D15) Have you ever had to change jobs because of asthma?

- Yes
- No

D16) Have you ever had to change jobs due to allergy?

- Yes
- No

D17) Have you ever had to change jobs due to other health problems?

- Yes
- No

D18) Have you ever had wheeze, shortness of breath or chest tightness due to certain work tasks or workplaces in the past 12 months?

- Yes → Continue to question D18 a
- No → Continue to question D19

D18 a) What workplaces or work tasks do you associate with these symptoms?

.....

D18 b) When did the symptoms begin?

- Within 4 hours of starting work
- More than 4 hours after starting work

D19) In the last 12 months, have you experienced sudden onset of flu-like symptoms like fever, shivering, malaise, muscle or joint ache, from which you recovered completely within 1-2 days?

- Yes → Continue to question D19 a
- No → Continue to question D20

D19 a) What workplaces or work tasks do you associate with these symptoms?

.....

D19 b) How often did this happen in the last 12 months? times

D 20) In the last 12 months, how often have you suffered from one or more of below symptoms?

AND

Do these symptoms get worse during or after your work?

| | How often did you have this symptom? | | | | Does it get worse during or after work? | |
|--|--------------------------------------|-----------------------|-----------------------|-----------------------|---|-----------------------|
| | Daily or almost daily | 1 to 2 times a week | 1 to 2 times a month | (almost) never | No | Yes |
| 1. Dry cough | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Coughing up phlegm | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Wheezing | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Shortness of breath with wheezing | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Shortness of breath | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Chest tightness | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Stuffy nose | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Runny nose | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. Itchy nose or sneezing | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. Dry throat or throat ache | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. Itchy, watering eyes | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. Itchy or red skin for more than 2 days | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. Skin rash | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. Headache | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. Heavy/oppressive feeling in your head | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. Dizziness | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17. Unusual fatigue | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. Difficulty concentrating | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. Fever | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20. Chills, attacks of shivering | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21. Joint pain | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22. Muscle pain (not sport related) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 23. Palpitation of the heart | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 24. Nausea | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25. Heartburn | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 26. Loss of appetite | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 27. Vomiting | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

All participants

E) Questions about respiratory problems in your family

E1) Has your father or mother ever had asthma?

- Yes
- No
- I don't know

E2) Has your father or mother ever had 'hay fever' or another nose allergy?

- Yes
- No
- I don't know

E3) How many siblings do you have or have you had?

- None → Continue to question E4
- (number of siblings) → Continue to question E3 a

E3 a) Have your brothers or sisters ever had asthma?

- Yes
- No
- I don't know

E3 b) Have your brothers or sisters ever had 'hay fever' or another nose allergy?

- Yes
- No
- I don't know

E4) As far as you know, have one of your family members (grandparents, parents or siblings) ever stopped working on a farm / agricultural company due to respiratory symptoms or allergy?

- Yes
- No
- I don't know
- My family members have never worked on a farm/agricultural company

All participants

F) Questions about smoking

F1) During your entire life, have you smoked more than 100 cigarettes/ 50 cigars /500 grams of pipe tobacco?

- Yes, I used to smoke, but I have now stopped smoking
- Yes, I still smoke
- No

F2) Can you indicate how many cigarettes, cigars and grams of pipe tobacco you smoke on a daily basis (or smoked when you used to smoke)? (1 pack of shag = 40 cigarettes)

- cigarettes per day
- cigars per day
- Pipe tobacco grams per day

F2 a) How old were you when you started smoking? years

F2 c) If applicable: how old were you when you (for the last time) quit smoking?
..... years

Do you have anything to add to this questionnaire with regard to your work environment or your health, or do you have any remarks or suggestions with regard to this questionnaire?

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