

In accordance with article 27 of the French Data Protection Act 78-17 dated 6th January 1978, any personal information collected will be recorded in a computer file in the strictest respect of personal confidentiality. No questions are mandatory and you may exercise your right to directly access and correct any personal information by writing to the study coordinator: Pierre Lebailly (Centre F. Baclesse, Avenue du Général Harris, 14076 Caen Cedex 05). We will only have access to nominative information if you complete this questionnaire. Nominative information obtained via the present questionnaire shall be made available neither to MSA social security offices nor to registries.



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Principal study sponsors

A study is being launched in your area in order to enhance our knowledge on professional risks and to improve the health and safety of those in the agricultural profession by developing **Prevention**. Your participation is absolutely **essential**.

To take part in the study, please complete the questionnaire (which generally takes 30 minutes) and return it to us as soon as possible in the enclosed envelope; no stamp is required.

Should you encounter any difficulty in answering certain questions, or should you require any further information, you may call the free phone N° Vert number opposite (from 9 a.m. to 5 p.m. Monday to Friday) or consult the following website: www.grecan.org.



The study is being conducted in 12 French départements (see map top right) in extension to a project conducted in Calvados since 1995. It is coordinated by the François Baclesse Cancer Centre (GRECAN) in association with the Faculty of Medicine of Bordeaux (LSTE) and in partnership with the Mutualité Social Agricole and Cancer Registries.

You are, or have in the past been affiliated to the MSA agricultural social security scheme. For the success of the study, it is important that you respond, whether you are currently active or retired, whether your work involves(ed) a farm business or an agricultural establishment, whether or not you work(ed) in contact with farm-bred animals or use(d) chemicals as pesticides...

Any information you provide will be considered as strictly confidential, will be processed exclusively by members of the research team and will be analysed in a totally anonymous manner. Your participation is voluntary and involves no commitment whatsoever.

We thank you most sincerely for your contribution and trust that you will indeed participate.

On behalf of the GRECAN

	Pierre Lebailly www.grecan.or			
Guide for completing to question:	t <b>he questionnaire:</b> This que	stionnaire co	omprises three	distinct types of
1) Questions requiring you si	imply to tick the appropriate box			
For example:	question A4 – Are you:	☐ A man	A woman	
2) Questions requiring you to	insert figures or letters in the app	ropriate box(es	s) (one figure or o	ne letter per box)
For example: question /	A1 – How long have you lived at	your current a	address?	years
	write your answer in a larger box ne employment table at the foot of			
	mation on the top of this page, versions of error, please enter corr			lling of your surname and
URNAME		FIRST NA	AME	

Α.	GEN	IERAL II	NFORMATION				1	Page 2/8						
	A1 – How long have you lived at your current address?													
	A2 -	What is	your date of bir	rth?										
	A3 –	What is	your place of b	irth?										
			ench <i>départeme</i>		In which country	y?								
		Are you:		man?	☐ A woman?									
	A5 –	What is	your current m	arital status?	□ Single □ Married	or living		orced or separated ow(er)						
	A6 – What is your highest level of qualification/training (even if you do not have the associated diploma)?  No qualification													
	B1 – What is your current professional situation (you may tick several boxes, particularly if you have several,													
	simultaneous activities)?  □ Professionally active farmer or co-farmer □ Unemployed □ Other (please specify in the space provided opposite):  □ Professionally active employee □ On extended sick leave □ On sick leave													
	B2 -	Since w	hich year has tl	nis been your p	rofessional situation?									
					the positions you have o tain periods, you occup									
	plea	se note tl	hem one after a	nother. If you a	are retired, please note t	he posit	ions you occupied	in the past.						
			Start year	End or current year	Name and location of the business or compan		Position occupied please be specific)	What where your key responsibilities?						
	Sé	Job 1	1 9 8 0	1 9 8 4	Farm X Le village fleuri	14xxx [	Family help	Milking cows						
	mples	Job 2	1 9 8 5	1990	Conseil Général du Calv 14000 Caen	rados [	Bus driver	School bus round - driving						
	Exal	Job 3	1 9 9 1	2005		14xxx [	Farmer	Milking cows Treating Crops Mechanical tasks						
	Job	1												
	Job	2												
	Job	3												
	Job	4												
	Job	5												
	Job	6												
	Job	7												

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B4 – Throughou	t your professional career, have	_	1					age 3/6	
		No	Yes	lf y	yes, for	s, for how many years?			
Mechanical tasks (exc						<u> </u>	years		
Major repair of pestici	de crop sprayers?					<u> </u>	years	3	
Maintenance/servicing	g of pesticide crop sprayers?						years	3	
C. HISTORY OF A	GRICULTURAL ACTIVITIES	ON A FARI	И						
Have you already w  C1 – Breeding a		□ tic	Yes, Pleas		ne follo	wing	g tables	page 5) , not forgetting to hich you have not	
Have you worked in the following breeding sectors?	Have you <b>personally</b> carried out the following tasks? (you may tick several boxes)		year Er	nd or current year	Mii			of animals  Maximum	
	□ Animal care				Minimum				
Cattle:  ☐ No	☐ Milking					] ]			
□ Yes	☐ Insecticide treatment (against warble-flies, flies)								
	□ Local disinfection								
	☐ Milking equipment disinfection								
Sheep or goats:	☐ Animal care								
□ No	☐ Milking								
□ Yes	☐ Insecticide treatment								
	☐ Local disinfection								
	☐ Milking equipment disinfection								
Pigs:	☐ Animal care								
□ No	☐ Insecticide treatment								
☐ Yes	☐ Local disinfection								
<u>Horses</u> :	☐ Animal care								
□ No □ Yes	☐ Insecticide treatment								
Poultry:	☐ Animal care								
□ No □ Yes Specify	☐ Insecticide treatment								
<ul><li>☐ Hens/Chickens</li><li>☐ Turkeys/Turkey cocks</li><li>☐ Ducks/Geese</li></ul>	☐ Local disinfection								
Other breeding types (pspecify in the space be rabbits, guinea-fowl, be etc	low): Start year End or		um numbe animals					rsonally carry pace provided	

C2 - Viticulture-Cereals-Grassland-Orchards-Greenhouses-Other crops

Have you worked in the following agricultural sectors?	Have you <b>personally</b> carried out the following tasks? (you may tick several boxes)	Start year	End or current year	Minimum surface area (in ha)	Maximum surface area (in ha)		
Grassland:	☐ Herbicide treatment						
□ No □ Yes	No ☐ Yes ☐ Haymaking						
Vineyard:	☐ Cultivation chores (cutting and other manual tasks)						
□ No	☐ Pesticide or herbicide treatment						
□ Yes	☐ Grape harvesting/picking						
	□ Cellar work						
	☐ Park maintenance						
Corn – grain or for silage:	☐ Seeding treatment on the farm						
□ No	□ Sowing						
□ Yes	☐ Pesticide or herbicide treatment						
	☐ Harvesting						
Wheat or barley:	☐ Seeding treatment on the farm						
□ No	□ Sowing						
☐ Yes	☐ Pesticide or herbicide treatment						
	☐ Harvesting						
Field pea or horse bean:	☐ Seeding treatment on the farm						
□ No	□ Sowing						
□ Yes	☐ Pesticide or herbicide treatment						
	☐ Harvesting						
Sugar beet or mangel:	☐ Seeding treatment on the farm						
□ No	☐ Sowing or planting						
□ Yes	☐ Pesticide or herbicide treatment						
	☐ Harvesting						
Sunflower:	☐ Seeding treatment on the farm						
□ No	□ Sowing						
□ Yes	☐ Pesticide or herbicide treatment						
	☐ Harvesting						
Rape:	☐ Seeding treatment on the farm						
□ No	□ Sowing						
□ Yes	☐ Pesticide or herbicide treatment						
	☐ Harvesting						

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Have you worked in the following agricultural sectors?	Have you personally carried out the following tasks? (you may tick seve boxes)			Start year	End or current year	Minimum surface area (in ha)	Maximum surface area (in ha)			
<u>Tobacco</u> :	☐ Sowing or pla	inting								
□ No □ Yes	☐ Pesticide or h	erbicio	de treatment							
	☐ Harvesting/G	atherir	ng							
Arboriculture (orchards): Please tick appropriate tree(s):	□ Cutting									
□ None □ Apple	☐ Pesticide or h	erbicio	de treatment							
□ Pear □ Plum	☐ Harvesting/Pi	cking								
☐ Peach ☐ Cherry ☐ Other	☐ Other tasks (  space provided)		specify in the							
Other crops	Start y	/ear	End or current year	Maximum surfac	carry out?	asks did you <b>p</b> please specify elow)				
Potatoes  □ No □ Y	es			ha	☐ Planting☐ Pesticide☐ Harvesti	<ul> <li>□ Seeding treatment on the farm</li> <li>□ Planting</li> <li>□ Pesticide or herbicide treatment</li> <li>□ Harvesting</li> <li>□ Other tasks</li> </ul>				
Other field-grown vegeta				ha						
Greenhouse or tunnel cultivation				r	m²					
Other (please specify in t										
Other (please specify in t space provided)				ha or m²						
D. FUNGICIDES, INSE	CTICIDES OR	HERE	I BICIDES USEI		· ·	IONAL CARE	ER			
D1 – Have you used the herbicides throughout	fungicides or in	sectic	ides or			ectly to paragrap				
D2 – Do you rememb career and on what c			□ No	☐ Yes			essional			
D3 – Do you still have			·		□ No	□ Yes				
E. PERSONAL PROTE										
When using fungicides,	insecticides or		cides during yo							
personal protective equ	ipment?		□ No	, ,	res, please com	plete the table	below)			
		Wate	erproof gloves?	A disposable cover		A mask with fi	ilter cartridge?			
Never Occasionally										
Systematically As from which year?							<u> </u>			
During preparation?										

F. EQUIPMENT USED TO TREAT CROPS (vineyards, orchards, greenhouses, wheat, corn, rape, grassland, etc)  Page 6/8												age 6/8										
F1 H	F1 Have you ever used spraying equipment?  (excluding equipment used in the farmyard, on embankments and hedges, which is dealt with in question F2)  Yes																					
If yes, please complete the table below: One line is specifically reserved for backpack sprayers. For other equipment, please complete a different line for each. <u>For example</u> : if you used a mounted sprayer with a 1,000 litre tank and a tractor without cabin from 1960 to 1980, that would be equipment 1, then if you used the same sprayer but with a closed cabin from 1980 to 1990, that would be equipment 2 and, finally, if, from 1990 to 2005 you used a towed sprayer with a closed cabin, that would be equipment 3. If you concurrently used backpack sprayer from 1980 to 2005, that would be noted on the backpack sprayer line.																						
•	Type of equipment	Tank volume (in litres)	Crops treated with this equipment				ar u:	sed	La	st ye	ear	used		•	r of d per	tan	epared itment	are	Surface a tree er day ha)	ated	Equipment cleaning	
	Have you ever used a backpack sprayer?		□ Vineyards								][										☐ Never☐ Once yearly	
	□ No	litres	□ Orchards								][										☐ After each treatment type	
	□ Yes		□ Greenhouses										_								□After each use	
			☐ Wheat, corn, rape, grassland																			
_	<ul><li>☐ Mounted tank</li><li>☐ Towed tank</li></ul>	Volume	□ Vineyards										_								☐ Never☐ Once yearly	
ent	☐ High clearance or self- propelled tractor			□ Orchards										_								☐ After each treatment type
Equipment	<ul><li>□ Between row tractor</li><li>□ Mist blower</li></ul>		☐ Greenhouses																		□After each use	
Equ	Other (please specify below):	Tractor with cabin? ☐ No ☐ Yes	☐ Wheat, corn, rape, grassland																			
7	<ul><li>☐ Mounted tank</li><li>☐ Towed tank</li></ul>	Volume	□ Vineyards								][										☐ Never☐ Once yearly	
	☐ High clearance or self- propelled tractor		☐ Orchards																		☐ After each treatment type	
Equipment	<ul><li>□ Between row tractor</li><li>□ Mist blower</li></ul>		□ Greenhouses																		□After each use	
Equ	Other (please specify below):	Tractor with cabin? ☐ No ☐ Yes	☐ Wheat, corn, rape, grassland																			
က	<ul><li>☐ Mounted tank</li><li>☐ Towed tank</li></ul>	Volume	□ Vineyards																		☐ Never☐ Once yearly	
ent	☐ High clearance or self- propelled tractor		☐ Orchards																		☐ After each treatment type	
Equipment	<ul><li>□ Between row tractor</li><li>□ Mist blower</li></ul>		□ Greenhouses																		□After each use	
Eq	Other (please specify below):	Tractor with cabin?	☐ Wheat, corn, rape, grassland																			

☐ Yes, what type of sprayer did you use?																			
	nrava	r with c	corov	lanco															
<ul><li>☐ Manual, backpack</li><li>☐ Tractor s</li><li>☐ Other, please specify:</li></ul>	praye	Willia	а Бргау	lance															
a curer, produce specify.																			
		(11	``																
How many times did	you us	e it (th	em) pe	er year?			times/year												
B. PLACE OF RESIDENCE DURING CHILDHOOD																			
G1 – What was your home address during the	first y	ear of	your o	:hildhood?	'														
Number Street Street																			
POST CODE TOWN TOWN TOWN																			
G2 – How many years did you live at that address?																			
G3 – Was your home located within a farming business? □ No □ Yes																			
If yes: what were the farm's principle activities? (y	If yes: what were the farm's principle activities? (you may tick several activities)																		
☐ Grassland ☐ Vineyards ☐ Greenhouses ☐ Market gardening ☐ Wheat, barley, corn, field pea, rape, liner Breeding: ☐ Cattle ☐ Sheep ☐ I			I Poult		er (please spe	cify in the spa	ce below):												
H. HEALTH																			
H1 – Do you consider your current health to be	<u> </u>																		
<u> </u>	Medio	ero.		Poor	□ Very p	oor													
	viculo	JI G		001	L Very h	)OOI													
H2 – Please specify in the space provided:																			
H3 – Your height (in cm)?	cm	H4	l – You	ır usual we	eight (in kg)?		kg												
H5 – Over the past 12 months, how many time	s have	e vou:																	
		Not :	at all	1 to 2	3 to 6	7 to 12	More than												
		INOL	al all	times	times	times	12 times												
Consulted your GP?			]																
	າ)?				_														
H6 – Has a doctor already diagnosed you with the following disorders/diseases?																			
no – nas a doctor aiready diagnosed you with			g alse	raers/aise	45 <del>6</del> 5 {														
по – паѕ а doctor already diagnosed you with						u when first	: diagnosed?												
по – паѕ а doctor already diagnosed you with	No	Yes	If		age were yo														
Hay fever			If	yes, what r 20 years	age were yo														
	No	Yes	If	yes, what	age were yo 20-39 years	40-60 yea	rs over 60 years												
Hay fever Eczema Asthma	No	Yes	If	yes, what	age were yo 20-39 years	40-60 yea	rs over 60 years												
Hay fever Eczema	No	Yes	If	yes, what r 20 years	age were yo 20-39 years	40-60 yea	rs over 60 years												
Hay fever Eczema Asthma Chronic bronchitis Emphysema	No  □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Yes	If	yes, what	age were yo 20-39 years	40-60 yea	rs over 60 years												
Hay fever Eczema Asthma Chronic bronchitis Emphysema Farmer's Lung	No	Yes	If	yes, what	age were yo 20-39 years	40-60 yea	rs over 60 years												
Hay fever Eczema Asthma Chronic bronchitis Emphysema Farmer's Lung Heart attack (Infarct) or Angina (Angina Pectoris)	No	Yes	If	yes, what	age were yo 20-39 years	40-60 yea	rs over 60 years												
Hay fever Eczema Asthma Chronic bronchitis Emphysema Farmer's Lung Heart attack (Infarct) or Angina (Angina Pectoris) Heart rhythm disorders	No	Yes	If	yes, what	age were yo 20-39 years	40-60 yea	rs over 60 years												
Hay fever Eczema Asthma Chronic bronchitis Emphysema Farmer's Lung Heart attack (Infarct) or Angina (Angina Pectoris) Heart rhythm disorders Arterial hypertension	No	Yes	If	yes, what or 20 years	age were yo 20-39 years	40-60 yea	rs over 60 years												
Hay fever Eczema Asthma Chronic bronchitis Emphysema Farmer's Lung Heart attack (Infarct) or Angina (Angina Pectoris) Heart rhythm disorders Arterial hypertension Thyroid disease	No	Yes	If	yes, what	age were yo  20-39 years	40-60 yea	rs over 60 years												
Hay fever Eczema Asthma Chronic bronchitis Emphysema Farmer's Lung Heart attack (Infarct) or Angina (Angina Pectoris) Heart rhythm disorders Arterial hypertension Thyroid disease Retinal (or macular) disease	No	Yes	If	yes, what	age were yo 20-39 years	40-60 yea	rs over 60 years												
Hay fever Eczema Asthma Chronic bronchitis Emphysema Farmer's Lung Heart attack (Infarct) or Angina (Angina Pectoris) Heart rhythm disorders Arterial hypertension Thyroid disease Retinal (or macular) disease Diabetes	No	Yes	If	yes, what	age were yo 20-39 years	40-60 yea	rs over 60 years												
Hay fever Eczema Asthma Chronic bronchitis Emphysema Farmer's Lung Heart attack (Infarct) or Angina (Angina Pectoris) Heart rhythm disorders Arterial hypertension Thyroid disease Retinal (or macular) disease Diabetes Depression	No	Yes	If	yes, what	age were yo 20-39 years	40-60 yea	rs over 60 years												
Hay fever Eczema Asthma Chronic bronchitis Emphysema Farmer's Lung Heart attack (Infarct) or Angina (Angina Pectoris) Heart rhythm disorders Arterial hypertension Thyroid disease Retinal (or macular) disease Diabetes Depression Parkinson's Disease	No	Yes	If	yes, what	age were yo 20-39 years	40-60 yea	rs over 60 years												
Hay fever Eczema Asthma Chronic bronchitis Emphysema Farmer's Lung Heart attack (Infarct) or Angina (Angina Pectoris) Heart rhythm disorders Arterial hypertension Thyroid disease Retinal (or macular) disease Diabetes Depression	No	Yes	If	yes, what	age were yo 20-39 years	40-60 yea	rs over 60 years												
Hay fever Eczema Asthma Chronic bronchitis Emphysema Farmer's Lung Heart attack (Infarct) or Angina (Angina Pectoris) Heart rhythm disorders Arterial hypertension Thyroid disease Retinal (or macular) disease Diabetes Depression Parkinson's Disease	No  O O O O O O O O O O O O O O O O O O	Yes	If Under	yes, what	age were yo 20-39 years	40-60 yea	rs over 60 years												
Hay fever Eczema Asthma Chronic bronchitis Emphysema Farmer's Lung Heart attack (Infarct) or Angina (Angina Pectoris) Heart rhythm disorders Arterial hypertension Thyroid disease Retinal (or macular) disease Diabetes Depression Parkinson's Disease Alzheimer's Disease  H7 – Do you suffer from: - Trembling hands or - Rigidity in your arm	No  I I I I I I I I I I I I I I I I I I I	Yes	If Under	yes, what	age were yo 20-39 years	40-60 yea	rs over 60 years												
Hay fever Eczema Asthma Chronic bronchitis Emphysema Farmer's Lung Heart attack (Infarct) or Angina (Angina Pectoris) Heart rhythm disorders Arterial hypertension Thyroid disease Retinal (or macular) disease Diabetes Depression Parkinson's Disease Alzheimer's Disease  H7 – Do you suffer from:  - Trembling hands or - Rigidity in your arm - Slowness or stiffnes	No  I I I I I I I I I I I I I I I I I I I	Yes	Iff Unde	yes, what	age were yo 20-39 years	40-60 yea	rs over 60 years												

I1 - Generally speaking, how often do you eat/drink the following: (Please tick one single box per line)

	Never or less than	Number of times	Number of times per week								
Mills and dains much to -	once a month	per month	•								
Milk and dairy produce		1□ 2□ 3□ 1□ 2□ 3□	1□ 2 or3□ 4 to 6□ 7 or+□ 1□ 2 or3□ 4 to 6□ 7 or+□								
Meat, poultry or game  Offal (Liver, kidney, brain, tongue, heart, tripe)		1 2 3	1□ 2 or3□ 4 to 6□ 7 or+□								
Delicatessen (pâté, ham, dry sausage)		1 2 3	1□ 2 or3□ 4 to 6□ 7 or+□								
Fish or seafood		1 2 3	1□ 2 or3□ 4 to 6□ 7 or+□								
Eggs		1□ 2□ 3□	1□ 2 or3□ 4 to 6□ 7 or+□								
Cereal-based produce (pasta, rice, semolina)		1□ 2□ 3□	1□ 2 or3□ 4 to 6□ 7 or+□								
Bread		1□ 2□ 3□	1□ 2 or3□ 4 to 6□ 7 or+□								
Raw or cooked fruit		1□ 2□ 3□	1□ 2 or3□ 4 to 6□ 7 or+□								
Potatoes		1□ 2□ 3□	1□ 2 or3□ 4 to 6□ 7 or+□								
Dry vegetables (lentils, dry/broad beans, chick peas)		1 2 3	1□ 2 or3□ 4 to 6□ 7 or+□								
Cooked or raw vegetables		1□ 2□ 3□	1□ 2 or3□ 4 to 6□ 7 or+□								
Cider		1□ 2□ 3□	1□ 2 or3□ 4 to 6□ 7 or+□								
Beer		1□ 2□ 3□	1□ 2 or3□ 4 to 6□ 7 or+□								
Wine		1□ 2□ 3□	1□ 2 or3□ 4 to 6□ 7 or+□								
Aperitifs/Liqueurs		1 2 3	1□ 2 or3□ 4 to 6□ 7 or+□								
Soft drinks (soda)		1 2 3	1□ 2 or3□ 4 to 6□ 7 or+□								
I2 – Have you ever smoked cigarettes, cigars or a pipe throughout your life?  ☐ No (go directly to paragraph J) ☐ Yes  Start year ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐											
l3 – For a total of how many years did you smo	oke? yea	ars (please deduct any )	years during which you stopped smoking)								
I4 – Do you currently smoke? ☐ No	☐ Yes										
I5 – How many do (did) you smoke on ave	erage per day?										
cigarettes per day cigars per day pipes per day											
. QUESTIONS TO BE COMPLETED BY WOMEN ONLY											
J1 – What age were you when you had your first period? years											
J2 – Have you ever taken a contraceptive pill	I? □ No	□ Yes									
If yes, for a total of how many years did you	u take a contracepti	ive pill? yea	NTS (Don't forget to deduct any interruptions)								
J3 – Have you ever taken hormonal treatmen	t for sterility?	□ No	Yes								
J4 – How many pregnancies have you had (in			pregnancies en pregnant, please go to question J8)								
J5 – How many children have you given birth		hildren	en pregnant, please go to question 30)								
J6 – What are your children's years of birth (	starting with the o	Idest)?									
1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>								
J7 – How many children did you breast feed?	? children										
If you breast fed one or more of your child											
<u> </u>	_	Composition	7 to 40 months								
☐ Less than one month☐ From 1 to 3 mo	onths Li From 4 to	6 months Li From	7 to 12 months U Over 12 months								
	□ yes										
If yes: how many years ago did your period	d stop?	years									
If yes: did you take substitute hormonal tre	atment during mend	opause?	□ No □ Yes								
K. THANK YOU FOR YOUR PARTICIPATION,	, PLEASE FEEL FR	REE TO ADD YOUR	R COMMENTS BELOW:								
How did you complete this questionnaire?	☐ Alone?	☐ With help?	Completed by someone else?								
Please provide your telephone number (option	onal)										