santé
famille
retraite
services

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.

CONTRE LE CANCER
LA LIGUE 101 comités
FONDATION DE FRANCE
afsse

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 number opposite (from 9 a.m. to 5 p.m. Monday to Friday) or consult the following website: www.grecan.org.

N° Vert 0800779834
APPEL GRATUIT DEPUIS UN POSTE FIXE

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.org

Guide for completing the questionnaire: This questionnaire comprises three distinct types of question:

1) Questions requiring you simply 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 appropriate box(es) (one figure or one letter per box)

For example: question A1 – How long have you lived at your current address? ☐☐ years

3) Questions requiring you to write your answer in a larger box
For examples, refer to the employment table at the foot of page 2

Please check that the information on the top of this page, with regard to the correct spelling of your surname and first name, is correct. In the case of error, please enter correct information below:

SURNAME ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ FIRST NAME ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Maiden NAME ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

A. GENERAL INFORMATION

A1 – How long have you lived at your current address? ☐☐ years

A2 – What is your date of birth? ☐☐/☐☐/☐☐☐☐

A3 – What is your place of birth?

In which French *département*? ☐☐ In which country? ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

A4 – Are you: ☐ A man? ☐ A woman?

A5 – What is your current marital status?

☐ Single ☐ Divorced or separated
☐ Married or living together ☐ Widow(er)

A6 – What is your highest level of qualification/training (even if you do not have the associated diploma)?

☐ No qualification
☐ Self-trained
☐ Nat. Curr. Key stage 2
☐ Youth training (NVQ 1&2)
☐ GCSE D-G
☐ GCSE A-C/GNCQ intermediate
☐ A Levels
☐ BTEC Higher National Diploma
☐ +2 years higher education, please specify below:

B. PROFESSIONAL EXPERIENCE

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
☐ Professionally active employee
☐ Retired
☐ Unemployed
☐ On extended sick leave
☐ On sick leave
☐ Other (please specify in the space provided opposite):

B2 – Since which year has this been your professional situation? ☐☐☐☐

B3 – Please complete the table for each of the positions you have occupied for over one year. Don't forget to include your current position. If, during certain periods, you occupied more than one position simultaneously, please note them one after another. If you are retired, please note the positions you occupied in the past.

		Start year	End or current year	Name and location of the farm business or company	Position occupied (please be specific)	What where your key responsibilities?
Examples	Job 1	1980	1984	Farm X 14xxx Le village fleuri	Family help	Milking cows
	Job 2	1985	1990	Conseil Général du Calvados 14000 Caen	Bus driver	School bus round - driving
	Job 3	1991	2005	Farm Y 14xxx Le long vallon	Farmer	Milking cows Treating Crops Mechanical tasks
Job 1		☐☐☐☐	☐☐☐☐			
Job 2		☐☐☐☐	☐☐☐☐			
Job 3		☐☐☐☐	☐☐☐☐			
Job 4		☐☐☐☐	☐☐☐☐			
Job 5		☐☐☐☐	☐☐☐☐			
Job 6		☐☐☐☐	☐☐☐☐			
Job 7		☐☐☐☐	☐☐☐☐			

B4 – Throughout your professional career, have you carried out the following tasks?

	No	Yes	If yes, for how many years?
Mechanical tasks (excluding oil change)?	☐	☐	☐☐ years
Major repair of pesticide crop sprayers?	☐	☐	☐☐ years
Maintenance/servicing of pesticide crop sprayers?	☐	☐	☐☐ years

C. HISTORY OF AGRICULTURAL ACTIVITIES ON A FARM

Have you already worked on a farm?

☐ No (If not, please go directly to paragraph D, page 5)
☐ Yes, **Please complete the following tables, not forgetting to tick No for each crop or breeding sector in which you have not worked.**

C1 – Breeding activities

Have you worked in the following breeding sectors?	Have you **personally** carried out the following tasks? (you may tick several boxes)	Start year	End or current year	Number of animals	
				Minimum	Maximum
Cattle: ☐ No ☐ Yes	☐ Animal care ☐ Milking ☐ Insecticide treatment (against warble-flies, flies…) ☐ Local disinfection ☐ Milking equipment disinfection	☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐	☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐	☐☐☐☐ ☐☐☐☐ ☐☐☐☐	☐☐☐☐ ☐☐☐☐ ☐☐☐☐
Sheep or goats: ☐ No ☐ Yes	☐ Animal care ☐ Milking ☐ Insecticide treatment ☐ Local disinfection ☐ Milking equipment disinfection	☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐	☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐	☐☐☐☐ ☐☐☐☐ ☐☐☐☐	☐☐☐☐ ☐☐☐☐ ☐☐☐☐
Pigs: ☐ No ☐ Yes	☐ Animal care ☐ Insecticide treatment ☐ Local disinfection	☐☐☐☐ ☐☐☐☐ ☐☐☐☐	☐☐☐☐ ☐☐☐☐ ☐☐☐☐	☐☐☐☐ ☐☐☐☐	☐☐☐☐ ☐☐☐☐
Horses: ☐ No ☐ Yes	☐ Animal care ☐ Insecticide treatment	☐☐☐☐ ☐☐☐☐	☐☐☐☐ ☐☐☐☐	☐☐☐ ☐☐☐	☐☐☐ ☐☐☐
Poultry: ☐ No ☐ Yes Specify ☐ Hens/Chickens ☐ Turkeys/Turkey cocks ☐ Ducks/Geese	☐ Animal care ☐ Insecticide treatment ☐ Local disinfection	☐☐☐☐ ☐☐☐☐ ☐☐☐☐	☐☐☐☐ ☐☐☐☐ ☐☐☐☐	☐☐☐☐☐ ☐☐☐☐☐	☐☐☐☐☐ ☐☐☐☐☐

Other breeding types (please specify in the space below): rabbits, guinea-fowl, bees, etc…	Start year	End or current year	Maximum number of animals	Which key tasks did you **personally** carry out? (please specify in the space provided below)
	☐☐☐☐	☐☐☐☐	☐☐☐☐☐	

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

Have you worked in the following agricultural sectors?	Have you **personally** 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: ☐ No ☐ Yes	☐ Herbicide treatment ☐ Haymaking	☐☐☐☐ ☐☐☐☐	☐☐☐☐ ☐☐☐☐	☐☐☐ ☐☐☐	☐☐☐ ☐☐☐
Vineyard: ☐ No ☐ Yes	☐ Cultivation chores (cutting and other manual tasks) ☐ Pesticide or herbicide treatment ☐ Grape harvesting/picking ☐ Cellar work ☐ Park maintenance	☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐	☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐	☐☐☐ ☐☐☐ ☐☐	☐☐☐ ☐☐☐ ☐☐
Corn – grain or for silage: ☐ No ☐ Yes	☐ Seeding treatment on the farm ☐ Sowing ☐ Pesticide or herbicide treatment ☐ Harvesting	☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐	☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐	 ☐☐☐ ☐☐☐ ☐☐☐	 ☐☐☐ ☐☐☐ ☐☐☐
Wheat or barley: ☐ No ☐ Yes	☐ Seeding treatment on the farm ☐ Sowing ☐ Pesticide or herbicide treatment ☐ Harvesting	☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐	☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐	 ☐☐☐ ☐☐☐ ☐☐☐	 ☐☐☐ ☐☐☐ ☐☐☐
Field pea or horse bean: ☐ No ☐ Yes	☐ Seeding treatment on the farm ☐ Sowing ☐ Pesticide or herbicide treatment ☐ Harvesting	☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐	☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐	 ☐☐☐ ☐☐☐ ☐☐☐	 ☐☐☐ ☐☐☐ ☐☐☐
Sugar beet or mangel: ☐ No ☐ Yes	☐ Seeding treatment on the farm ☐ Sowing or planting ☐ Pesticide or herbicide treatment ☐ Harvesting	☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐	☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐	 ☐☐☐ ☐☐☐ ☐☐☐	 ☐☐☐ ☐☐☐ ☐☐☐
Sunflower: ☐ No ☐ Yes	☐ Seeding treatment on the farm ☐ Sowing ☐ Pesticide or herbicide treatment ☐ Harvesting	☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐	☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐	 ☐☐☐ ☐☐☐ ☐☐☐	 ☐☐☐ ☐☐☐ ☐☐☐
Rape: ☐ No ☐ Yes	☐ Seeding treatment on the farm ☐ Sowing ☐ Pesticide or herbicide treatment ☐ Harvesting	☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐	☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐	 ☐☐☐ ☐☐☐ ☐☐☐	 ☐☐☐ ☐☐☐ ☐☐☐

Have you worked in the following agricultural sectors?	Have you **personally** 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)
Tobacco: ☐ No ☐ Yes	☐ Sowing or planting ☐ Pesticide or herbicide treatment ☐ Harvesting/Gathering	☐☐☐☐ ☐☐☐☐ ☐☐☐☐	☐☐☐☐ ☐☐☐☐ ☐☐☐☐	☐☐☐ ☐☐☐ ☐☐☐	☐☐☐ ☐☐☐ ☐☐☐
Arboriculture (orchards): Please tick appropriate tree(s): ☐ None ☐ Apple ☐ Pear ☐ Plum ☐ Peach ☐ Cherry ☐ Other	☐ Cutting ☐ Pesticide or herbicide treatment ☐ Harvesting/Picking ☐ Other tasks (please specify in the space provided)	☐☐☐☐ ☐☐☐☐ ☐☐☐☐	☐☐☐☐ ☐☐☐☐ ☐☐☐☐	☐☐☐ ☐☐☐ ☐☐☐	☐☐☐ ☐☐☐ ☐☐☐

Other crops	Start year	End or current year	Maximum surface area cultivated	Which key tasks did you **personally** carry out? (please specify in the space provided below)
Potatoes ☐ No ☐ Yes	☐☐☐☐	☐☐☐☐	☐☐☐ ha	☐ Seeding treatment on the farm ☐ Planting ☐ Pesticide or herbicide treatment ☐ Harvesting ☐ Other tasks
Other field-grown vegetable crops ☐ No ☐ Yes	☐☐☐☐	☐☐☐☐	☐☐☐ ha	
Greenhouse or tunnel cultivation ☐ No ☐ Yes	☐☐☐☐	☐☐☐☐	☐☐☐☐☐ m^2	
Other (please specify in the space provided)	☐☐☐☐	☐☐☐☐	☐☐☐☐ ha or m^2	

D. FUNGICIDES, INSECTICIDES OR HERBICIDES USED DURING YOUR PROFESSIONAL CAREER

D1 – Have you used fungicides or insecticides or herbicides throughout your professional career? ☐ No (go directly to paragraph F) ☐ Yes

D2 – Do you remember the names of the fungicides, herbicides or insecticides used during your professional career and on what crops? ☐ No ☐ Yes

☞ **If yes**, please enclose a list of the products used *(on a separate sheet of paper)*

D3 – Do you still have all or part of your treatment calendars? ☐ No ☐ Yes

E. PERSONAL PROTECTIVE EQUIPMENT

When using fungicides, insecticides or herbicides during your professional career, do (did) you wear the following personal protective equipment? ☐ No ☐ Yes (If yes, please complete the table below)

	Waterproof gloves?	A disposable or Tyvek® coverall?	A mask with filter cartridge?
Never	☐	☐	☐
Occasionally	☐	☐	☐
Systematically	☐	☐	☐
As from which year?	☐☐☐☐	☐☐☐☐	☐☐☐☐
During preparation?	☐	☐	☐
During application?	☐	☐	☐
When cleaning the crop sprayer?	☐	☐	☐

F. EQUIPMENT USED TO TREAT CROPS (vineyards, orchards, greenhouses, wheat, corn, rape, grassland, etc…)

F1. - Have you ever used spraying equipment?
(excluding equipment used in the farmyard, on embankments and hedges, which is dealt with in question F2)

☐ No (If no, go directly to 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. *For example: 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 a 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	First year used	Last year used	Number of days used per year	Number of tanks prepared per treatment day	Surface area treated per day (in ha)	Equipment cleaning
	Have you ever used a backpack sprayer? ☐ No ☐ Yes	☐☐ litres	☐ Vineyards ☐ Orchards ☐ Greenhouses ☐ Wheat, corn, rape, grassland …	☐☐☐☐	☐☐☐☐	☐☐☐	☐☐	☐☐☐	☐ Never ☐ Once yearly ☐ After each treatment type ☐After each use
Equipment 1	☐ Mounted tank ☐ Towed tank ☐ High clearance or self-propelled tractor ☐ Between row tractor ☐ Mist blower ☐ Other (please specify below):	Volume ☐☐☐☐ Tractor with cabin? ☐ No ☐ Yes	☐ Vineyards ☐ Orchards ☐ Greenhouses ☐ Wheat, corn, rape, grassland …	☐☐☐☐	☐☐☐☐	☐☐☐	☐☐	☐☐☐	☐ Never ☐ Once yearly ☐ After each treatment type ☐After each use
Equipment 2	☐ Mounted tank ☐ Towed tank ☐ High clearance or self-propelled tractor ☐ Between row tractor ☐ Mist blower ☐ Other (please specify below):	Volume ☐☐☐☐ Tractor with cabin? ☐ No ☐ Yes	☐ Vineyards ☐ Orchards ☐ Greenhouses ☐ Wheat, corn, rape, grassland …	☐☐☐☐	☐☐☐☐	☐☐☐	☐☐	☐☐☐	☐ Never ☐ Once yearly ☐ After each treatment type ☐After each use
Equipment 3	☐ Mounted tank ☐ Towed tank ☐ High clearance or self-propelled tractor ☐ Between row tractor ☐ Mist blower ☐ Other (please specify below):	Volume ☐☐☐☐ Tractor with cabin? ☐ No ☐ Yes	☐ Vineyards ☐ Orchards ☐ Greenhouses ☐ Wheat, corn, rape, grassland …	☐☐☐☐	☐☐☐☐	☐☐☐	☐☐	☐☐☐	☐ Never ☐ Once yearly ☐ After each treatment type ☐After each use

F2 – Have you ever used herbicides in the farmyard and/or on embankments? ☐ No (go directly to paragraph G)

☐ Yes, what type of sprayer did you use?
☐ Manual, backpack ☐ Tractor sprayer with a spray lance
☐ Other, please specify:

☞ How many times did you use it (them) per year? ☐☐☐ times/year

G. PLACE OF RESIDENCE DURING CHILDHOOD

G1 – What was your home address during the first year of your childhood?

Number ☐☐☐ Street ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

POST CODE ☐☐☐☐☐ TOWN ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

G2 – How many years did you live at that address? ☐☐ years

G3 – Was your home located within a farming business? ☐ No ☐ Yes

If yes: what were the farm's principle activities? *(you may tick several activities)*

☐ Grassland ☐ Vineyards ☐ Orchard ☐ Other *(please specify in the space below)*:
☐ Greenhouses ☐ Market gardening
☐ Wheat, barley, corn, field pea, rape, linen, beet, etc….
Breeding: ☐ Cattle ☐ Sheep ☐ Pigs ☐ Poultry

H. HEALTH

H1 – Do you consider your current health to be?

☐ Excellent ☐ Good ☐ Mediocre ☐ Poor ☐ Very poor

H2 – Please specify in the space provided:

H3 – Your height (in cm)? ☐☐☐ cm **H4 – Your usual weight (in kg)?** ☐☐☐ kg

H5 – Over the past 12 months, how many times have you:

	Not at all	1 to 2 times	3 to 6 times	7 to 12 times	More than 12 times
Consulted your GP?	☐	☐	☐	☐	☐
Been to hospital (admission/specialist consultation)?	☐	☐	☐	☐	☐

H6 – Has a doctor already diagnosed you with the following disorders/diseases?

			If yes, what age were you when first diagnosed?			
	No	Yes	Under 20 years	20-39 years	40-60 years	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 legs? ☐ No ☐ Yes
- Rigidity in your arms or legs? ☐ No ☐ Yes
- Slowness or stiffness in day-to-day gestures, walking or speaking? ☐ No ☐ Yes

H8 – Have you ever been intoxicated by a pesticide? ☐ Never ☐ Once ☐ Several times

If yes, please note the year(s)? ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Following this(these) intoxication(s):
- Did you consult a doctor? ☐ No ☐ Yes
- Were you admitted to hospital? ☐ No ☐ Yes

I. LIFESTYLE

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

	Never or less than once a month	Number of times per month	Number of times per week
Milk and dairy produce	☐	1☐ 2☐ 3☐	1☐ 2 or3☐ 4 to 6☐ 7 or+☐
Meat, poultry or game	☐	1☐ 2☐ 3☐	1☐ 2 or3☐ 4 to 6☐ 7 or+☐
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

If yes, what year did you start? Start year ☐☐☐☐

I3 – For a total of how many years did you smoke? ☐☐ years *(please deduct any years during which you stopped smoking)*

I4 – Do you currently smoke? ☐ No ☐ Yes

I5 – How many do (did) you smoke on average per day?

☐☐ cigarettes per day ☐☐ cigars per day ☐☐ pipes per day

J. 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? ☐ No ☐ Yes

If yes, for a total of how many years did you take a contraceptive pill? ☐☐ years *(Don't forget to deduct any interruptions)*

J3 – Have you ever taken hormonal treatment for sterility? ☐ No ☐ Yes

J4 – How many pregnancies have you had (including any miscarriages)? ☐☐ pregnancies

(if you have never been pregnant, please go to question J8)

J5 – How many children have you given birth to? ☐☐ children

J6 – What are your children's years of birth (starting with the oldest)?

1st ☐☐☐☐ 2nd ☐☐☐☐ 3rd ☐☐☐☐ 4th ☐☐☐☐ 5th ☐☐☐☐ 6th ☐☐☐☐

J7 – How many children did you breast feed? ☐☐ children

If you breast fed one or more of your children, for how long?

☐ Less than one month ☐ From 1 to 3 months ☐ From 4 to 6 months ☐ From 7 to 12 months ☐ Over 12 months

J8 – Are you menopaused? ☐ No ☐ yes

If yes: how many years ago did your period stop? ☐☐ years

If yes: did you take substitute hormonal treatment during menopause? ☐ No ☐ Yes

K. THANK YOU FOR YOUR PARTICIPATION, PLEASE FEEL FREE TO ADD YOUR COMMENTS BELOW:

How did you complete this questionnaire? ☐ Alone? ☐ With help? ☐ Completed by someone else?

Please provide your telephone number (optional) ☐☐☐☐☐☐☐☐☐☐