Web-Extra
North Carolina Farmworker Pesticide Safety Survey

English Version

A. Agricultural Background

A-1. In total, how many years have you worked in agriculture in the United States?
___ ___ Years

A-2. During the last 12 months, how many months have you worked in agriculture?
___ ___ Months

A-3. What crops have you worked with during the last 12 months, and where (town or state) did you work with that crop?
   a ______ tobacco Where? ____________________________
   b ______ cucumbers Where? __________________________
   c ______ sweet potatoes Where? _________________________
   d ______ Christmas Trees Where? ______________________
   e ______ tomatoes Where? _____________________________
   f ______ strawberrie Where? __________________________
   g ______ other

A-4. When doing farm work, do you usually work in the fields?
1 _____ Yes
0 _____ No

A-5. Where is your permanent home?
3 ______ Florida
4 ______ Puerto Rico
5 ______ Another state
6 ______ Mexico
7 ______ Another country, SPECIFY: ___________________________

A6-p. IF PERMANENT HOME IS IN MEXICO: In what state is your permanent home?
A-7. Do you move from place to place to do farmwork?
1 ______ Yes
0 ______ No

A-8 For your present employment, did you come from Mexico under a work contract?
1 ______ Yes
0 ______ No

B. Perceptions about Pesticide Exposure

Some people believe that exposure to pesticides probably causes some health problems, while others do not believe this. I want to ask your opinion about this.
B-1. How do you believe that your health is hurt by pesticides? Would you say....
READ LIST
1 _____ Not at all
2 _____ Not enough to cause concern
3 _____ Enough to cause a little concern
4 _____ Enough to worry a great deal

B-2. Do you believe that the health of other farmworkers is hurt by pesticides? Would you say... READ LIST
1 _____ Not at all
2 _____ Not enough to cause concern
3 _____ Enough to cause a little concern
4 _____ Enough to worry a great deal

B-3. Do you believe that the health of the children of farmworkers is hurt by pesticides? Would you say... READ LIST
1 _____ Not at all
2 _____ Not enough to cause concern
3 _____ Enough to cause a little concern
4 _____ Enough to worry a great deal

B-4. Do you believe that the ability of farmworkers to have children is hurt by pesticides? Would you say... READ LIST
1 _____ Not at all
2 _____ Not enough to cause concern
3 _____ Enough to cause a little concern
4 _____ Enough to worry a great deal

C. Knowledge about Pesticide Exposure

Now I would like to ask you some questions about the pesticides that may be used on the plants with which you work.

C-1. How do you believe that farmworkers can come in contact with pesticides while working?
Can they come in contact:

<table>
<thead>
<tr>
<th>READ LIST AND CIRCLE RESPONSE.</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. By touching crops or plants after pesticides have been applied?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>b. By breathing pesticides in the air?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>c. By being sprayed?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>d. By swallowing sweat off their face?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>e. When mixing, loading or applying pesticides?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>f. By touching plants after the pesticides have dried?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>g. From residues on equipment?</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>
Use of Safety Practices and Workplace among Farmworkers, NC, USA

| h. When riding on equipment (such as a tractor, setter, harvester)? | 1 | 0 |
| i. By eating fruits and vegetables in the fields? | 1 | 0 |

C-2. How do you believe that farmworkers can have contact with pesticides while at home?
Can they come in contact:

<table>
<thead>
<tr>
<th>READ LIST AND CIRCLE RESPONSE.</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. By bringing home pesticides from work?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>b. By bringing home pesticide containers?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>c. By mixing dirty work clothes with other clothes?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>d. By not changing clothes after coming home?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>e. By tracking pesticides in on their shoes?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>f. By bringing food home from the fields that hasn’t been washed?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>g. By not bathing or showering when they get home?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>h. By living near a field where pesticides are sprayed?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>By not mopping or vacuuming floors?</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

C-3.1 What are the ways to dress that will reduce harmful effects from pesticides?
DO NOT READ THE LIST, BUT CHECK ALL THAT ARE MENTIONED AND ADD OTHERS PRESENTED BELOW.
1a ____ wear any kind of shirt
1b ____ wear a long sleeved shirt
1c ____ wear long pants
1d ____ wear shoes
1e ____ wear socks
1f ____ wear gloves
1g ____ wear a hat

C-3.2 When should you wash your hands to reduce harmful effects from pesticides?
DO NOT READ THE LIST, BUT CHECK ALL THAT ARE MENTIONED AND ADD OTHERS PRESENTED BELOW.
2a ____ before eating
2b ____ before smoking
2c ____ before going to the bathroom

C-3.3 When should you shower or bathe to reduce harmful effects from pesticides?
DO NOT READ THE LIST, BUT CHECK ALL THAT ARE MENTIONED AND ADD OTHERS PRESENTED BELOW.
3a ____ immediately after work
3b ____ when you come into direct contact with a chemical
C-3.4 How should you take care of your work clothes to reduce harmful effects from pesticides?

DO NOT READ THE LIST, BUT CHECK ALL THAT ARE MENTIONED AND ADD OTHERS PRESENTED BELOW.

4a ____ launder your work clothes separately from other clothes
4b ____ wear clean work clothes every day

D. Self-protective Behaviors

D-1. Do you do anything to protect yourself from pesticides while working in the fields? Would you say... READ ALL OPTIONS

4 _____ Yes, always
3 _____ Yes, usually
2 _____ Yes, sometimes
1 _____ No, never

D-2. In the past month when you work in the fields, do you... CIRCLE RESPONSE

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. remove your work shoes or boots prior to entering home?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>b. wear your work clothes home from the fields?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>c. change out of work clothes within 30 minutes of arriving home from work?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>d. take a shower immediately after work?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>e. shower prior to picking up children?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>f. remove outer shirt prior to picking up children?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>g. use the bathroom while working in the fields without washing your hands?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>h. wear the same work clothes more than one day without washing them?</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

D-3. How often when you wash your work clothes do you throw in some of your regular clothes? Would you say never, sometimes, usually or always?

0 ______ Never
1 ______ Sometimes
2 ______ Usually
3 ______ Always

E. Use and Type of Self Protective Equipment

E-1. In the past month when you work in the fields, do you CIRCLE RESPONSE

<table>
<thead>
<tr>
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<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. NOT wear any kind of shirt?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>b. wear a long sleeved shirt?</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>
F. Pesticide Training

Now I would like to ask you some questions about information or training you have received about how to work safely with pesticides. This information could be a poster, a brochure or a book someone has given you or told you to read. The training could be a video, a classroom presentation or a workshop that has instructed you about how to work safely.

F-1. Have you ever received any information or training on how to prevent or reduce your exposure to pesticides when you are working?
   1 ______ Yes
   0 ______ No, don’t know, not sure (IF NO, DON’T KNOW, NOT SURE, SKIP TO F-5)

F-2. IF F-1 YES: Have you received information or training this year/season in how to prevent or reduce your exposure to pesticides when you are working?
   1 _____ Yes
   0 _____ No, don’t know, not sure

F-3. IF F-2 YES: How many times have you received information or training within the past 5 years?
   _______ Number (IF NONE, GO TO F5.)

F-4. IF YES TO F-1: I would like to ask you several questions about the most recent “training” you received.

F4a. Where was the training presented?
   1 ______ at the farm at which I was working
   2 ______ at the clinic
   3 ______ at the extension office
   4 ______ at the contractor’s office (grower’s association office)
   5 ______ other, SPECIFY ____________________________

F4b. When did this training occur
   1 ______ in the past week
   2 ______ in the past two weeks
   3 ______ in the past month
   4 ______ in the past two months
5 ______ longer than two months ago

F4c. In what language was the training presented?
1 ______ in Spanish only
2 ______ in English only
3 ______ in Spanish and English
4 ______ other, SPECIFY

F4d. Did you understand the training material?
1______ Yes
0______ No, don’t know, not sure

F4e. How long did the training last?
1 ______ 15 minutes or less
2 ______ 30 minutes
3 ______ 60 minutes
4 ______ 1 or 2 hours
5 ______ more than 2 hours

F4f. Was a video used?
1______ Yes
0______ No, don’t know, not sure

F4g. Did someone talk to you about the video?
1______ Yes
0______ No, don’t know, not sure

F4h. Were you able to ask questions about or discuss what was being presented?
1______ Yes
0______ No, don’t know, not sure

F4i. Were you given any printed materials (brochures, booklets, pamphlets) to take with you?
1______ Yes
0______ No, don’t know, not sure

F4j. Was there anyone you could ask for information when you were back working?
1______ Yes
0______ No, don’t know, not sure

F4k. Did anyone mention or discuss the regulations and laws about pesticide safety such as reentry in sprayed fields, pesticide safety training, and use of personal protective equipment?
1______ Yes
0______ No, don’t know, not sure
F4l. Did any one mention or discuss your employer’s or boss’s legal responsibilities to protect workers from pesticides?
1 ______ Yes
0 ______ No, don’t know, not sure

F-5. Have you worked in a treated area within the past 10 days?
1 ______ Yes
0 ______ No IF YES, GO TO F-6.

F-6. Did you receive basic pesticide safety information such as information about how to prevent pesticides from entering your body, wearing work clothes to protect your body from pesticides, and directions for washing or showering with soap and water after work within the first five days of entering a treated area?
1 ______ Yes
0 ______ No

G. Housing Conditions

Now, I am going to ask you some questions about where you live and how many people live with you.

G-1. At this time, do you READ LIST
1 ______ live in housing on a farm
2 ______ live in housing off of a farm

G-2. At this time, do you READ LIST
1 ______ live in housing that belongs to the grower
2 ______ live in housing that does not belong to the grower

G-3. At this time, do you . . . READ LIST
1 ______ live by yourself
2 ______ live with your family only
3 ______ live with other relatives
4 ______ live with relatives and other workers
5 ______ live with other workers only

G-4. How many other people are living in the building or trailer where you sleep? number of people

G-5. How many bathrooms are in the building or trailer where you live? number of bathrooms

G-6. Does the building or trailer where you live have air conditioning?
1 ______ Yes
0 ______ No, don’t know, not sure

G-7. Where do you wash your clothes?
READ LIST AND CHECK ALL THAT APPLY.
1 _______ Washing machine where I live  
2 _______ Hand wash where I live  
3 _______ Laundromat  
4 _______ Other, SPECIFY: ____________________________________

G-8. Does the building or trailer where you live have enough hot and cold water for bathing and doing laundry?  
1 _______ Yes  
0 _______ No, don’t know, not sure 

G-9. Does the building or trailer where you live have one showerhead per 10 people of bathing?  
1 _______ Yes  
0 _______ No, don’t know, not sure 

G-10. Does the building or trailer where you live have one handwashing sink per six people?  
1 _______ Yes  
0 _______ No, don’t know, not sure 

H. Workplace Conditions

Now I am going to ask you some questions about facilities where you currently work. For these questions I am going to ask you if these facilities are always, usually, sometimes or seldom there.

H-1. In the past month, when you are doing agricultural work, is there water for you to drink in the fields? Would you say always, usually, sometimes, seldom or never?  
1 _______ Always  
2 _______ Usually  
3 _______ Sometimes  
4 _______ Seldom  
5 _______ Never 

H-2. In the past month, when water is provided in the fields for you to drink, are enough cups also provided so that each worker can use a clean cup? Would you say always, usually, sometimes, seldom or never?  
1 _______ Always  
2 _______ Usually  
3 _______ Sometimes  
4 _______ Seldom  
5 _______ Never 

H-3. In the past month, when you are doing agricultural work, is water to wash your hands in the fields? Would you say always, usually, sometimes, seldom or never?  
1 _______ Always  
2 _______ Usually  
3 _______ Sometimes
H-4. In the past month when you are doing agricultural work, is soap available for handwashing?

1 ______ Always
2 ______ Usually
3 ______ Sometimes
4 ______ Seldom
5 ______ Never

H-5. In the past month, when you are doing agricultural work, are single use towels available for handwashing?

1 ______ Always
2 ______ Usually
3 ______ Sometimes
4 ______ Seldom
5 ______ Never

H-6. In the past month, when you are doing agricultural work, is washing water separate from the drinking water? Would you say always, usually, sometimes, seldom or never?

1 ______ Always
2 ______ Usually
3 ______ Sometimes
4 ______ Seldom
5 ______ Never

H-7. When you are doing agricultural work, is there a toilet facility within ¼ mile distance of the place that you while working in the fields? Would you say always, usually, sometimes, seldom or never?

1 ______ Always
2 ______ Usually
3 ______ Sometimes
4 ______ Seldom
5 ______ Never

H-8. Is there a place for you to bathe or shower after work? Would you say always, usually, sometimes, seldom or never?

1 ______ Always
2 ______ Usually
3 ______ Sometimes
4 ______ Seldom
5 ______ Never

Now I’d like to ask about your experience of contact with pesticides.
H-9. Are you ever told when pesticides are being applied or have recently been applied?
1 _____ Yes
0 _____ No

H-10. Do you know the names of any of these pesticides?
1 _____ Yes
0 _____ No
**IF YES,** What are the names of some of these pesticides? __________________
____________________________________________________________
_________________________________________________________

H-11. Is information about the pesticides used posted where you can see it?
1 _____ Yes
0 _____ No

H-12. Are signs like this put up around the fields that have been treated?
**SHOW A COPY OF SIGN**
1 _____ Yes
0 _____ No

H-13. When you are doing agricultural work, does your employer/boss talk to you about or instruct you about “working safely”? Would you say always, usually, sometimes, seldom or never?
1 ______ Always
2 ______ Usually
3 ______ Sometimes
4 ______ Seldom
5 ______ Never

H-14. How often are you in contact with pesticides while working in the fields? Would you say... **READ LIST**
1 ______ Never
2 _____ Sometimes
3 _____ Frequently
4 _____ Constantly

H-15. What kind of work are you doing when you are in contact with pesticides? Are you . . . **READ LIST AND CHECK ALL THAT APPLY**
a _____ working in a greenhouse?
b _____ setting plants out?
c _____ cultivating?
d _____ topping or suckering?
e _____ harvesting?
f _____ other, **SPECIFY:** ________________________________
H-16. Within the past two weeks if you have had contact with pesticides on the job, how did this occur? **READ LIST AND CHECK ALL THAT APPLY**

- a ______ by touching crops or plants after pesticides had been applied?
- b ______ by breathing pesticides in the air?
- c ______ by being sprayed?
- d ______ by swallowing sweat off your face?
- e ______ when mixing, loading or applying pesticides?
- f ______ when riding on equipment (such as, a tractor, setter, harvester)?
- g ______ from residues on plants?
- h ______ other mode of contact (SPECIFY_______________________)?
- i ______ no contact

**I. Organizational Barriers**

Now, I am going to ask you some questions about the reasons that personal safety equipment is NOT used.

- I-1. Do you believe that wearing personal protective equipment slows down your work?
  - 1____ Yes
  - 0____ No, don’t know, not sure

- I-2. If your boss provided gloves and other personal protective equipment would you use these things to protect yourself?
  - 1____ Yes
  - 0____ No, don’t know, not sure

- I-3. Do you sometimes not wear personal protective equipment because it is uncomfortable?
  - 1____ Yes
  - 0____ No

- I-4. Do you believe if you ask your boss for personal protective equipment to avoid coming into contact with pesticides that you may be fired?
  - 1____ Yes
  - 0____ No, don’t know, not sure

**J. Psychosocial Predictors**

Now, I am going to ask you some questions about social conditions and control over your workplace behavior to protect you from the harmful effects of pesticide exposure.

- J-1. Do you believe that you have control over avoiding the harmful health effects of pesticides?
  - 1____ Yes
  - 0____ No, don’t know, not sure
J-2. Do you believe that lack of social support increases risk of pesticide exposure?
1____ Yes
0____ No, don’t know, not sure

J-3. Do you believe anxiety increases risk of pesticide exposure?
1____ Yes
0____ No, don’t know, not sure

K. Personal Background Information

Now I am going to ask you a few questions about your background.

K-1. Gender (INTERVIEWER CHECK ONE)
2 ______ Female
1 ______ Male

K-2. Ethnicity (INTERVIEWER CHECK ONE; IF UNCERTAIN, ASK.)
1 ______ Hispanic
2 ______ African American
3 ______ European American
4 ______ Other, SPECIFY

K-3. What is your age?
______ years

K-4. In what country were you born?
1 ______ United States
2 ______ Mexico
3 ______ Puerto Rico
4 ______ Guatemala
5 ______ Honduras
6 ______ Other, SPECIFY

K-5. What languages do you speak? READ LIST AND CHECK ALL THAT APPLY
1 ______ English
2 ______ Spanish
3 ______ Haitian Creole
4 ______ English and Spanish

K-6. What language do you usually speak at home? [What is your native language?]
1 ______ English
2 ______ Spanish
3 ______ Haitian Creole
4 ______ Other, SPECIFY
K7. How much English do you understand?
1 ______ none
2 ______ very little
3 ______ some
4 ______ most
5 ______ all

K-8. What is the highest grade of school you completed?
(GED = Grade 12; College Graduate = Grade 16)
__________ grade

K-9. What is your present marital status? READ LIST
1 ______ Married or living as married
2 ______ Separated or divorced
3 ______ Widowed
4 ______ Never married

Thank you for your Participation in this Survey