

Date.

Item

**Before starting we would like some basic information about you.**

When did you first join the police force?

What is your rank and role within the force?

**Rank**

**Role**

Select one of each

How many years have you served in your current role?

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**6. Section 1: We would like some information on your use of the Airwave radio system. This includes operations or control room use and direct mode use.**

Do you use the Airwave Radio system?

- ☐ Yes  
☐ No [\[Go To 200\]](#)

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7. Which year did you first start using Airwave radios?

8. What make(s) of Airwave (TETRA) radio terminal do you use?

**Please select all that apply.**

- ☐ Sepura
- ☐ Motorola
- ☐ Nokia
- ☐ Sepura Vehicle
- ☐ Cleartone Vehicle
- ☐ Other make and model :

---

9. While **using or shortly after** using your Airwave radio in **PTT or PSTN mode**, do you experience one or more of the following symptoms?

- ☐ No symptoms
- ☐ Headache
- ☐ Dizziness
- ☐ Numbness in hands
- ☐ Nausea
- ☐ Warming sensation on face
- ☐ Deafness/partial hearing loss
- ☐ Burning sensation in ear
- ☐ Tinnitus/ringing sound in ear
- ☐ Any other symptom. Please specify:

10. Please indicate and rate your concern about the effect of Airwave equipment on your personal health.

|                                                     | No<br>concern         | A little<br>concern   | Moderate<br>concern   | High<br>concern       | Extreme<br>concern    |
|-----------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Use of<br>Airwave<br>Radios                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Proximity to<br>Airwave<br>masts (base<br>stations) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

11. Please provide information on the usual location of your Airwave radio when you are using it in **Press-to-talk (PTT) /transmit mode.**

|                                                               | Transmit mode         |                       |                       |
|---------------------------------------------------------------|-----------------------|-----------------------|-----------------------|
|                                                               | A lot of<br>the time  | Some of<br>the time   | None of<br>the time   |
| Personal radio with<br>earpiece/microphone                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Personal radio without<br>earpiece/microphone                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Desk mounted radio<br>including operation/control<br>room use | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Motorcycle mounted radio                                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Car mounted radio                                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Body mounted radio (covert<br>users)                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other                                                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**12.** Please provide information on the usual location of your Airwave radio when you are using it in PSTN/**mobile phone mode**.

|                                                         | Mobile phone mode     |                       |                       |
|---------------------------------------------------------|-----------------------|-----------------------|-----------------------|
|                                                         | A lot of the time     | Some of the time      | None of the time      |
| Personal radio with earpiece/microphone                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Personal radio without earpiece/microphone              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Desk mounted radio including operation/control room use | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Motorcycle mounted radio                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Car mounted radio                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Body mounted radio (covert users)                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other                                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**13.** Please specify the other location of your Airwave radio when you are using it in either **Press-to-talk (PTT)/transmit OR mobile phone mode**.

Location:

**14.** While using Airwave Radio and when not wearing any earpiece, what is the usual position of your handset?

- ☐ Right side of head

- ☐ Left side of head
- ☐ Both sides equally
- ☐ Not applicable

---

**15.** Please provide the start date of your **last full shift** when you **used an Airwave radio**:

Date

**16.** The **start time and end time** (using the 24-hour clock) of your last full shift

|       | HH                   | MM                   |
|-------|----------------------|----------------------|
| Start | <input type="text"/> | <input type="text"/> |
| End   | <input type="text"/> | <input type="text"/> |

If you have been issued with a personal or pool handset please tell us the ISSI/ITSI number.

- ☐ ISSI/ITSI Number :
- ☐ I don't know the number

---

**17.** Please give an **estimate** on your **use of the Airwave radio** over your last full shift.

Approximate number of **outgoing** Radio Calls

|                                                          |                      |
|----------------------------------------------------------|----------------------|
| Personal radio                                           | <input type="text"/> |
| Pool (or shared) radio                                   | <input type="text"/> |
| Vehicle mounted radio                                    | <input type="text"/> |
| Desk mounted radio including operation/ control room use | <input type="text"/> |
| Body mounted radio (covert users)                        | <input type="text"/> |

Radio use in direct mode

Approximate **total** duration (in minutes) of **outgoing** Radio Calls

Personal radio

Pool (or shared) Radio

Vehicle mounted radio

Desk mounted radio including operation/ control room use

Body mounted radio (covert users)

Radio use in direct mode

Is the radio usage reported for your last shift typical of an average shift?

- ☐ Typical
- ☐ I usually use the radio more
- ☐ I usually use the radio less

19. What proportion of your total radio use is with a Pool radio?

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐

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Have you ever used the Airwave radio system in the past?

- ☐ Yes
- ☐ No [\[Go To 20\]](#)

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When did you start using Airwave radios?

2000

When did you stop using Airwave radios?

2000

Please provide information on the usual location of your Airwave radio when you were using it in **Press-to-talk (PTT) /transmit mode.**

|                                                         | Transmit mode         |                       |                       |                       |
|---------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                                                         | A lot of the time     | Some of the time      | None of the time      | Don't know            |
| Personal radio with earpiece/microphone                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Personal radio without earpiece/microphone              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Desk mounted radio including operation/control room use | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Motorcycle mounted radio                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Car mounted radio                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Body mounted radio (covert users)                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other                                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please provide information on the usual location of your Airwave radio when you were using it in **PSTN/mobile phone mode.**

|                                                         | Mobile phone mode     |                       |                       |                       |
|---------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                                                         | A lot of the time     | Some of the time      | None of the time      | Don't know            |
| Personal radio with earpiece/microphone                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Personal radio without earpiece/microphone              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Desk mounted radio including operation/control room use | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Motorcycle mounted radio                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Car mounted radio                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Body mounted radio (covert users)                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other                                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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Please specify the other location of your Airwave radio when you were using it in either **Press-to-talk (PTT)/transmit OR mobile phone mode.**

Location:

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While you were using your Airwave Radio and when not wearing any earpiece, what was the usual position of your handset?

- ☐ Right side of head
- ☐ Left side of head
- ☐ Both sides equally
- ☐ Not applicable
- ☐ Don't remember

---

What proportion of your total radio use was with a Pool radio?

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100% **Don't remember**

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

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20. Since joining the Police Force, have you ever worked in an operations or control room?

- ☐ Yes
- ☐ No [\[Go To 23\]](#)

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21. Since joining the Police Force, what **proportion of your total working time** has been spent in an operations or control room?

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

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22. Have you experienced any specific health related problems while working in operations/control room?

- ☐ Yes. Please specify :

☐ No

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23. Did you ever use the old analogue radio system?

- ☐ Yes  
☐ No [\[Go To End\]](#)

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24. For how many years did you use the old analogue radio system?

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25. Are you still using the analogue radio?

- ☐ Yes  
☐ No

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Date.

Item

Are you a shift worker? Do you work outside the regular daytime hours of approximately 7 a.m. and 6 p.m, Monday through Friday.

- ☐ Yes
- ☐ Yes. I work shifts but only 2 or 3 times in a year. [\[Go To 26\]](#)
- ☐ No, I am not a shift worker. [\[Go To 26\]](#)

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As a shift worker do you

- ☐ Have the flexibility to decide the shifts you want to work?
- ☐ Have to work to a pre-planned duty roster?
- ☐ Other. Please specify

---

Please answer all the questions in the table below regarding the pattern of your shift work:

Almost never; Seldom (few times/year); Sometimes (several times/month); Often (once/week); Always (several times/week).

|                                                                            | Almost never          | Seldom                | Sometimes             | Often                 | Always                |
|----------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| How often do you get ≤9 hours of rest in between your working shifts?      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How often do you work at least 6 shifts in a row?                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How often do you have 4 days off between work periods (excluding holiday)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How often do you have 1 day off between work periods?                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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How many free weekends do you have per month?

- ☐ None
- ☐ One
- ☐ Two
- ☐ Three or more

---

How many night shifts in a row do you usually work?

- ☐ One
- ☐ Two
- ☐ Three
- ☐ Four
- ☐ Five or more

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**26. Section 2: This section is about the use of your personal or any other mobile phone (not including the use of your Airwave radio).**

Do you use a mobile phone?

- ☐ Yes
- ☐ No [\[Go To 35\]](#)

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**27. In which year did you start using a mobile phone?**

28. Not counting SMS text messaging, please estimate the **total duration** of phone calls you **made and received** on your mobile phone(s) **in the last 24 hours**.

Duration

| Hours                | Minutes              |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |

---

**The next questions are about your mobile phone use with hands-free equipment or a headset.**

29. Do you use hands-free equipment or a headset with your mobile phone(s)?

- ☐ Yes  
☐ No [\[Go To 32\]](#)

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30. In which year did you first start using hands-free equipment or a headset?

31. Please estimate the **proportion of time** you usually spend using hands-free equipment or a handset while talking on your mobile phone(s).

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%



---

**32.** When talking on your mobile phone, do you generally use it on the right or left side of your head?

- ☐ Right side
- ☐ Left side
- ☐ Both/either

**33.** How often do you move the mobile phone from ear to ear during calls?

- ☐ Almost never
- ☐ Occasionally
- ☐ During most calls

---

**34. While using, or shortly after using** your mobile phone(s), do you experience any of the following symptoms?

- ☐ I have no symptoms
- ☐ Headache
- ☐ Dizziness
- ☐ Numbness in hands
- ☐ Nausea
- ☐ Warming sensation on face
- ☐ Deafness/partial hearing loss
- ☐ Burning sensation in ear
- ☐ Tinnitus/ringing sound in ear
- ☐ Any other symptom (please specify):

### 35. Section 3: This section asks you about your general health and family history

Would you say that you have had bothersome headaches in the last twelve months?

- ☐ Yes
- ☐ No [\[Go To 39\]](#)

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36. How often do you get these bothersome headaches at the moment?

- ☐ Every day
- ☐ Not every day, but on more days than not (more than 15 days each month)
- ☐ On 2 or 3 days every week
- ☐ Between once a month and once a week
- ☐ Less than once a month

---

37. Do **any** of these bothersome headaches fit the following descriptions?

|                                                                 | All                   | Some                  | None                  |
|-----------------------------------------------------------------|-----------------------|-----------------------|-----------------------|
| Moderate or severe headache                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Headache on one side of the head only                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Throbbing/pulsating headache                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| A headache made worse by light exercise, such as going upstairs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

---

**37a.** How often do you get the 'Moderate or Severe' headache?

- ☐ Every day
- ☐ Not every day, but on more days than not (more than 15 days each month)
- ☐ On 2 or 3 days every week
- ☐ Between once a month and once a week
- ☐ Less than once a month

---

**37b.** How often do you get the headache 'on one side of the head'?

- ☐ Every day
- ☐ Not every day, but on more days than not (more than 15 days each month)
- ☐ On 2 or 3 days every week
- ☐ Between once a month and once a week
- ☐ Less than once a month

---

**37c.** How often do you get the 'throbbing/pulsating' headache?

- ☐ Every day
  - ☐ Not every day, but on more days than not (more than 15 days each month)
  - ☐ On 2 or 3 days every week
  - ☐ Between once a month and once a week
  - ☐ Less than once a month
-

37d. How often do you get the headache which is 'made worse by light exercise?

- ☐ Every day
  - ☐ Not every day, but on more days than not (more than 15 days each month)
  - ☐ On 2 or 3 days every week
  - ☐ Between once a month and once a week
  - ☐ Less than once a month
- 
- 

38. With any of the bothersome headaches you have described, do you get any of these other symptoms?

|                                    | Every time            | Sometimes             | Never                 |
|------------------------------------|-----------------------|-----------------------|-----------------------|
| Do you feel sick or vomit?         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Does ordinary daylight bother you? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Does general noise bother you?     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

---

39. Have you ever been **diagnosed by a Doctor** with any of the following conditions? If the answer is yes, then please also tell us the **year of diagnosis**.

|                     | Yes                   | No                               |                      |
|---------------------|-----------------------|----------------------------------|----------------------|
| Cancer              | <input type="radio"/> | <input checked="" type="radio"/> | <input type="text"/> |
| High blood pressure | <input type="radio"/> | <input checked="" type="radio"/> | <input type="text"/> |
| Angina              | <input type="radio"/> | <input checked="" type="radio"/> | <input type="text"/> |

|                                              |                       |                                  |                      |
|----------------------------------------------|-----------------------|----------------------------------|----------------------|
| Heart attack (MI)                            | <input type="radio"/> | <input checked="" type="radio"/> | <input type="text"/> |
| Other heart conditions                       | <input type="radio"/> | <input checked="" type="radio"/> | <input type="text"/> |
| Chronic Fatigue Syndrome/ME                  | <input type="radio"/> | <input checked="" type="radio"/> | <input type="text"/> |
| Depression                                   | <input type="radio"/> | <input checked="" type="radio"/> | <input type="text"/> |
| Chronic liver disease                        | <input type="radio"/> | <input checked="" type="radio"/> | <input type="text"/> |
| Deafness/partial hearing loss                | <input type="radio"/> | <input checked="" type="radio"/> | <input type="text"/> |
| Migraine                                     | <input type="radio"/> | <input checked="" type="radio"/> | <input type="text"/> |
| Diabetes                                     | <input type="radio"/> | <input checked="" type="radio"/> | <input type="text"/> |
| Chronic Obstructive Pulmonary Disease (COPD) | <input type="radio"/> | <input checked="" type="radio"/> | <input type="text"/> |
| Asthma                                       | <input type="radio"/> | <input checked="" type="radio"/> | <input type="text"/> |
| Allergy (eczema, hay fever, rhinitis)        | <input type="radio"/> | <input checked="" type="radio"/> | <input type="text"/> |
| Cataract                                     | <input type="radio"/> | <input checked="" type="radio"/> | <input type="text"/> |
| Glaucoma or high eye pressure                | <input type="radio"/> | <input checked="" type="radio"/> | <input type="text"/> |
| Epilepsy                                     | <input type="radio"/> | <input checked="" type="radio"/> | <input type="text"/> |
| Arthritis                                    | <input type="radio"/> | <input checked="" type="radio"/> | <input type="text"/> |
| Parkinson's disease                          | <input type="radio"/> | <input checked="" type="radio"/> | <input type="text"/> |
| Stroke / transient ischaemic attack (TIA)    | <input type="radio"/> | <input checked="" type="radio"/> | <input type="text"/> |
| Thyroid-related disorders                    | <input type="radio"/> | <input checked="" type="radio"/> | <input type="text"/> |

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**40.** You indicated that you have been diagnosed with cancer. Please tell us about the type of cancer.



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**41.** Have you ever experienced loss of sight or impairment of vision in one eye, accompanied by pain around the eye caused

by eye movement (**optic**us neuritis)?

- ☐ Yes
- ☐ No

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**42. The next set of questions relate to pains in the chest.**

In the past year, have you had any pain or discomfort in your chest?

- ☐ Yes
- ☐ No [\[Go To 48\]](#)

---

**43. Do you get this pain or discomfort when you walk uphill or hurry?**

- ☐ Yes
- ☐ No

**44. Do you get it when you walk at an ordinary pace on the level?**

- ☐ Yes
- ☐ No

---

**45. When you get any pain or discomfort in your chest, what do you do?**

- ☐ Stop
- ☐ Slow down
- ☐ Continue at same pace

46. Does it go away when you stand still?

- ☐ Yes
- ☐ No [\[Go To 48\]](#)

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47. How soon does the pain take to go away when you stand still?

- ☐ In 10 minutes or less
- ☐ More than 10 minutes

---

48. In the past year, have you had a severe pain across the front of your chest lasting half an hour or more?

- ☐ Yes
- ☐ No [\[Go To 52\]](#)

---

49. These questions relate to your report of **severe pain across the front of your chest lasting half an hour or more.**

How many of these attacks have you had in the past year?

50. Did you consult a doctor for your chest pain?

- ☐ Yes  
☐ No [\[Go To 52\]](#)

51. What was the diagnosis for your chest pain?

52. How many days of sickness leave have you taken in the **past year**?

53. In the **past year** how many times have you consulted your GP for your **health problems**?

54. The next set of statements will help us to get an impression of how you have felt during the past 2 weeks.

The assessment is on a scale of 1 to 7 with yes and no at the two extremes of the scale. Please use the scale to indicate how you have felt. For example, if you feel relaxed but not very relaxed, then select a box close to 'yes, true', such as 3.

|              | Yes,<br>true          | 2                     | 3                     | 4                     | 5                     | 6                     | No,<br>not<br>true    |
|--------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I feel tired | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

|                                                         |                       |                       |                       |                       |                       |                       |                       |
|---------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I feel very active                                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Thinking requires effort                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Physically I feel exhausted                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel like doing all kinds of nice things              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel fit                                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I do quite a lot within a day                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| When I am doing something, I can concentrate quite well | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel weak                                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I don't do much during the day                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I can concentrate well                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel rested                                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have trouble concentrating                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Physically I am in bad condition                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am full of plans                                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I get tired very quickly                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have a low output                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have no desire to do anything                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My thoughts easily wander                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Physically I feel in good shape                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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**55.** How much **sleep** do you usually get over a 24 hour period?

- ☐ 5 hours or less
- ☐ 6 hours
- ☐ 7 hours
- ☐ 8 hours
- ☐ 9 hours or more

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**56. To help us make the most comprehensive health assessment, please complete the following questions on your family medical history.**

Is your biological father still alive?

- ☐ Yes [\[Go To 59\]](#)
- ☐ No
- ☐ Don't know [\[Go To 59\]](#)

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**57. How old was your father when he died?**

**58. What did he die from?**

- ☐ Heart attack (coronary)
- ☐ Stroke
- ☐ Neurological condition
- ☐ Cancer. Please specify type:
- ☐ Another cause? Please specify :
- ☐ Don't know

---

**59. Is your biological mother still alive?**

- ☐ Yes [\[Go To 62\]](#)
- ☐ No

- ☐ Don't know [\[Go To 62\]](#)
- 

**60.** How old was your mother when she died?

**61.** What did she die from?

- ☐ Heart attack (coronary)  
☐ Stroke  
☐ Neurological condition  
☐ Cancer. Please specify type:   
☐ Another cause. Please specify :

- ☐ Don't know
- 

**62. Section 4: In this section, we would like to ask you questions about your general lifestyle habits, including questions on smoking, alcohol intake and exercise. This will help us take into account other important factors that may affect your health.**

Do you currently smoke cigarettes?

- ☐ Yes  
☐ No [\[Go To 66\]](#)
- 

**63.** How many cigarettes a day do you smoke?

64. When did you first start smoking?

65. What kind of cigarette do you usually smoke?

- ☐ Manufactured cigarettes
- ☐ "Roll your own" cigarettes
- ☐ Both of the above

---

66. If you are not a cigarette smoker now, **did you ever smoke** 5 or more cigarettes a day?

- ☐ Yes
- ☐ No [\[Go To 69\]](#)

---

67. How many cigarettes a day did you usually smoke?

68. When did you quit smoking?

---

69. How many people smoke in the household where you live (please include yourself)?



**70. At home**, about how many hours per week are you **exposed to other people's tobacco smoke**?



**71. Outside** of your **home**, about how many hours per week are you exposed to other people's tobacco smoke?



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Date.

Item

72. Do you **currently** drink alcohol?

- ☐ Yes
- ☐ No [\[Go To 78\]](#)

---

73. How often do you have a drink containing alcohol?

- ☐ Monthly or less
- ☐ Two to four times a month
- ☐ Two or three times a week
- ☐ Four or five times a week
- ☐ Daily or almost daily

---

74. In **the last seven days** how many drinks have you had of each of the following?

Please remember that a drink poured at home could be equivalent to 2 or 3 pub measures.

1 bottle of wine is equivalent to 6 small glasses.

**Glasses (small/125ml)**

Red Wine



**Glasses (small/125 ml)**

White Wine/Champagne



**Glasses (small/125 ml)**

Fortified Wine (includes  
sherry, port and vermouth)

**Pub Measures**

Spirits/liqueurs (includes  
whisky, gin, rum, vodka and  
brandy)

**Pints**

Beer or cider (include bitter,  
lager, stout, ale and  
Guinness)

---

**75.** How often do you have six or more drinks on one occasion?  
**(One drink = half a pint of beer, a small glass of wine  
(125ml), or one measure of spirits.)**

- ☐ Never
- ☐ Monthly or less
- ☐ Two to four times a month
- ☐ Two or three times a week
- ☐ Four or five times a week
- ☐ Daily or almost daily

---

**76.** In the last five years have you changed your drinking habits?

- ☐ Yes
- ☐ No [\[Go To 81a\]](#)

---

77. Compared to your current habits, do you drink

- ☐ more nowadays? [\[Go To 81a\]](#)
- ☐ less nowadays? [\[Go To 80\]](#)

---

78. Did you ever drink alcohol?

- ☐ Yes
- ☐ No [\[Go To 81a\]](#)

---

79. When did you stop drinking alcohol?

---

80. Why did you stop drinking/reduce the amount of alcohol?

- ☐ Financial reasons
- ☐ Doctors advice or ill health
- ☐ Change of lifestyle
- ☐ Reduction in stress at work
- ☐ Change of job
- ☐ Other reasons. Please specify:

---

81. Concerning the amount of alcohol you drank in the past, were you:

- ☐ A light drinker
  - ☐ A moderate drinker
  - ☐ A heavy drinker
- 

**82. The following questions will ask you about the time you spent being physically active in the last 7 days. Please think about the activities you do at work, as part of your housework and gardening, to get from place to place, and in your spare time for recreation, exercise or sport.**

Think about the activities which take **vigorous physical effort** that you did in the **last 7 days**.

Vigorous activities make you breathe harder than normal and may include heavy lifting, sports activities such as squash or football, or fast cycling. Think only about those physical activities that **you did for at least 10 minutes at a time**.

During the last 7 days on how many days did you do **vigorous** physical activities?

Days

---

**83. How much total time did you usually spend doing vigorous physical activities on one of those days?**

**Hours**

**Minutes**

Hours per day

**84. If your pattern of activity varies from day to day, how much total time did you spend over the last 7 days doing vigorous physical activity?**

**Hours**

**Minutes**

Hours per week

---

Think about the activities which take **moderate physical effort** that you did in the **last 7 days**.

Moderate physical activity makes you breathe somewhat harder than normal and may include carrying light loads, cycling at a slow pace or slow jogging. **Do not include walking**. Again, think only about those activities that you did for **at least 10 minutes**.

**85.** During the **last 7 days**, on how many days did you do moderate physical activities?

Days

---

**86.** How much **time** did you usually spend doing moderate physical activities on one of those days?

**Hours**

**Minutes**

Hours per day

**87.** If your pattern of activity varies from day to day, how much **total time** did you spend over the **last 7 days** doing moderate physical activity?

**Hours**

**Minutes**

Hours per week

---

Now think about the time you spent **walking in the last 7 days**. This includes at work, and at home, walking to travel from place to place.

**88.** During the **last 7 days**, on how many days did you **walk** for at least 10 minutes at a time?

Days

---

89. How much **time** did you usually spend walking on one of those days?

Hours

Minutes

Hours per day

---

90. Think about the **total time** you spent **sitting** on weekdays during the **last 7 days**. Include time spent at work, at home, and during leisure time.

Hours

Hours per week

91. During the last 7 days what was the total time you spent watching television?

Hours

Minutes

Hours per week

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**Section 5: These questions ask about your dietary and food habits.**

Please include all types independent of preparation method, e.g. fresh, canned, frozen, and cooked.

**93. How often do you eat oily fish (herring, kipper, mackerel, salmon, sardines or trout)?**

- ☐ never
- ☐ less than once a week
- ☐ once a week
- ☐ two to four times a week
- ☐ more than five times a week
- ☐ daily

---

**94. How often do you eat white fish (cod, haddock or tinned tuna)?**

- ☐ never
- ☐ less than once a week
- ☐ once a week
- ☐ two to four times a week
- ☐ more than five times a week
- ☐ daily

---

**95. How often do you eat white meat (chicken, duck, turkey, lobster, shrimp or crab)?**

- ☐ never
- ☐ less than once a week
- ☐ once a week
- ☐ two to four times a week
- ☐ more than five times a week
- ☐ daily

---

96. How often do you eat red meat (beef, veal, lamb, mutton or pork)?

- ☐ never
- ☐ less than once a week
- ☐ once a week
- ☐ two to four times a week
- ☐ more than five times a week
- ☐ daily

---

97. What type of spread do you mainly use?

- ☐ never/rarely use spread
- ☐ butter
- ☐ margarine
- ☐ olive oil based spread
- ☐ low or reduced fat spread
- ☐ others

---

98. How many days a week do you eat fruit and vegetables?

Please include fresh, dried, frozen and tinned foods.

Vegetables



Fruit



---

**99.** How many heaped tablespoons of vegetables do you eat each day on which you eat vegetables?

Please include fresh, frozen, tinned and cooked vegetables.

---

**100.** How many pieces or portions of fruit do you eat on a day in which you eat fruit?

One portion is one large fruit e.g. apple/pear, or two small fruits, e.g. plums/apricots.

---

**101.** How often do you eat nuts?

- ☐ never
  - ☐ less than once a week
  - ☐ once a week
  - ☐ two to four times a week
  - ☐ more than five times a week
  - ☐ daily
-

102. Are you following any special kind of diet right now?

- ☐ Yes
- ☐ No [\[Go To 104\]](#)

---

103. Is your diet for

- ☐ Losing weight
- ☐ High blood pressure
- ☐ Diabetes
- ☐ Food allergy
- ☐ High cholesterol
- ☐ Other. Please specify

---

104. The following questions about your regular beverages apply to work as well as home.

How many cups of Tea do you drink every day?  
(1 cup = 150 ml)

105. How many cups of coffee do you drink every day?  
(1 cup = 150 ml)

106. How many cans of fizzy drinks do you drink everyday?  
(1 can = 330ml)

107. How many cups of water (bottled or tap) do you drink every day?  
(1 cup = 150 ml)

---

**Section 6: The next sets of questions are about your work and its environment, which might have a bearing on your health in the future**

108. How many hours per week do you usually work? (Exclude overtime)

109. How many hours per week of overtime do you usually work?

110. To what extent do you agree with the following statements about your **normal day to day work** for the Police Force?

Select the answer that best describes your regular, everyday job.

|                            | Strongly Agree        | Agree                 | Disagree              | Strongly Disagree     |
|----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| You have to work very hard | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You have an excessive      |                       |                       |                       |                       |

|                                                     |                       |                       |                       |                       |
|-----------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| amount of work to do                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You have a lot of say about what happens on the job | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You have a high level of skill                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You have the freedom to decide how you do your work | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You have the chance to be creative                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

---

**111.** When you are having difficulties at work.

|                                                                                       | Often                 | Sometimes             | Seldom                | Never                 |
|---------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| How often do you get help and support from your colleagues?                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How often are your colleagues willing to listen to your work related problems?        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How often do you get help and support from your immediate superior?                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How often is your immediate superior willing to listen to your work related problems? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

---

**112.** Taking all things into consideration how satisfied are you

with your job as a whole?

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Dissatisfied
- ☐ Very dissatisfied

---

**113.** These questions refer to any problems, with your work or other regular daily activities ,as a result of any emotional problems such as feeling depressed or anxious. How often have you been bothered by any of the following problems over the **last 2 weeks?**

|                                                                                             | Not at All            | Several Days          | More than half the days | Nearly every day      |
|---------------------------------------------------------------------------------------------|-----------------------|-----------------------|-------------------------|-----------------------|
| Little interest or pleasure in doing things                                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> |
| Feeling down, depressed or hopeless                                                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> |
| Trouble falling or staying asleep or sleeping too much                                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> |
| Feeling tired or having little energy                                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> |
| Poor appetite or overeating                                                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> |
| Feeling bad about yourself, that you are a failure or have let yourself or your family down | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> |
| Trouble concentrating on things such as reading the newspaper or watching television        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> |
| Moving or speaking so slowly that other people                                              |                       |                       |                         |                       |

could have noticed or the opposite, being so fidgety or restless that you have been moving around a lot more than usual

Thoughts that you would be better off dead or of hurting yourself in some way

|                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

---

**114. How anxious have you been in the last 2 weeks?**

Do you feel tense or "wound up"?

- ☐ Not at all
- ☐ Occasionally
- ☐ A lot of the time
- ☐ Most of the time

---

**115. Do you get a sort of frightened feeling as if something awful is about to happen?**

- ☐ Not at all
- ☐ A little but it doesn't worry me
- ☐ Yes, but not too badly
- ☐ Very definitely and quite badly

---

**116. Do worrying thoughts go through your mind?**

- ☐ Very little
- ☐ Not too often
- ☐ A lot of the time
- ☐ A great deal of the time

---

117. Can you sit at ease and feel relaxed?

- ☐ Not at all
- ☐ Not often
- ☐ Usually
- ☐ Definitely

---

118. Do you get a sort of frightened feeling like “butterflies” in the stomach?

- ☐ Not at all
- ☐ Occasionally
- ☐ Quite often
- ☐ Very often

---

119. Do you feel restless as if you have to be on the move?

- ☐ Not at all
- ☐ Not very much
- ☐ Quite a lot
- ☐ Very much indeed

---

120. Do you get sudden feelings of panic?

- ☐ Not at all
- ☐ Not very often
- ☐ Quite often
- ☐ Very often indeed



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Date.

Item

**122.** Police work can involve dealing with stressful and sometimes traumatic incidents. Indeed such events may be so difficult that they are hard to erase from the memory. Think about the most recent or disturbing work related incident you have dealt with in the last 6 months.

Can you think of any incident which is bothering you and which has occurred over the past 6 months?

- ☐ Yes [\[Go To 123\]](#)  
☐ No [\[Go To 125a\]](#)

---

**123.** Can you please briefly state the event.

|             |
|-------------|
| <div></div> |
|-------------|

---

**124.** Please look at the events listed below. If you have experienced any of the reactions at least twice in the past week please tell us about it.

As a result of this event to what extent have you been bothered by the following:

|  |                  |             |            |                |           |
|--|------------------|-------------|------------|----------------|-----------|
|  | Not<br>at<br>All | A<br>little | Moderately | Quite<br>a bit | Extremely |
|--|------------------|-------------|------------|----------------|-----------|

|                                                                                                                |                       |                       |                       |                       |                       |
|----------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Upsetting thoughts or memories about the event that have come to your mind against your will                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Upsetting dreams about the event                                                                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Acting or feeling as though the event were happening again                                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Feeling upset by reminders of the event                                                                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Bodily reactions (such as fast heartbeat, stomach churning, sweatiness, dizziness) when reminded of the event. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Difficulty falling or staying asleep                                                                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Irritability or outbursts of anger                                                                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Difficulty concentrating                                                                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Heightened awareness of potential dangers to yourself and others                                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Being jumpy or being startled at something unexpected.                                                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

---

**125.** Have you ever sought any medical or other professional

help to cope with this event?

- ☐ Yes
- ☐ No

---

• Please click Next Page to continue.

Next Page

Date.

Item

**126. We would now like to ask you some questions on you and your partner's reproductive health. We understand that some of these questions may seem intrusive. However, we need to check thoroughly that there are no adverse reproductive health outcomes associated with Airwave use.**

At any time over the past 10 years, have you and your husband/partner ever tried to become pregnant over a period of at least a year without success?

- ☐ Yes  
☐ No [\[Go To 135\]](#)

---

**127. When did you first experience this?**

Start Date

**128. Are you still trying?**

- ☐ Yes [\[Go To 132\]](#)  
☐ No

---

**129. Did you get pregnant by the end of this period?**

- ☐ Yes [Go To 135](#)
- ☐ No

---

**130.** How long did you try to get pregnant before you gave up or became pregnant?

|          | <b>Years</b>         | <b>Months</b>        |
|----------|----------------------|----------------------|
| Duration | <input type="text"/> | <input type="text"/> |

---

**131.** Why did you give up?

- ☐ We started using birth control again
- ☐ The relationship ended
- ☐ A pregnancy was conceived
- ☐ Other. Please specify:

---

**132.** At the beginning of this period, were you a regular smoker?

- ☐ Yes
- ☐ No

**133.** At the beginning of this period, was your husband or partner a regular smoker?

- ☐ Yes
- ☐ No

---

**134.** Please tell us the date of birth of your husband or partner.

Date

---

**135.** The following questions ask about ALL pregnancies which have occurred.

Do not include deliberate terminations of pregnancy.

Have you ever been pregnant or currently pregnant?

- ☐ Yes  
☐ No [\[Go To 149\]](#)

---

**136.** How many times have you been pregnant ?

Include any current pregnancy.

Do not include deliberate terminations of pregnancy.

---

**137.** Please tell us when the first pregnancy ended or, if currently pregnant, when you expect to deliver. (We do not require details of births earlier than 1970.)

**Year** **Month**  
Date

**137a.** Reason for end of pregnancy.

- ☐ Still pregnant [\[Go To 138\]](#)  
☐ Born alive

- ☐ Miscarriage [\[Go To 138\]](#)
- ☐ Still-born [\[Go To 138\]](#)
- ☐ Other [\[Go To 138\]](#)

---

**137b.**

- ☐ Single baby?
- ☐ Twins? [\[Go To 137e\]](#)
- ☐ Multiple birth? [\[Go To 137e\]](#)

---

**137c.** Sex of baby

- ☐ Female
- ☐ Male

---

**137d.** Weight of baby - if known.

|        | Measure               | Pounds/Kilos          | Ounces/Grams                                                        |
|--------|-----------------------|-----------------------|---------------------------------------------------------------------|
|        | Imperial              | Metric                |                                                                     |
| Weight | <input type="radio"/> | <input type="radio"/> | <div><div></div><div></div></div> <div><div></div><div></div></div> |

---

**137e.** Delivery was

- ☐ Full term
- ☐ Pre term
- ☐ Post term

---

**138.** Has there been a second pregnancy?

- ☐ Yes
- ☐ No [\[Go To 145\]](#)

---

**138a.** Please tell us when the second pregnancy ended or, if currently pregnant, when you expect to deliver. (We do not require details of births earlier than 1970.)

Date      **Year**      **Month**

**138b.**

Reason for end of pregnancy

- ☐ Still pregnant [\[Go To 139\]](#)
- ☐ Born alive
- ☐ Miscarriage [\[Go To 139\]](#)
- ☐ Still-born [\[Go To 139\]](#)
- ☐ Other [\[Go To 139\]](#)

---

**138c.**

- ☐ Single baby?
- ☐ Twins? [\[Go To 138f\]](#)
- ☐ Multiple birth? [\[Go To 138f\]](#)

---

**138d.** Sex of baby

- ☐ Female
- ☐ Male

**138e.** Weight of baby - if known.

**Pounds/Kilos    Ounces/Grams**

**Imperial    Metric**

Weight      ☐      ☐

---

**138f.**

Delivery was

- ☐ Full term
- ☐ Pre term
- ☐ Post term

---

**139.** Has there been a third pregnancy?

- ☐ Yes
- ☐ No [\[Go To 145\]](#)

---

**139a.**

Please tell us when the third pregnancy ended or, if currently pregnant, when you expect to deliver. (We do not require details of births earlier than 1970.)

Date      **Year**      **Month**

**139b.**

Reason for end of pregnancy

- ☐ Still pregnant [\[Go To 140\]](#)
- ☐ Born alive
- ☐ Miscarriage [\[Go To 140\]](#)
- ☐ Still-born [\[Go To 140\]](#)
- ☐ Other [\[Go To 140\]](#)

---

**139c.**

- ☐ Single baby?
- ☐ Twins? [\[Go To 139f\]](#)
- ☐ Multiple birth? [\[Go To 139f\]](#)

---

139d.

Sex of baby

- ☐ Female  
☐ Male

139e. Weight of baby - if known.

**Pounds/Kilos   Ounces/Grams**

**Imperial   Metric**

Weight

☐☐

---

139f.

Delivery was

- ☐ Full term  
☐ Pre term  
☐ Post term

---

140. Has there been a fourth pregnancy?

- ☐ Yes  
☐ No [\[Go To 145\]](#)

---

140a.

Please tell us when the second pregnancy ended or, if currently pregnant, when you expect to deliver. (We do not require details of births earlier than 1970.)

**Year**

**Month**

Date

**140b.** Reason for end of pregnancy

- ☐ Still pregnant [\[Go To 141\]](#)
- ☐ Born alive
- ☐ Miscarriage [\[Go To 141\]](#)
- ☐ Still-born [\[Go To 141\]](#)
- ☐ Other [\[Go To 141\]](#)

---

**140c.**

- ☐ Single baby?
- ☐ Twins? [\[Go To 140f\]](#)
- ☐ Multiple birth? [\[Go To 140f\]](#)

---

**140d.** Sex of baby

- ☐ Female
- ☐ Male

**140e.** Weight of baby - if known.

|        | Measure               | Pounds/Kilos          | Ounces/Grams                                                        |
|--------|-----------------------|-----------------------|---------------------------------------------------------------------|
|        | Imperial              | Metric                |                                                                     |
| Weight | <input type="radio"/> | <input type="radio"/> | <div><div></div><div></div></div> <div><div></div><div></div></div> |

---

**140f.**

## Delivery was

- ☐ Full term
- ☐ Pre term
- ☐ Post term

---

**141.** Has there been a fifth pregnancy?

- ☐ Yes
- ☐ No [\[Go To 145\]](#)

---

**141a.**

Please tell us when the second fifth ended or, if currently pregnant, when you expect to deliver. (We do not require details of births earlier than 1970.)

Date      **Year**      **Month**

**141b.** Reason for end of pregnancy?

- ☐ Still pregnant [\[Go To 142\]](#)
- ☐ Born alive
- ☐ Miscarriage [\[Go To 142\]](#)
- ☐ Still-born [\[Go To 142\]](#)
- ☐ Other [\[Go To 142\]](#)

---

**141c.**

- ☐ Single baby?
- ☐ Twins? [\[Go To 141f\]](#)
- ☐ Multiple birth? [\[Go To 141f\]](#)

---

**141d.**

Sex of baby

- ☐ Female
- ☐ Male

**141e.** Weight of baby - if known

|        | Measure               | Pounds/Kilos          | Ounces/Grams                                          |
|--------|-----------------------|-----------------------|-------------------------------------------------------|
|        | Imperial              | Metric                |                                                       |
| Weight | <input type="radio"/> | <input type="radio"/> | <input type="text"/> <input type="button" value="v"/> |

---

**141f.**

Delivery was

- ☐ Full term
- ☐ Pre term
- ☐ Post term

---

**142.** Has there been a sixth pregnancy?

- ☐ Yes
- ☐ No [\[Go To 145\]](#)

---

**142a.**

Please tell us when the sixth pregnancy ended or, if currently pregnant, when you expect to deliver. (We do not require details of births earlier than 1970.)

|      | Year                                                  | Month                                                 |
|------|-------------------------------------------------------|-------------------------------------------------------|
| Date | <input type="text"/> <input type="button" value="v"/> | <input type="text"/> <input type="button" value="v"/> |

**142b.** Reason for end of pregnancy

- ☐ Still pregnant [\[Go To 143\]](#)
- ☐ Born alive
- ☐ Miscarriage [\[Go To 143\]](#)
- ☐ Still-born [\[Go To 143\]](#)
- ☐ Other [\[Go To 143\]](#)

---

142c.

- ☐ Single baby?
- ☐ Twins? [\[Go To 142f\]](#)
- ☐ Multiple birth? [\[Go To 142f\]](#)

---

142d. Sex of baby

- ☐ Female
- ☐ Male

142e. Weight of baby - if known.

|        | Measure               |                       | Pounds/Kilos         | Ounces/Grams         |
|--------|-----------------------|-----------------------|----------------------|----------------------|
|        | Imperial              | Metric                |                      |                      |
| Weight | <input type="radio"/> | <input type="radio"/> | <input type="text"/> | <input type="text"/> |

---

142f.

Delivery was

- ☐ Full term
- ☐ Pre term
- ☐ Post term

---

143. Has there been a seventh pregnancy?

- ☐ Yes
- ☐ No [\[Go To 145\]](#)

---

143a.

Please tell us when the seventh pregnancy ended or, if currently pregnant, when you expect to deliver. (We do not require details of births earlier than 1970.)

Date      **Year**      **Month**

**143b.** Reason for end of pregnancy?

- ☐ Still pregnant [\[Go To 144\]](#)
- ☐ Born alive
- ☐ Miscarriage [\[Go To 144\]](#)
- ☐ Still-born [\[Go To 144\]](#)
- ☐ Other [\[Go To 144\]](#)

---

**143c.**

- ☐ Single baby?
- ☐ Twins? [\[Go To 143f\]](#)
- ☐ Multiple birth? [\[Go To 143f\]](#)

---

**143d.** Sex of baby

- ☐ Female
- ☐ Male

**143e.** Weight of baby - if known

|        | <b>Measure</b>        | <b>Pounds/Kilos</b>   | <b>Ounces/Grams</b>                       |
|--------|-----------------------|-----------------------|-------------------------------------------|
|        | <b>Imperial</b>       | <b>Metric</b>         |                                           |
| Weight | <input type="radio"/> | <input type="radio"/> | <input type="text"/> <input type="text"/> |

---

**143f.** Delivery was

- ☐ Full term
- ☐ Pre term
- ☐ Post term

---

**144.** Has there been an eighth pregnancy?

- ☐ Yes
- ☐ No [\[Go To 145\]](#)

---

**144a.**

Please tell us when the eighth pregnancy ended or, if currently pregnant, when you expect to deliver. (We do not require details of births earlier than 1970.)

|      | Year                 | Month                |
|------|----------------------|----------------------|
| Date | <input type="text"/> | <input type="text"/> |

**144b.** Reason for end of pregnancy?

- ☐ Still pregnant [\[Go To 145\]](#)
- ☐ Born alive
- ☐ Miscarriage [\[Go To 145\]](#)
- ☐ Still-born [\[Go To 145\]](#)
- ☐ Other [\[Go To 145\]](#)

---

**144c.**

- ☐ Single baby?
- ☐ Twins? [\[Go To 144f\]](#)
- ☐ Multiple birth? [\[Go To 144f\]](#)

---

**144d.** Sex of baby

- ☐ Female
- ☐ Male

**144e.** Weight of baby - if known.

|        | Measure               | Pounds/Kilos          | Ounces/Grams                      |
|--------|-----------------------|-----------------------|-----------------------------------|
|        | Imperial              | Metric                |                                   |
| Weight | <input type="radio"/> | <input type="radio"/> | <div><div></div><div></div></div> |

---

**144f.** Delivery was

- ☐ Full term
- ☐ Pre term
- ☐ Post term

---

**145.** Before the first pregnancy you told us about, what was the **last type of birth control** that you or your husband/partner used?

- ☐ Never used birth control
- ☐ The pill
- ☐ Coil/intrauterine device
- ☐ Rhythm/"safe" period, or withdrawal
- ☐ Condom
- ☐ Cap

- ☐ Other (specify)

**146.** Did you or he stop this before the pregnancy started, or did the pregnancy result from a birth control failure?

- ☐ We stopped it before  
☐ Birth control failure  
☐ Not clear

---

**147.** At the beginning of this period, were you a regular smoker?

- ☐ Yes  
☐ No

**148.** At the beginning of this period, was your husband/partner a regular smoker?

- ☐ Yes  
☐ No

---

**149. These questions ask about any fertility related problems and treatment taken by you or your husband/partner.**

Have you or your husband/partner ever sought any medical help because of problems with conceiving?

- ☐ Yes  
☐ No [\[Go To 153\]](#)

---

**150.** Did either of you receive any treatment for infertility?

- ☐ Yes

- ☐ No [\[Go To 153\]](#)

---

**151.** Please tell us which of you was affected.

- ☐ You  
☐ Your husband/partner

**152.** Please tell us when the treatment started.

---

**153.** Have either you or your husband/partner ever had any disease, condition, medical or surgical treatment that makes it difficult or impossible for you to have children?

- ☐ Yes  
☐ No [\[Go To 156\]](#)

---

**154.** Please tell us which of you was affected.

- ☐ You  
☐ Your husband/partner

**155.** Please tell us when the diagnosis was made.

156. How old were you when your periods started?

157. Have you had your menopause? Have your periods stopped?

- ☐ Yes
- ☐ No [\[Go To 159\]](#)
- ☐ Don't know - had a hysterectomy [\[Go To 159\]](#)
- ☐ Don't know. Please specify : [\[Go To 159\]](#)

---

158. How old were you when your periods stopped?

---

159. Have you ever taken the contraceptive pill? (includes the mini-pill)

- ☐ Yes
- ☐ No
- ☐ Don't know

160. Have you ever had hormone replacement therapy? (HRT)

- ☐ Yes
  - ☐ No [\[Go To 166\]](#)
  - ☐ Don't know [\[Go To 166\]](#)
-

161. How old were you when you first used HRT?

---

**166. Section 8: Finally, we would like some other information which will allow us to take into account variation in background and socio-economic factors.**

Do you consider yourself to be:

- ☐ White - British
- ☐ White - Irish
- ☐ Any other White background
- ☐ Mixed - White and Black Caribbean
- ☐ Mixed - White and Black African
- ☐ Mixed - White and Asian
- ☐ Any other mixed background
- ☐ Asian - Indian
- ☐ Asian - Pakistani
- ☐ Asian - Bangladeshi
- ☐ Any other Asian background
- ☐ Black - Caribbean
- ☐ Black - African
- ☐ Any other Black background
- ☐ Chinese
- ☐ Any other Asian background
- ☐ Any other. Please specify:

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**126. We would now like to ask you some questions on you and your partner's reproductive health. We understand that some of these questions may seem intrusive. However, we need to check thoroughly that there are no adverse reproductive health outcomes associated with Airwave use.**

At any time over the past 10 years, have you and your wife (or partner) ever tried to become pregnant over a period of at least a year without success?

- ☐ Yes  
☐ No [\[Go To 135\]](#)

---

**127. When did you first experience this?**

Start Date

**128. Are you still trying?**

- ☐ Yes [\[Go To 132\]](#)  
☐ No

---

**129. Did she get pregnant by the end of this period?**

- ☐ Yes [\[Go To 135\]](#)

☐ No

---

**130.** How long did you try to get pregnant before you gave up or she became pregnant?

|          | <b>Years</b>         | <b>Months</b>        |
|----------|----------------------|----------------------|
| Duration | <input type="text"/> | <input type="text"/> |

---

**131.** Why did you give up?

- ☐ We started using birth control again
- ☐ The relationship ended
- ☐ A pregnancy was conceived
- ☐ Other. Please specify:

---

**132.** At the beginning of this period, were you a regular smoker?

- ☐ Yes
- ☐ No

**133.** At the beginning of this period, was your wife (or partner) a regular smoker?

- ☐ Yes
- ☐ No

---

**134.** Please tell us the date of birth of your wife or partner.

|      |                      |                      |                      |
|------|----------------------|----------------------|----------------------|
| Date | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|------|----------------------|----------------------|----------------------|

---

**135.** The following questions ask about ALL the pregnancies which have occurred.

Has your wife or partner (or any previous wife or partner) ever been pregnant or currently pregnant?

Do not include deliberate terminations of pregnancy.

- ☐ Yes
- ☐ No [\[Go To 149\]](#)

---

**136.** How many pregnancies have you fathered?

Include any current pregnancy.

Do not include deliberate terminations of pregnancy.

---

**137.** Please tell us when the first pregnancy ended or, if currently pregnant, when your wife (or partner) expects to deliver. (We do not require details of births earlier than 1970.)

Date      **Year**      **Month**

    

**137a.** Reason for end of pregnancy.

- ☐ Still pregnant [\[Go To 138\]](#)
- ☐ Born alive
- ☐ Miscarriage [\[Go To 138\]](#)
- ☐ Still-born [\[Go To 138\]](#)

- ☐ Other [\[Go To 138\]](#)

---

**137b.**

- ☐ Single baby?  
☐ Twins? [\[Go To 137e\]](#)  
☐ Multiple birth? [\[Go To 137e\]](#)

---

**137c.** Sex of baby

- ☐ Female  
☐ Male

---

**137d.** Weight of baby - if known.

|        | Measure               |                       | Pounds/Kilos         | Ounces/Grams         |
|--------|-----------------------|-----------------------|----------------------|----------------------|
|        | Imperial              | Metric                |                      |                      |
| Weight | <input type="radio"/> | <input type="radio"/> | <input type="text"/> | <input type="text"/> |

---

**137e.** Delivery was

- ☐ Full term  
☐ Pre term  
☐ Post term

---

**138.** Has there been a second pregnancy?

- ☐ Yes  
☐ No [\[Go To 145\]](#)

---

**138a.** Please tell us when the second pregnancy ended or, if

currently pregnant, when your wife (or partner) expects to deliver. (We do not require details of births earlier than 1970.)

Date      **Year**      **Month**

---

**138b.**

Reason for end of pregnancy

- ☐ Still pregnant [\[Go To 139\]](#)
- ☐ Born alive
- ☐ Miscarriage [\[Go To 139\]](#)
- ☐ Still-born [\[Go To 139\]](#)
- ☐ Other [\[Go To 139\]](#)

---

**138c.**

- ☐ Single baby?
- ☐ Twins? [\[Go To 138f\]](#)
- ☐ Multiple birth? [\[Go To 138f\]](#)

---

**138d. Sex of baby**

- ☐ Female
- ☐ Male

**138e. Weight of baby - if known.**

**Pounds/Kilos    Ounces/Grams**

**Imperial    Metric**

Weight      ☐      ☐            

---

**138f.**

Delivery was

- ☐ Full term
- ☐ Pre term
- ☐ Post term

---

**139.** Has there been a third pregnancy?

- ☐ Yes
- ☐ No [\[Go To 145\]](#)

---

**139a.** Please tell us when the third pregnancy ended or, if currently pregnant, when your wife (or partner) expects to deliver. (We do not require details of births earlier than 1970.)

Date      **Year**      **Month**

    

**139b.**

Reason for end of pregnancy

- ☐ Still pregnant [\[Go To 140\]](#)
- ☐ Born alive
- ☐ Miscarriage [\[Go To 140\]](#)
- ☐ Still-born [\[Go To 140\]](#)
- ☐ Other [\[Go To 140\]](#)

---

**139c.**

- ☐ Single baby?
  - ☐ Twins? [\[Go To 139f\]](#)
  - ☐ Multiple birth? [\[Go To 139f\]](#)
-

139d.

Sex of baby

- ☐ Female  
☐ Male

139e. Weight of baby - if known.

**Pounds/Kilos   Ounces/Grams**

**Imperial   Metric**

Weight

☐☐

---

139f.

Delivery was

- ☐ Full term  
☐ Pre term  
☐ Post term

---

140. Has there been a fourth pregnancy?

- ☐ Yes  
☐ No [\[Go To 145\]](#)

---

140a.

Please tell us when the second pregnancy ended or, if currently pregnant, when your wife (or partner) expects to deliver. (We do not require details of births earlier than 1970.)

**Year**

**Month**

Date

140b. Reason for end of pregnancy

- ☐ Still pregnant [\[Go To 141\]](#)
  - ☐ Born alive
  - ☐ Miscarriage [\[Go To 141\]](#)
  - ☐ Still-born [\[Go To 141\]](#)
  - ☐ Other [\[Go To 141\]](#)
- 

**140c.**

- ☐ Single baby?
  - ☐ Twins? [\[Go To 140f\]](#)
  - ☐ Multiple birth? [\[Go To 140f\]](#)
- 

**140d. Sex of baby**

- ☐ Female
  - ☐ Male
- 

**140e. Weight of baby - if known.**

|        | Measure               | Pounds/Kilos          | Ounces/Grams                                                        |
|--------|-----------------------|-----------------------|---------------------------------------------------------------------|
|        | Imperial              | Metric                |                                                                     |
| Weight | <input type="radio"/> | <input type="radio"/> | <div><div></div><div></div></div> <div><div></div><div></div></div> |

---

**140f.****Delivery was**

- ☐ Full term
  - ☐ Pre term
  - ☐ Post term
- 

**141. Has there been a fifth pregnancy?**

- ☐ Yes
- ☐ No [\[Go To 145\]](#)

---

**141a.** Please tell us when the second fifth ended or, if currently pregnant, when your wife (or partner) expects to deliver. (We do not require details of births earlier than 1970.)

Date      **Year**      **Month**

    

**141b.** Reason for end of pregnancy?

- ☐ Still pregnant [\[Go To 142\]](#)
- ☐ Born alive
- ☐ Miscarriage [\[Go To 142\]](#)
- ☐ Still-born [\[Go To 142\]](#)
- ☐ Other [\[Go To 142\]](#)

---

**141c.**

- ☐ Single baby?
- ☐ Twins? [\[Go To 141f\]](#)
- ☐ Multiple birth? [\[Go To 141f\]](#)

---

**141d.**

Sex of baby

- ☐ Female
- ☐ Male

**141e.** Weight of baby - if known

| Measure  | Pounds/Kilos | Ounces/Grams |
|----------|--------------|--------------|
| Imperial | Imperial     | Metric       |

Weight

☐☐

---

**141f.**

Delivery was

- ☐ Full term
- ☐ Pre term
- ☐ Post term

---

**142.** Has there been a sixth pregnancy?

- ☐ Yes
- ☐ No [\[Go To 145\]](#)

---

**142a.** Please tell us when the sixth pregnancy ended or, if currently pregnant, when your wife (or partner) expects to deliver. (We do not require details of births earlier than 1970.)

Date

| Year                 | Month                |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |

**142b.** Reason for end of pregnancy

- ☐ Still pregnant [\[Go To 143\]](#)
- ☐ Born alive
- ☐ Miscarriage [\[Go To 143\]](#)
- ☐ Still-born [\[Go To 143\]](#)
- ☐ Other [\[Go To 143\]](#)

---

**142c.**

- ☐ Single baby?

- ☐ Twins? [\[Go To 142f\]](#)
- ☐ Multiple birth? [\[Go To 142f\]](#)

---

**142d. Sex of baby**

- ☐ Female
- ☐ Male

**142e. Weight of baby - if known.**

|        | Measure               | Pounds/Kilos          | Ounces/Grams                                          |
|--------|-----------------------|-----------------------|-------------------------------------------------------|
|        | Imperial              | Metric                |                                                       |
| Weight | <input type="radio"/> | <input type="radio"/> | <input type="text"/> <input type="button" value="v"/> |

---

**142f.**

Delivery was

- ☐ Full term
- ☐ Pre term
- ☐ Post term

---

**143. Has there been a seventh pregnancy?**

- ☐ Yes
- ☐ No [\[Go To 145\]](#)

---

**143a.** Please tell us when the seventh pregnancy ended or, if currently pregnant, when your wife (or partner) expects to deliver. (We do not require details of births earlier than 1970.)

| Year | Month |
|------|-------|
|------|-------|

Date

**143b.** Reason for end of pregnancy?

- ☐ Still pregnant [\[Go To 144\]](#)
- ☐ Born alive
- ☐ Miscarriage [\[Go To 144\]](#)
- ☐ Still-born [\[Go To 144\]](#)
- ☐ Other [\[Go To 144\]](#)

---

**143c.**

- ☐ Single baby?
- ☐ Twins? [\[Go To 143f\]](#)
- ☐ Multiple birth? [\[Go To 143f\]](#)

---

**143d.** Sex of baby

- ☐ Female
- ☐ Male

**143e.** Weight of baby - if known

|        | Measure               | Pounds/Kilos          | Ounces/Grams         |
|--------|-----------------------|-----------------------|----------------------|
|        | Imperial              |                       |                      |
|        | Metric                |                       |                      |
| Weight | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |

---

**143f.** Delivery was

- ☐ Full term
- ☐ Pre term

- ☐ Post term

---

**144.** Has there been an eighth pregnancy?

- ☐ Yes  
☐ No [\[Go To 145\]](#)

---

**144a.** Please tell us when the eighth pregnancy ended or, if currently pregnant, when your wife (or partner) expects to deliver. (We do not require details of births earlier than 1970.)

Date      **Year**      **Month**

    

**144b.** Reason for end of pregnancy?

- ☐ Still pregnant [\[Go To 145\]](#)  
☐ Born alive  
☐ Miscarriage [\[Go To 145\]](#)  
☐ Still-born [\[Go To 145\]](#)  
☐ Other [\[Go To 145\]](#)

---

**144c.**

- ☐ Single baby?  
☐ Twins? [\[Go To 144f\]](#)  
☐ Multiple birth? [\[Go To 144f\]](#)

---

**144d.** Sex of baby

- ☐ Female
- ☐ Male

144e. Weight of baby - if known.

|        | Measure               | Pounds/Kilos          | Ounces/Grams         |
|--------|-----------------------|-----------------------|----------------------|
|        | Imperial              | Metric                |                      |
| Weight | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |

---

144f. Delivery was

- ☐ Full term
- ☐ Pre term
- ☐ Post term

---

145. Before the first pregnancy you told us about, what was the **last type of birth control** that you or your wife (or partner) used?

- ☐ Never used birth control
- ☐ The pill
- ☐ Coil/intrauterine device
- ☐ Rhythm/"safe" period, or withdrawal
- ☐ Condom
- ☐ Cap
- ☐ Other (specify)

146. Did you or she stop this before the pregnancy started, or did the pregnancy result from a birth control failure?

- ☐ We stopped it before
- ☐ Birth control failure

- ☐ Not clear

---

**147.** At the beginning of this period, were you a regular smoker?

- ☐ Yes  
☐ No

**148.** At the beginning of this period, was your wife (or partner) a regular smoker?

- ☐ Yes  
☐ No

---

**149. These questions ask about any fertility related problems and treatment taken by you or your wife/partner.**

Have you or your wife (or partner) ever sought any medical help because of problems with conceiving?

- ☐ Yes  
☐ No [\[Go To 153\]](#)

---

**150.** Did either of you receive any treatment for infertility?

- ☐ Yes  
☐ No [\[Go To 153\]](#)

---

**151.** Please tell us which of you was affected.

- ☐ You  
☐ Your wife/partner

152. Please tell us when the treatment started.

---

153. Have either you or your wife (or partner) ever had any disease, condition, medical or surgical treatment that makes it difficult or impossible for you to have children?

- ☐ Yes
- ☐ No [\[Go To 166\]](#)

---

154. Please tell us which of you was affected.

- ☐ You
- ☐ Your wife (or partner).

155. Please tell us when the diagnosis was made.

---

**166. Section 8: Finally, we would like some other information which will allow us to take into account variation in background and socio-economic factors.**

Do you consider yourself to be:

- ☐ White - British
- ☐ White - Irish

- ☐ Any other White background
- ☐ Mixed - White and Black Caribbean
- ☐ Mixed - White and Black African
- ☐ Mixed - White and Asian
- ☐ Any other mixed background
- ☐ Asian - Indian
- ☐ Asian - Pakistani
- ☐ Asian - Bangladeshi
- ☐ Any other Asian background
- ☐ Black - Caribbean
- ☐ Black - African
- ☐ Any other Black background
- ☐ Chinese
- ☐ Any other Asian background
- ☐ Any other. Please specify:

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167. Presently, are you:

- ☐ Married
- ☐ Separated
- ☐ Divorced
- ☐ Cohabiting
- ☐ Single
- ☐ Other. Please specify:

---

168. What is the highest level of education you have completed to date?

- ☐ Left school before taking O levels / GCSE's
- ☐ GSCE/O-Level/CSE
- ☐ Vocational qualifications (NVQ1+2)
- ☐ A levels / Highers or equivalent (NVQ3)
- ☐ Bachelor Degree or equivalent (NVQ4)
- ☐ Postgraduate qualifications

---

169. At this time, what is the total personal, annual income you receive before tax is deducted?

Please include all sources such as wages, investments, pensions, savings, rents or property, benefits, any second or odd jobs, maintenance etc.

- ☐ Less than £20,000
- ☐ £20,000 - £25,999
- ☐ £26,000 - £31,999
- ☐ £32,000 - £37,999
- ☐ £38,000 - £43,999

- ☐ £44,000 - £59,999
- ☐ £60,000 - £65,999
- ☐ More than £66,000

---

**170. What **total income**, including your own, has your **household** received in the last 12 months?**

Please include all sources such as wages, investments, pensions, savings, rents or property, benefits, any second or odd jobs, maintenance etc.

- ☐ Less than £20,000
- ☐ £20,000 - £25,999
- ☐ £26,000 - £31,999
- ☐ £32,000 - £37,999
- ☐ £38,000 - £47,999
- ☐ £48,000 - £57,999
- ☐ £58,000 - £67,999
- ☐ £68,000 - £77,999
- ☐ £78,000 - £87,999
- ☐ £88,000 - £97,999
- ☐ More than £ 98,000

---

**171. How many people including yourself, contribute to your total household income?**

---

**172. How many people including yourself live in your household?**

---

173. How many of those in your household are children under the age of 18?

---

174. All things considered how satisfied or dissatisfied are you with your standard of living?

- ☐ Very dissatisfied
- ☐ Moderately dissatisfied
- ☐ A little dissatisfied
- ☐ No feelings either way
- ☐ A little satisfied
- ☐ Moderately satisfied
- ☐ Very satisfied

FINISHED