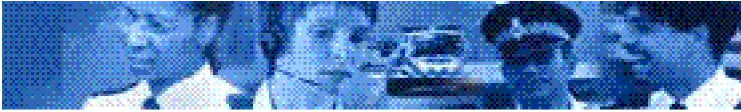

Imperial College
London
Professor Paul Elliott, MA MBBS MSc PhD MRCP FFPHM
Head, Department of Epidemiology & Biostatistics
School of Public Health,Medical Faculty
Imperial College London

Airwave Health Monitoring Study

Dear participant,

Thank you for taking part in the Airwave Health Monitoring Study. The goal of the Study is to investigate any possible long-term health effects associated with Airwave, the Police Communications System.

For further details, please follow the linkm-- to the information leaflet (Version 4) . Updated information is also available on our website at: http://www.police-health.org.uk.

On the following pages, you will find a questionnaire that you need to complete even if you are not currently using the Airwave radio system. Once you consent to take part in the study, you will also have the opportunity to receive **a free and confidential health screen.**

You will need to print out and complete the questionnaire and post it back to us. Please make sure you have read, understood and signed the consent page before posting the questionnaire.

Please remember without your signature and contact details you cannot be a part of the long-term study.

Please fill in your contact and personal details as accurately as possible. Without these details, we will not be able to keep track of your health. All information collected will be kept in strict confidence. Under no circumstances will the NPIA or your police force have access to any of your individual data.

Printing and return instructions:
Please print questionnaire in black and white on A4 paper.
Once completed, please return in a sealed C4 envelope (dimensions 324 mm x 229 mm) to the following freepost address. Please **do not fold** the questionnaire.

Airwave Health Monitoring Study
Freepost NAT10893
Imperial College London
143 Westmoreland Road
Bromley, BR2 0BR

All information will be kept in strict confidence.

Thank you for your participation.

Professor Paul Elliot MBBS, PhD, FMedSci
Principal Investigator
Airwave Health Monitoring Study

QNR-RECRUIT-4.0

Before you proceed with the questionnaire, please read carefully the consent, then sign and complete your contact details.

Consent

All questionnaire answers will be stored securely on a private computer network at Imperial College London. The paper copies will be archived at a secure location. Under no circumstances will the NPIA or your Police Force have access to any of your individual data.

In order to be included in the long term Health Monitoring Study we need your consent as follows:

1. I have read the Information Leaflet (Version 4, dated 30th May 2008), and have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason.
3. I understand that information held by the NHS and records maintained by the NHS Information Centre may be used to keep in touch with me and follow up my health status.
4. I give permission for the Study to access my Airwave usage data and the items in my police personnel records stated in the Information Leaflet, for long term storage and use of this and other information about me and to link this to my future health.
5. I agree to take part in the study.

Please sign below to indicate your consent to participate in the study:

Sign here:

Print your name here:

Date: ☐☐ ☐☐ ☐☐☐☐ **(dd/mm/yyyy)**

Aware Id: ☐☐☐☐☐☐☐

Month and year of joining the 'MPS': ☐☐ ☐☐☐☐ mm/yyyy

Division/Department:

If you have had **a Collar or Staff no** in any Police Force other than MPS since 2000, please state below: (delete as appropriate):

1. Collar No/Shoulder No: **Staff no/Pay No:**

Force name :

Division/Department:

Month and year of joining Police Force: ☐☐ ☐☐☐☐ mm/yyyy

2. Collar No/Shoulder No: **Staff no/Pay No:**

Force name :

Division/Department:

Month and year of joining Police Force: ☐☐ ☐☐☐☐ mm/yyyy

Please fill in your contact information to enable us to track your health in future. Without your personal details and consent, you cannot become a part of the long-term health monitoring study. All information provided will be kept strictly confidential.

3. Title: **4.** First Name:

5. Surname:

6. DOB ☐☐ ☐☐ ☐☐☐☐ **dd/mm/yyyy**

7. Age in years

8 Are you **Police staff** ☐ **Police Officer** ☐ **Others** ☐

9. Sex: **Male:** ☐ **Female:** ☐

10. Home address: Street Number & Name: [ ]

Address Line 2: [ ]

Town/City: [ ]

Postcode: [ ]

11. Home telephone number: [ ]

12. Mobile Phone number: [ ]

13. Email address: [ ]

14. Other Email address: [ ]

If you are interested in having a free Health Screen with comprehensive and confidential feedback please tick the box below:

☐

PLEASE MAKE SURE YOU HAVE SIGNED THE CONSENT ON PAGE 2 BEFORE YOU PROCEED FURTHER

The questionnaire begins on the next page. Please read all questions carefully. Most questions can be answered by putting a cross in the box next to the answer that applies to you, like this:

☒ 1 Yes ☐ 2 No

Sometimes you have to write a number in a box, for example:

1 0 0 5 2 0 0 0 (dd/mm/yyyy)

Please try to complete all questions that apply to you. Where you need to skip a question, we have clearly indicated which question or section to go to next. Please make no other marks on the questionnaire e.g. do not cross through questions or pages just because they do not apply to you, as this affects the scanning process.

All information will be kept in strict confidence.

Section 1: Questions on your use of the Airwave radio system. This section includes operations/ control room and direct mode users.

1. Do you use the Airwave radio system?

- ☐ 1 Yes: ***go to question 2***
- ☐ 2 No: ***go to question 8***
- ☐ 3 No: but I have used it in the past:

From ☐☐☐☐ (Year) To ☐☐☐☐ (Year): ***go to question 8***

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

☐☐☐☐ (Year)

3. While **using or shortly after using your Airwave radio in transmit (PTT) or mobile phone (PSTN) mode**, do you experience any symptoms

- ☐ 1 No, I do not experience any symptoms
- ☐ 2 Headache
- ☐ 3 Dizziness
- ☐ 4 Numbness in hands
- ☐ 5 Nausea
- ☐ 6 Warming sensation on face
- ☐ 7 Deafness/partial hearing loss
- ☐ 8 Burning sensation in ear
- ☐ 9 Tinnitus/ringing sound in ear
- ☐ 10 Any other symptom (please specify:)

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

Note: Please do not skip any row. There must be one tick in the transmit mode column and one tick in the mobile phone mode column for each row (a, b, c, d, e, f, g).

Approximate amount of time used in this position:

Location of Airwave radio:	**Transmit (PTT) mode**			**Mobile phone (PSTN) mode**		
	A lot of the time	Some of the time	None of the time	A lot of the time	Some of the time	None of the time
a) Personal radio with earpiece/microphone	☐ 1	☐ 2	☐ 3	☐ 1	☐ 2	☐ 3
b) Personal radio without earpiece/microphone	☐ 1	☐ 2	☐ 3	☐ 1	☐ 2	☐ 3
c) Desk mounted radio including operation/control room use	☐ 1	☐ 2	☐ 3	☐ 1	☐ 2	☐ 3
d) Motorcycle mounted radio	☐ 1	☐ 2	☐ 3	☐ 1	☐ 2	☐ 3
e) Vehicle mounted radio	☐ 1	☐ 2	☐ 3	☐ 1	☐ 2	☐ 3
f) Body mounted radio (covert users)	☐ 1	☐ 2	☐ 3	☐ 1	☐ 2	☐ 3
g) Pool radio	☐ 1	☐ 2	☐ 3	☐ 1	☐ 2	☐ 3
h) Other (please specify:)	☐ 1	☐ 2	☐ 3	☐ 1	☐ 2	☐ 3

5. Usually while using Airwave Radio what is the position of your handset?

☐ 1 Right side of head ☐ 2 Left side of head ☐ 3 Both sides equally ☐ 4 Not Applicable

6. Please provide:

a. The start date of the last **full shift** when you **used an Airwave radio:**

☐☐ ☐☐ ☐☐☐☐ (dd/mm/yyyy)

b. The start time and end time (*using the 24-hour clock*) of this shift.

☐☐ : ☐☐ (Hr Hr : Min Min) Start time of shift

☐☐ : ☐☐ (Hr Hr : Min Min) End time of shift

c. Please give an **estimate of your talk time (even if this is minimal) using your Airwave radio in transmit (PTT) or mobile phone (PSTN) mode over this shift:**

	Approximate duration of Radio calls	Approximate number of Radio calls
Personal radio	☐☐☐ (minutes)	☐☐☐
Pool Radio*	☐☐☐ (minutes)	☐☐☐
Vehicle mounted radio	☐☐☐ (minutes)	☐☐☐
Motorcycle mounted radio	☐☐☐ (minutes)	☐☐☐
Desk mounted radio including operation/ control room use	☐☐☐ (minutes)	☐☐☐
Body mounted radio (covert users)	☐☐☐ (minutes)	☐☐☐
Radio use in direct mode	☐☐☐ (minutes)	☐☐☐

*A (common) radio handset that is used by you and your colleagues.

7. In your experience is the radio usage that you have reported for your last shift typical of an average shift for you?

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

8. Do you use a pool radio? ☐ 1 **Yes : go to question 9** ☐ 2 **No: go to question 10**

9. What ***proportion of your total radio use*** is with a pool radio? ***(Please cross one box)***

None 0%	10	20	30	40	50	60	70	80	90	All 100%
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

10. Have you ever worked in an operations/control room?

☐ 1 Yes: ☐ 2 No: ***go to question 12***

11. Since joining the Police Force what ***proportion of your total working time*** has been in an operations/control room. (***Please cross one box)***

None 0%	10	20	30	40	50	60	70	80	90	All 100%
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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

☐ 1 Yes: ☐ 2 No: ***go to question 15***

13. For how many years did you use the analogue radio?

☐☐ Years

14. Are you still using the analogue radio?

☐ 1 Yes ☐ 2 No

15. Usually, how many **hours per week** do you work? ***Exclude overtime***

☐☐ Hours /week

16. How many **hours per week of overtime** (if any) do you work? ***Enter 00 if none***

☐☐ Hours

Section 2: These questions ask about the pattern of your shift work (if you are a shift worker).

17. Are you a shift worker? Working outside regular daytime hours (i.e. between approximately 7 a.m. and 6 p.m., Monday through Friday)?

Yes ☐ **Go to question no 18**

Yes ☐ I work shifts but only few (2-3) times in a year: **Go to question no 22**

No ☐ I am not a shift worker; **Go to question no 22**

18. As a shift worker do you:

☐ Have the flexibility in deciding the shifts you want to work?

☐ Have to work according to a pre-planned duty roster?

☐ Other :

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

	1 Almost Never	2 Seldom (few times in a year)	3 Sometimes (Several times/month)	4 Often (Once/week)	5 Always (Several times/week)
How often do you get ≤9 hours of rest in between your working shifts	☐	☐	☐	☐	☐
How often do you work at least 6 shifts in a row?	☐	☐	☐	☐	☐
How often do you have 4 days off between work periods (excluding vacation)	☐	☐	☐	☐	☐
How often do you have 1 day off between work periods?	☐	☐	☐	☐	☐

20. How many free weekends do you have per month?

☐ None ☐ One ☐ Two ☐ Three or more

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

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

Section 3: Questions about personal or any other mobile phone use (not including the use of your Airwave radio).

22. Do you use a mobile phone?

☐1 Yes ☐2 No: ***go to question 27***

23. When did you start using a mobile phone?

☐☐☐☐ (Year)

24. 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**.

☐☐☐ Minutes

Question 25 a), b) and c) are about your mobile phone use with hands-free equipment or a headset:

25a. Do you use hands-free equipment or a headset with your mobile phone(s)?

☐1 Yes ☐2 No: ***go to question 26***

b. When did you first start using hands-free equipment or a headset?

☐☐☐☐ (Year)

c. Please estimate the **proportion of time** you usually spend using hands-free equipment or a headset while talking on your mobile phone(s). ***(Please cross one box)***

None 0%	10	20	30	40	50	60	70	80	90	All 100%
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

26. While using, or shortly after using your mobile phone(s), do you experience any symptoms?

- ☐ 1 No, I do not experience any symptoms
- ☐ 2 Headache
- ☐ 3 Dizziness
- ☐ 4 Numbness in hands
- ☐ 5 Nausea
- ☐ 6 Warming sensation on face
- ☐ 7 Deafness/partial hearing loss
- ☐ 8 Burning sensation in ear
- ☐ 9 Tinnitus/ringing sound in ear
- ☐ 10 Any other symptom (please specify:)

Section 4: Questions about your general health.

27. Have you ever experienced loss of sight or impairment of vision in one eye, accompanied by pain around the eye caused by eye movement **(opticus neuritis)**?

☐ 1 Yes ☐ 2 No:

28. Have you ever been **diagnosed by a doctor** with any of the following conditions? Also, mention **the year when you were first diagnosed**. ***(Please cross box(es) and write year of diagnosis where appropriate)***

Condition	Year of diagnosis
☐ 1 High blood pressure	
☐ 2 Angina	
☐ 3 Heart attack (MI)	
☐ 4 Other heart conditions Please specify:	
☐ 5 Stroke/Transient Ischaemic Attack	
☐ 6 Depression	
☐ 7 Chronic Fatigue Syndrome/ME	
☐ 8 Deafness/partial hearing loss	
☐ 9 Migraine	
☐ 10 Epilepsy	
☐ 11 COPD (Chronic Obstructive Pulmonary Disease)	
☐ 12 Asthma	
☐ 13 Allergy (eczema, hay fever, rhinitis)	
☐ 14 Diabetes mellitus	
☐ 15 Cataract	
☐ 16 Glaucoma or high eye pressure	
☐ 17 Cancer (please specify type)	
☐ 18 Arthritis	
☐ 19 Parkinson's disease	
☐ 20 Chronic liver disease	
☐ 21 Thyroid related disorders	

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

☐☐☐ Days

30. How many times have you consulted your GP in the **past year** for any **health problem**?

☐☐ (***Enter Number***)

Section 5: Questions on lifestyle factors

31. Do you currently smoke cigarettes?

- ☐ 1 Yes: ***go to question 32***
- ☐ 2 No: ***go to question 33***
- ☐ 3 I have never smoked: ***please go to question 36***

32. a. About how many cigarettes per day do you smoke?

☐☐☐ Cigarettes per day

b. When did you first start smoking?

☐☐☐☐ (Year)

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

- ☐ 1 Yes: ***please complete questions 34 and 35***
- ☐ 2 No: ***go to question 36***

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

☐☐☐ Cigarettes per day

35. How long ago did you quit smoking?

☐☐ Years ago

36. How many people smoke in the household where you live? ***(Please include yourself if you smoke)***

☐☐ Number

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

☐☐☐ Hours

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

☐☐☐ Hours

39. Do you currently drink alcohol?

☐[1] Yes:
☐[2] No: ***go to question 45***

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

☐[1] Monthly or less
☐[2] Two to four times a month
☐[3] Two or three times a week
☐[4] Four or five times a week
☐[5] Daily or almost daily

41. 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. **(*One drink = half a pint of beer, a small glass of wine, or one measure of spirits*)**. ***If none, please indicate 00.***

a. Red wine ☐☐ Glasses

b. White wine/Champagne ☐☐ Glasses

c. Beer or Cider (include Bitter, Lager, Stout, Ale, Guinness) ☐☐ Pints

d. Spirits/Liqueurs (Include Whisky, Gin, Rum, Vodka, Brandy) ☐☐ Pub measures

e. Fortified wine (includes Sherry, Port, and Vermouth) ☐☐ Glasses

42. How often do you have six or more drinks on one occasion?

☐[1] Monthly or less
☐[2] Two to four times a month
☐[3] Two or three times a week
☐[4] Four or five times a week
☐[5] Daily or almost daily

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

☐[1] Yes
☐[2] No ***(go to question 48)***

*   *

44. If yes, compared to your current habits, do you drink:

- ☐1 More nowadays ***(go to question 48)***
- ☐2 Less nowadays ***(go to question 47)***

For Non-Drinkers and Past drinkers

45. Did you ever drink alcohol?

- ☐1 Yes: ***Please complete questions 46 and 47***
- ☐2 No: ***Please go to question 48***

46. If you ever drank alcohol, when did you stop?

☐☐ Years ago

47. Why did you reduce/stop drinking alcohol? ***(cross one box)***

- ☐1 Financial reasons
- ☐2 Doctor's advice/ ill health
- ☐3 Change of lifestyle
- ☐4 Reduction in stress at home
- ☐5 Change of jobs
- ☐6 Other reasons ***(please specify below):***

48. Are there any other issues, which we haven't raised that you think might be important:

Please make sure you have signed the consent and given your contact details before posting this questionnaire.

THANK YOU FOR TAKING PART IN THIS IMPORTANT STUDY

*