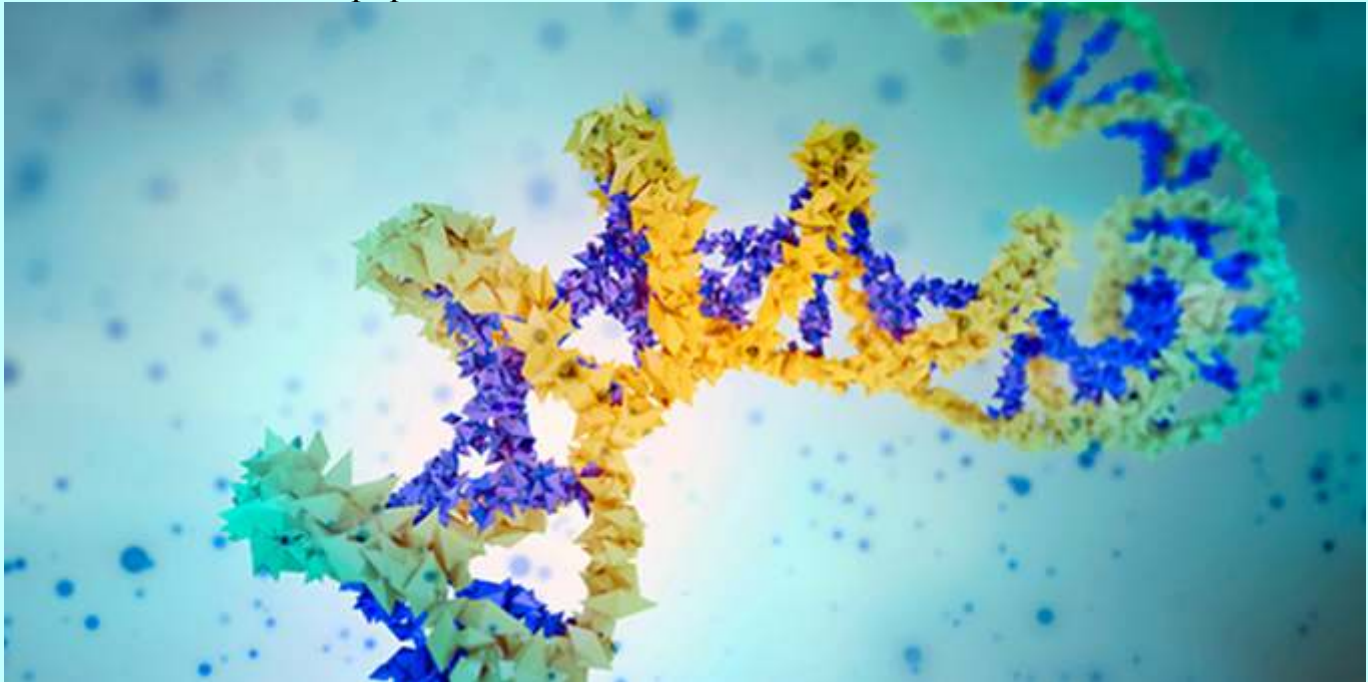


Follow up questionnaire



Please log in

User ID.

(the 7 character identification from your invitation letter)

Password (6 digit pin from your invitation letter)

## Airwave Health Monitoring Study

### Section 1: Questions about your current situation.

Thank you for taking part in this follow-up phase of the survey.

Our records show that we were last in contact with you in {Year\_of\_screen} and we now need to monitor how your health and lifestyle has changed since then.

Please be aware that some questions relate to your current circumstances and some to your situation in {Year\_of\_screen}.

The questionnaire should take about 15 mins to complete followed by a few feedback questions.

Q1.1 We may wish to contact you in the future regarding your health.  
Please enter your personal E-mail address.

Q1.2 Please re-enter this E-mail address.

Q1.3 **Your E-mail addresses are not the same.**

"{Q1.1}" Is the correct address

"{Q1.2}" Is the correct address

Q1.4 Please enter your professional/work E-mail address if you have one.

Q1.5 Please re-enter this E-mail address.

Q1.6 **Your E-mail addresses are not the same.**

"{Q1.4}" Is the correct address

"{Q1.5}" Is the correct address

Q1.7 If we are unable to reach you by E-mail we may need to send a text to your mobile.

Please enter your mobile phone number.

Q1.8 How old are you now?

Q1.9 Please enter your full date of birth.

Day

--Click Here-- ▼
1
2
3
4
5
6
7
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14
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28
29
30
31

Q1.10 Month.

--Click Here-- ▼

January

February

March

April

May

June

July

August

September

October

November

December

Q1.11 Year (If your year of birth is not listed please go back and check your entry for age)

--Click Here-- ▼
2020
2019
2018
2017
2016
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1988
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1981
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1978
1977

Q1.11 Year (If your year of birth is not listed please go back and check your entry for age)

1975  
1974  
1973  
1972  
1971  
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1967  
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1938  
1937  
1936

Invalid date of birth. Please go back and correct.

Q1.12 Are you;-

- Still employed by the police force?
- Retired from the force?
- Left the force?

[Go to Q1.23](#)

Q1.13 What date did you leave the police force?

Month

--Click Here-- ▼
January
February
March
April
May
June
July
August
September
October
November
December



## Q1.14 Year

--Click Here-- ▼

2020  
2019  
2018  
2017  
2016  
2015  
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1975

## Q1.14 Year

1974  
1973  
1972  
1971  
1970  
1969  
1968  
1967  
1966  
1965  
1964  
1963  
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1961  
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1942  
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1940  
1939  
1938  
1937  
1936  
1935

Q1.15 What was your force when you left?

--Click Here--



- Avon and Somerset
- Bedfordshire
- Cambridge
- Cheshire
- City of London
- Cleveland
- Cumbria
- Devon & Cornwall
- Dorset
- Durham
- Dyfed-Powys
- Essex
- Gloucestershire
- Greater Manchester
- Guernsey
- Gwent
- Hampshire
- Hertfordshire
- Humberside
- Isle of Man
- Kent
- Lancashire
- Leicestershire
- Linconshire
- Merseyside
- Metropolitan
- Norfolk
- Northhamptonshire
- Northumbria
- North Wales
- North Yorkshire
- Nottinghamshire
- Northern Ireland
- Scotland
- South Wales
- South Yorkshire
- Staffordshhire
- Suffolk
- Surrey
- Sussex
- Thames Valley
- Warwickshire
- West Mercia
- West Midlands
- West Yorkshire

Q1.15 What was your force when you left?

Other

Q1.16 Please specify Other

Please enter as many of the following IDs that you had on leaving as you can.  
i.e. those that are relevant to you and that you can remember.

Q1.17 Collar/shoulder number.

You entered a 5 digit number as your collar, normally collar numbers are 4 digits.  
If you have a 5 digit collar number please continue, otherwise please correct the last question.

Please enter as many of the following IDs that you had on leaving as you can. those that are relevant to you and that you can remember.

Q1.18 Staff/payroll number

Please enter as many of the following IDs that you had on leaving as you can.  
i.e those that are relevant to you and that you can remember.

Q1.19 Warrant number.

Please enter as many of the following IDs that you had on leaving as you can.  
i.e those that are relevant to you and that you can remember.

Q1.20 Aware ID.

Please provide answer to least one of your ID numbers

Q1.21 How would you describe your current status?

--Click Here--
Employed full time
Employed part-time
Self employed
Unemployed
Looking after family/home
Student
Temporally sick/injured
Long term sick or disabled
Retired
Other

Q1.22 Please enter your job title.



Q1.23 What is your current force?

--Click Here--	▼
Avon and Somerset	
Bedfordshire	
Cambridge	
Cheshire	
City of London	
Cleveland	
Cumbria	
Devon & Cornwall	
Dorset	
Durham	
Dyfed-Powys	
Essex	
Gloucestershire	
Greater Manchester	
Guernsey	
Gwent	
Hampshire	
Hertfordshire	
Humberside	
Isle of Man	
Kent	
Lancashire	
Leicestershire	
Linconshire	
Merseyside	
Metropolitan	
Norfolk	
Northhamptonshire	
Northumbria	
North Wales	
North Yorkshire	
Nottinghamshire	
Northern Ireland	
Scotland	
South Wales	
South Yorkshire	
Staffordshire	
Suffolk	
Surrey	
Sussex	
Thames Valley	
Warwickshire	
West Mercia	
West Midlands	
West Yorkshire	

Q1.23 What is your current force?

Other

Q1.24 Please tell us what it is.

Q1.25 What is your current rank and role within the force?

Rank

--Click Here--

Police staff

Constable/sergeant

Inspector/Chief Inspector

Superintendent or above

Other

Q1.26 Please tell us what it is.

Q1.27 Role.

--Click Here-- ▼

- Community support officer
- Traffic warden
- On-ops support
- Beat officer
- Mobile patrol officer
- Dog handler
- Detective
- Covert officer
- Training officer
- Firearms officer
- Office duties
- Ops support unit officer
- Traffic officer
- Custody sergeant
- Shift sergeant
- Station sergeant
- Training sergeant
- Detective sergeant
- Patrol Inspector
- Custody Inspector
- No-ops Inspector
- Detective Inspector
- Policing unit Inspector
- Control room Inspector
- Detective Chief Inspector
- Ops Chief Inspector
- No-ops Chief Inspector
- Basic Cmd Unit Cmdr
- Detective Super
- Other

Q1.28 Please tell us what it is.

Please enter as many of the following IDs as you can.  
i.e those that are relevant to you.

Q1.29 Collar/shoulder number.

You entered a 5 digit number as your collar, normally collar numbers are 4 digits.  
If you have a 5 digit collar number please continue, otherwise please correct the last question.

Q1.30 When were you assigned this number?

--Click Here-- ▼
2020
2019
2018
2017
2016
2015
2014
2013
2012
2011
2010
2009
2008
2007
2006
2005
2004
2003
2002
2001
2000
1999
1998
1997
1996
1995
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1992
1991
1990
1989
1988
1987
1986
1985
1984
1983
1982
1981
1980
1979
1978
1977
1976
1975

Q1.30 When were you assigned this number?

1974  
1973  
1972  
1971  
1970  
1969  
1968  
1967  
1966  
1965  
1964  
1963  
1962  
1961  
1960  
1959  
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1940  
1939  
1938  
1937  
1936

Please enter as many of the following IDs as you can.  
i.e those that are relevant to you.

Q1.31 Staff/payroll number.

Please enter as many of the following IDs as you can.  
i.e those that are relevant to you.

Q1.32 Warrant number.



Please enter as many of the following IDs as you can.  
i.e those that are relevant to you.

Q1.33 Aware ID.

Please answer at least one of your ID numbers

Q1.34 What was your rank and role when we were last in contact with you in {Year\_of\_screen}?

Rank in {Year\_of\_screen}

--Click Here--	▼
Police staff	
Constable/sergeant	
Inspector/Chief Inspector	
Superintendent or above	
Other	

Q1.35 Please tell us what it is.

--

Q1.36 Role in {Year\_of\_screen}.

--Click Here-- ▼

- Can't remember
- Community support officer
- Traffic warden
- On-ops support
- Beat officer
- Mobile patrol officer
- Dog handler
- Detective
- Covert officer
- Training officer
- Firearms officer
- Office duties
- Ops support unit officer
- Traffic officer
- Custody sergeant
- Shift sergeant
- Station sergeant
- Training sergeant
- Detective sergeant
- Patrol Inspector
- Custody Inspector
- No-ops Inspector
- Detective Inspector
- Policing unit Inspector
- Control room Inspector
- Detective Chief Inspector
- Ops Chief Inspector
- No-ops Chief Inspector
- Basic Cmd Unit Cmdr
- Detective Super
- Other

Q1.37 Please tell us what it is.

Q1.38 Presently, are you:-

--Click Here-- ▼
Married
Separated
Divorced
Cohabiting
Single
Widowed
Other

Q1.39 Currently, 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
- Prefer not to say

## Airwave Health Monitoring Study

### Section 2: Questions about your past and current working hours.

These questions ask about your **current** working hours.

- Q2.1 Are you a shift worker?  
(i.e do you work outside the regular daytime hours of approximately 7a.m. to 6p.m.)
- Yes
  - Yes. I work shifts but only 2 or 3 times a year Go to Q2.7
  - No Go to Q2.7
  - I'm no longer in full time employment Go to N2.3

- Q2.2 Which of the following describes the type of shifts you have regularly worked over the past year?

*Please tick more than one box if necessary.*

- Morning/early shifts (*Shifts that start before 7am.*)
- Afternoon/late shifts (*Shifts that end after 6pm and before midnight*)
- Night shifts (*Shifts that include 3 hours of work between midnight and 6am*)
- On-call (*daytime hours but with some 'night-time on-calls' requiring occasional night work.*)
- None of the above

Q2.3 How many night shifts do you usually work per month?

--Click Here-- ▼
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
more than 20

Q2.4 How many night shifts in a row do you usually work?

--Click Here-- ▼
1
2
3
4
5 or more

Q2.5 On average, how many consecutive rest days do you have after working a block of night shifts?

--Click Here-- ▼
1 day
2 days
3 days
4 days or more

Q2.6 Which of the following describes your shift pattern over the past year?

- Rotating. (*You mostly work a mixture of shifts following a fixed rota that is repeated when the cycle finishes.*)
- Irregular. (*You mostly work a mixture of shifts with no fixed timing or pattern.*)
- Fixed/permanent. (*You mostly worked one type of shift*)
- Shift pattern does not follow any of the above descriptions.

Q2.7 How often do you have 2 or more consecutive days off per week? (including weekends but excluding sickness or planned vacation)?

- Never
- Seldom (*few times per year*)
- Sometimes (*about once per month*)
- Often (*Most weeks*)
- Always (*Every week*)

Q2.8 How much flexibility do you have in deciding the hours that you work?

- None
- Not very much
- A fair amount
- Quite a lot
- Complete

Q2.9 How many hours per week do you usually work? (Exclude overtime)

--Click Here-- ▼

- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- 31
- 32
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- 34
- 35
- 36
- 37
- 38
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- 41
- 42
- 43
- 44
- 45
- 46
- 47
- 48
- 49
- 50
- 51
- 52
- 53
- 54



Q2.9 How many hours per week do you usually work? (Exclude overtime)

- 56
- 57
- 58
- 59
- 60
- 61
- 62
- 63
- 64
- 65
- 66
- 67
- 68
- 69
- 70

Q2.10 How many hours per week of overtime do you usually work?

- Click Here-- ▼
- 0
  - 1
  - 2
  - 3
  - 4
  - 5
  - 10
  - 15
  - 20
  - 25
  - 25+

Q2.11 How many days of sickness leave have you taken in the **past year**?

--Click Here-- ▼
0
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
More than 20

The next questions ask about your working hours when we were last in contact in {Year\_of\_screen}

Q2.12 Were you a shift worker in {Year\_of\_screen}?  
(i.e did you work outside the regular daytime hours of approximately 7a.m. and 6 p.m.)

- Yes
- Yes. I worked shifts but only 2 or 3 times a year Go to Q2.19
- No Go to Q2.19

Q2.13 Don't ask if no longer employed Compared to {Year\_of\_screen} has your usual shift pattern changed?

- Yes, I work a different shift pattern now
- No, my current shift pattern is similar Go to Q2.19

Q2.14 During {Year\_of\_screen} which of the following describes the type of shifts you regularly worked?

*Please tick more than one box if necessary.*

- Morning/early shifts (*Shifts that start before 7am.*)
- Afternoon/late shifts (*Shifts that end after 6pm and before midnight*)
- Night shifts (*Shifts that include a period of work between midnight and 6am*)
- On-call (*daytime hours but with some 'night-time on-calls' requiring occasional night work.*)
- None of the above

Q2.15 During {Year\_of\_screen} how many night shifts did you usually work per month?

--Click Here-- ▼
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
more than 20

Q2.16 During {Year\_of\_screen} how many night shifts in a row did you usually work?

--Click Here-- ▼
1
2
3
4
5 or more

Q2.17 On average, how many consecutive rest days did you have after working a block of night shifts?

--Click Here-- ▼
1 day
2 days
3 days
4 days or more

Q2.18 Which of the following describes your shift pattern during {Year\_of\_screen}?

- Rotating. (*You mostly worked a mixture of shifts following a fixed rota that is repeated when the cycle finishes.*)
- Irregular. (*You mostly worked a mixture of shifts with no fixed timing or pattern.*)
- Fixed/permanent. (*You mostly worked one type of shift*)
- Shift pattern does not follow any of the above descriptions.

Q2.19 How often did you have 2 or more consecutive days off per week during {Year\_of\_screen}?

*(including weekends but excluding sickness or planned vacation)*

- Never
- Seldom (*few time per year*)
- Sometimes (*about once per month*)
- Often (*Most weeks*)
- Always (*Every week*)

Q2.20 How much flexibility did you have in deciding the hours that you worked during {Year\_of\_screen}?

- None
- Not very much
- A fair amount
- Quite a lot
- Complete

Q2.21 Considering all your employment, for how many years in total did you work shifts?

--Click Here--

I have never worked shifts

6 months

1 year

1 year & 6 months

2 years

2 years & 6 months

3 years

3 years & 6 months

4 years

4 years & 6 months

5 years

5 years & 6 months

6 years

7 years

8 years

9 years

10 years

11 years

12 years

13 years

14 years

15 years

16 years

17 years

18 years

19 years

20 years

21 years

22 years

23 years

24 years

25 years

26 years

27 years

28 years

29 years

30 years

31 years

32 years

33 years

34 years

35 years

36 years

37 years

Q2.21 Considering all your employment, for how many years in total did you work shifts?

39 years

40 years

41 years

42 years

43 years

44 years

45 years

46 years

47 years

48 years

49 years

50 years

51 years

52 years

53 years

54 years

55 years

56 years

57 years

58 years

59 years

60 years

Q2.22 For how long in total did you work either on night shift or on-call at night ?  
( "Work at night" will include a period of 3 or more hours worked between midnight and 6 a.m.)  
(Please consider a job or role that required you to work one night or more per month for at least one year)

--Click Here--

I have never worked at night

6 months

1 year

1 year & 6 months

2 years

2 years & 6 months

3 years

3 years & 6 months

4 years

4 years & 6 months

5 years

5 years & 6 months

6 years

7 years

8 years

9 years

10 years

11 years

12 years

13 years

14 years

15 years

16 years

17 years

18 years

19 years

20 years

21 years

22 years

23 years

24 years

25 years

26 years

27 years

28 years

29 years

30 years

31 years

32 years

33 years

34 years

35 years



Q2.22 For how long in total did you work either on night shift or on-call at night ?  
( "Work at night" will include a period of 3 or more hours worked between midnight and 6 a.m.)  
(Please consider a job or role that required you to work one night or more per month for at least one year)

- 37 years
- 38 years
- 39 years
- 40 years
- 41 years
- 42 years
- 43 years
- 44 years
- 45 years
- 46 years
- 47 years
- 48 years
- 49 years
- 50 years
- 51 years
- 52 years
- 53 years
- 54 years
- 55 years
- 56 years
- 57 years
- 58 years
- 59 years
- 60 years

# Airwave Health Monitoring Study

## Section 3: Questions about your health

Q3.1 How would you rate your overall health?

Poor

Fair

Good

Excellent

Don't know

Prefer not to  
answer

Q3.2 How would you rate your overall happiness?

*(on a scale of 1 to 7, where 1 = not at all happy to 7 = a very happy person)*

1 - not at all  
happy

2

3

4 - neither  
happy or  
unhappy

5

6

7 - very  
happy

The next questions refer to any problems, with your work or other regular activities, as a result of any emotional problems such as feeling depressed or anxious.

Q3.3 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 over eating	<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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>

Q3.4 Thinking back to {Year\_of\_screen} did you suffer from any of the following conditions then?

	Yes	No
Dizziness, at least once per week	<input type="radio"/>	<input type="radio"/>
Nausea, at least once per week	<input type="radio"/>	<input type="radio"/>
Deafness or partial hearing loss	<input type="radio"/>	<input type="radio"/>
Tinnitus or ringing sound	<input type="radio"/>	<input type="radio"/>

Q3.5 Do you suffer from any now?

	Yes	No
Dizziness, at least once per week	<input type="radio"/>	<input type="radio"/>
Nausea, at least once per week	<input type="radio"/>	<input type="radio"/>
Deafness or partial hearing loss	<input type="radio"/>	<input type="radio"/>
Tinnitus or ringing sound	<input type="radio"/>	<input type="radio"/>

Q3.6 For the conditions that you had in {Year\_of\_screen} and still have now, please tell us what changes have taken place.

	Better now	Worse now	No change
Dizziness, at least once per week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nausea, at least once per week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deafness or partial hearing loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tinnitus or ringing sound	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q3.7 Have ever been diagnosed by a doctor with any of the following conditions?  
(Please tick as many options as appropriate.)

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Allergy<br>(eczema, hay fever, rhinitis) | <input type="checkbox"/> Chronic Fatigue Syndrome/ME                  | <input type="checkbox"/> Epilepsy                                  | <input type="checkbox"/> Motor neuron disease      |
| <input type="checkbox"/> Alzheimer's disease                      | <input type="checkbox"/> Chronic liver disease                        | <input type="checkbox"/> Glaucoma or high eye pressure             | <input type="checkbox"/> Multiple Sclerosis        |
| <input type="checkbox"/> Angina                                   | <input type="checkbox"/> Chronic Obstructive Pulmonary Disease (COPD) | <input type="checkbox"/> Heart attack (MI)                         | <input type="checkbox"/> Parkinson's disease       |
| <input type="checkbox"/> Asthma                                   | <input type="checkbox"/> Deafness/partial hearing loss                | <input type="checkbox"/> High blood pressure                       | <input type="checkbox"/> Thyroid-related disorders |
| <input type="checkbox"/> Osteoarthritis                           | <input type="checkbox"/> Dementia                                     | <input type="checkbox"/> Stroke / transient ischaemic attack (TIA) | <input type="checkbox"/> Ulcerative colitis        |
| <input type="checkbox"/> Rheumatoid arthritis                     | <input type="checkbox"/> Depression                                   | <input type="checkbox"/> Other heart conditions                    | <input type="checkbox"/> Crohn's disease           |
| <input type="checkbox"/> Cancer                                   | <input type="checkbox"/> Diabetes                                     | <input type="checkbox"/> Migraine                                  | <input type="checkbox"/> Lactose intolerance       |
| <input type="checkbox"/> Cataract                                 |   |  |  |
| <input type="checkbox"/> High cholesterol                         |   |  |  |

For the conditions you indicated please also tell us the year of diagnosis.  
*(if you were diagnosed but can't remember the year please select the " Can't remember which year" option from the list)*

Q3.

8

Cancer

--Click Here--

Can't remember which year

2016

2015

2014

2013

2012

2011

2010

2009

2008

2007

2006

2005

2004

2003

2002

2001

2000

1999

1998

1997

1996

1995

1994

1993

1992

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1988

1987

1986

1985

1984

1983

1982

1981

1980

1979

1978

1977

1976

1975

1974

1973

1972

1971

1970

1969

1968

Q3.

8

Cancer



High blood pressure

--Click Here--



Can't remember which year

- 2016
- 2015
- 2014
- 2013
- 2012
- 2011
- 2010
- 2009
- 2008
- 2007
- 2006
- 2005
- 2004
- 2003
- 2002
- 2001
- 2000
- 1999
- 1998
- 1997
- 1996
- 1995
- 1994
- 1993
- 1992
- 1991
- 1990
- 1989
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- 1976
- 1975
- 1974
- 1973
- 1972
- 1971
- 1970
- 1969
- 1968
- 1967

High blood pressure

High cholesterol	--Click Here--
Angina	--Click Here--
Heart attack (MI)	--Click Here--
Other heart conditions	--Click Here--
Chronic Fatigue Syndrome/ME	--Click Here--
Depression	--Click Here--
Chronic liver disease	--Click Here--
Deafness/partial hearing loss	--Click Here--
Migraine	--Click Here--
Diabetes	--Click Here--
Chronic Obstructive Pulmonary Disease (COPD)	--Click Here--

Asthma	--Click Here--
Allergy (eczema, hay fever, rhinitis)	--Click Here--
Cataract	--Click Here--
Glaucoma or high eye pressure	--Click Here--
Epilepsy	--Click Here--
Osteoarthritis	--Click Here--
Rheumatoid arthritis	--Click Here--
Parkinson's disease	--Click Here--
Stroke / transient ischaemic attack (TIA)	--Click Here--
Thyroid-related disorders	--Click Here--
Multiple Sclerosis	--Click Here--
Alzheimer's disease	--Click Here--
Dementia	--Click Here--
Motor neuron disease	--Click Here--
Ulcerative colitis	--Click Here--
Crohn's disease	--Click Here--
Lactose intolerance	--Click Here--

Q3.9 You indicated that you have been diagnosed with cancer. Please tell us about the type of cancer.

Q3.10 Would you say that you have had bothersome headaches in the last twelve months?

- Yes
- No

Go to Q3.18

Q3.11 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

Q3.12 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"/>

Q3.13 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

Q3.14 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

Q3.15 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

Q3.16 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

Q3.17 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"/>

Q3.18 In the past year, have you had any pain or discomfort in your chest?

Yes

No

Go to N3.5

Q3.19 Do you get this pain or discomfort when you walk at an ordinary pace on the level?

Yes

No

Q3.20 Do you get it when you walk uphill or hurry?

Yes

No

Q3.21 When you get any pain or discomfort in your chest, what do you do?

Stop

Slow down

Continue at same pace

Q3.22 Does it go away when you stand still?

Yes

No

Q3.23 How soon does the pain take to go away when you stand still?

In 10 minutes or less

More than 10 minutes

Q3.24 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 N3.5

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

Q3.25 How many of these attacks have you had in the past year?

--Click Here-- ▼

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
More than 20

Q3.26 Did you consult a doctor for your chest pain?

- Yes  
 No

Q3.27 What was the diagnosis for your chest pain?

About how much do you weigh now?

You can answer in either kilograms or stones & pounds

Q3.28 Kilograms

Or

Q3.29 Stones

Q3.30 Pounds

Please answer either kilograms OR stones & pounds



What is your height?

You can answer in either centimetres or feet & inches.

Q3.

31

Centimetres



Or

Q3.

32

Feet & inches



Q3.33 Have you had your blood pressure taken in the last five years?

Yes

No

Don't know

Go to N4.1

Go to N4.1

Q3.34 Were you told it was:-

High

Normal

Low

Don't know

Q3.35 If you can remember, what was your blood pressure?

Systolic (higher value)

Over

Q3.36

Diastolic (lower value)

Q3.37 Are you taking any medication for your high blood pressure?

Yes

No

# Airwave Health Monitoring Study

## Section 4: Questions about your general lifestyle

Q4.1 Do you currently smoke cigarettes?

Yes

Go to Q4.6

No

Q4.2 Did you smoke cigarettes in the past?

Yes

Go to Q4.8

No

Q4.3 How old were you when you quit smoking?

--Click Here-- ▼

n/a

n/a

n/a

n/a

n/a

n/a

n/a

n/a

n/a

n/a

n/a

n/a

n/a

n/a

n/a

n/a

n/a

18

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43

44

45

Q4.3 How old were you when you quit smoking?

47
48
49
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61
62
63
64
65
66
67
68
69
70
70+

Q4.4 What kind of cigarettes did you smoke?

- Manufactured cigarettes
- 'Roll your own' cigarettes

Q4.5 How many cigarettes did you smoke?

--Click Here--	▼
Less than 5/day	
5 to 10/day	
10 to 15/day	
15 to 20/day	
20 to 25/day	
25 to 30/day	
30 to 40/day	
40 to 50/day	
more than 50/day	

Q4.6 What kind of cigarettes do you currently smoke?

- Manufactured cigarettes
- 'Roll your own' cigarettes

Q4.7 How many cigarettes do you smoke?

--Click Here--	▼
Less than 5/day	
5 to 10/day	
10 to 15/day	
15 to 20/day	
20 to 25/day	
25 to 30/day	
30 to 40/day	
40 to 50/day	
more than 50/day	

Q4.8 Have you ever smoked any of the following?

*(Please tick as many options as appropriate.)*

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> E-cigarettes<br>(nicotine based)     | <input type="checkbox"/> Pipe                            | <input type="checkbox"/> Hookah or<br>Shisha<br>(nicotine based) | <input type="checkbox"/> Hookah or<br>Shisha (non-<br>nicotine based) |
| <input type="checkbox"/> E-cigarettes<br>(non-nicotine based) | <input type="checkbox"/> Full size cigars                |  |   |
|   | <input type="checkbox"/> Miniture cigars<br>(cigarillos) |  |   |

Q4.9 **At home**, about how many hours per week are you **exposed to other people's tobacco smoke**?

--Click Here-- ▼

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
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- 40
- 41
- 42
- 43

Q4.9 **At home, about how many hours per week are you exposed to other people's tobacco smoke?**

- 45
- 46
- 47
- 48
- 49
- 50
- 51
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- 53
- 54
- 55
- 56
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- 80
- 81
- 82
- 83
- 84
- 85
- 85+



Q4.10 **Outside of your home**, about how many hours per week are you **exposed to other people's tobacco smoke**?

--Click Here-- ▼

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
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- 14
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- 16
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- 42
- 43

Q4.10 **Outside of your home**, about how many hours per week are you **exposed to other people's tobacco smoke?**

- 45
- 46
- 47
- 48
- 49
- 50
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- 80
- 81
- 82
- 83
- 84
- 85
- 85+

Q4.11 Do you currently drink alcohol?

Yes

Go to Q4.15

No

Q4.12 Did you ever drink alcohol?

Yes

Go to N4.3

No

Q4.13 Why did you stop drinking alcohol?

Financial reasons

Health reasons

Addictive reasons

Prefer not to say

Q4.14 How old were you when you stopped drinking alcohol?

--Click Here-- ▼

n/a

n/a

n/a

n/a

n/a

n/a

n/a

n/a

n/a

n/a

n/a

n/a

n/a

n/a

n/a

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42

43

44

45

Q4.14 How old were you when you stopped drinking alcohol?

- 47
- 48
- 49
- 50
- 51
- 52
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- 55
- 56
- 57
- 58
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- 60
- 61
- 62
- 63
- 64
- 65
- 66
- 67
- 68
- 69
- 70
- 70+

Q4.15 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

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 bottle of wine is equivalent to six small glasses.

Q4.  
16

Red wine



Q4.  
17 White Wine/Champagne



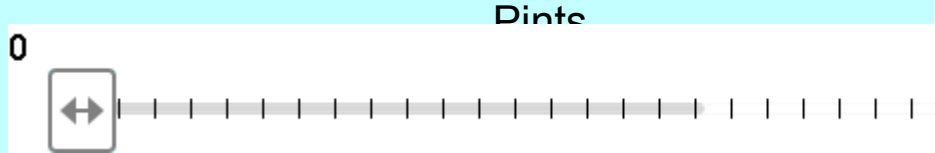
Q4.  
18 Fortified Wine (includes sherry, port and vermouth)



Q4.  
19 Spirits/liqueurs (includes whisky, gin, rum, vodka and brandy)



Q4.  
20 Beer or cider (include bitter, lager, stout, ale and Guinness)





Q4.23 Do you consider yourself to be:-

- Definitely a morning type
- More a morning type than an evening type
- More an evening type than a morning type
- Definitely an evening type
- I don't know
- Prefer not to answer

Q4.24 How much sleep do you usually get over a 24 hour period?

--Click Here-- ▼
5 hours or less
6 hours
7 hours
8 hours
9 hours or more



## Airwave Health Monitoring Study

### Section 5: Questions about your use of the Airwave (TETRA) radio system.

Q5.1 Which of the following describes your use of the Airwave radio system?

- I use Airwave
- I used Airwave in the past but not any more
- I have never used Airwave

[Go to N5.6](#)

Q5.2 Which year did you first start using Airwave radios?

--Click Here-- ▼
2020
2019
2018
2017
2016
2015
2014
2013
2012
2011
2010
2009
2008
2007
2006
2005
2004
2003
2002
2001
2000

Q5.3 Which year did you stop using Airwave radios?

--Click Here-- ▼

- 2020
- 2019
- 2018
- 2017
- 2016
- 2015
- 2014
- 2013
- 2012
- 2011
- 2010
- 2009
- 2008
- 2007
- 2006
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- 2003
- 2002
- 2001
- 2000
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- 1998
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- 1987
- 1986
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- 1984
- 1983
- 1982
- 1981
- 1980
- 1979
- 1978
- 1977
- 1976

Q5.3 Which year did you stop using Airwave radios?

1974  
1973  
1972  
1971  
1970  
1969  
1968  
1967  
1966  
1965  
1964  
1963  
1962  
1961  
1960  
1959  
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1950  
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1941  
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1939  
1938  
1937  
1936  
1935

Q5.4 Please provide information on the usual location of your Airwave radio.  
When you used it in **Press-to-talk (PTT)/transmit mode or PSTN/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 usage)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q5.5 If you were issued with a personal or pool radio do you know the ISSI/ITSI number.

- No  
 Yes

Q5.6 Please enter the ISSI/ITSI number.

Q5.7 What proportion of your total radio had been with a pool radio?

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

Q5.8 Please provide information on the usual location of your Airwave radio.  
When using it in **Press-to-talk (PTT)/transmit mode or PSTN/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 usage)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q5.9 If you have been issued with a personal or pool radio do you know the ISSI/ITSI number?

No

Yes

Q5.10 Please enter the ISSI/ITSI number.

Q5.11 What proportion of your total radio use is with a pool radio?

0%

10%

20%

30%

40%

50%

60%

70%

80%

90%

100%

Don't r  
ememb  
er

Q5.12 Please give the date of the last full shift when you used an Airwave radio.



This means that your last shift was {DaysLS} days ago.

If this is not the case please go back and amend the last question.

Q5.13 Please give the start and end times of this shift.

Start time. (The hour in which the shift started)

--Click Here-- ▼
midnight
1am
2am
3am
4am
5am
6am
7am
8am
9am
10am
11am
mid-day
1pm
2pm
3pm
4pm
5pm
6pm
7pm
8pm
9pm
10pm
11pm

Q5.14 End time. (The hour in which the shift ended)

--Click Here-- ▼
midnight
1am
2am
3am
4am
5am
6am
7am
8am
9am
10am
11am
mid-day
1pm
2pm
3pm
4pm
5pm
6pm
7pm
8pm
9pm
10pm
11pm

This means that your last shift started at {Q5.13} on {Q5.12}  
and ended at {Q5.14} on {Shiftend}  
and was {Shiftlength1} hours long.

If so please continue, otherwise go back and change.

Was your last shift {Shiftlength2} hours long?

If so please continue, otherwise go back and change.

Please give an estimate of your use of your Airwave personal radio for your last full shift

Q5.15 **Number** of outgoing transmissions

--Click Here-- ▼
0
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
30
35
40
45
50
55
60
65
70
75
80
80+



**Duration of outgoing transmissions (mins)**

--Click Here--▼
0
1
2
3
4
5
6
7
8
9
10
15
20
25
30
35
40
45
50
55
60
65
70
75
80
85
90
95
100
110
120
120+

## **Survey completed.**

Thank you for completing the survey and for taking the time to complete these questions, some of which we realise may have been difficult.

We would like to assure you that all the information you have provided will be treated in strict confidence.

This section is the final part of the survey, however, we would ask you to take one more minute to answer the quick feedback section and tell us your impressions of the survey.

## Airwave questionnaire feedback form

We would now like to take on-board your impressions and criticisms so that we can adjust the questions for the remaining participants in the study.

Q6.1 Did you find that;

- Some questions were inappropriate for my circumstances
- Some did not have an appropriate reply option for me
- They seemed relevant

Q6.2 Can you remember which questions you had problems with.

Q6.3 Did you find the combined questionnaire;

- Much too long and time consuming
- Lengthy but acceptable
- About what I expected

Q6.4 Did you find any of the questions;

- Much too personal and intrusive
- Personal to the extent that it made me feel uncomfortable
- I didn't find them a problem

Q6.5 Can you remember which questions you had problems with?

Q6.6 Did you have any technical issues with the questions, such as;

- I found the whole questionnaire generally difficult to use
- It was not clear what to do next
- Some questions did not display properly
- The system crashed
- I had another issue
- I had no technical issues

Q6.7 Can you give an example of where you found it difficult to use.

Q6.8 Can you remember where it was not clear what to do next?

Q6.9 Please tell us exactly what happened.

Q6.10 Please tell us what this other issue was.

Q6.11 Did you complete all sections of the survey?

- yes
- no

Q6.12 Please tell us why you did not finish.

Q6.13 If you had any other issues with the questionnaire or have anything you would like to comment on please tell us here.

Thank you for your feedback.