

User ID.

Password

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 20mins to complete followed by a few feedback questions.

Q1.1 How old are you now

Q1.2 Please enter your full date of birth

Day

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Month

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January
February
March
April
May
June
July
August
September
October
November
December

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

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- 2020
- 2019
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- 1971
- 1970

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

Invalid date of birth. Please go back and correct.

Q1.3 Are you;-

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

Go to Q1.14

Q1.4 What date did you leave the police force?

Month

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

Year

--Click Here-- ▼

- 2020
- 2019
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Q1.6 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
- Wiltshire
- Other

Q1.7 Please specify Other

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

Q1.8 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.
ie. those that are relevant to you and that you can remember.

Q1.9 Staff/payroll number

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

Q1.10 Warrant number

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

Q1.11 Aware ID

Please provide answer to least one of your ID numbers

Q1.12 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

Q1.13 Please enter your job title.

Q1.14 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
- Staffordshhire
- Suffolk
- Surrey
- Sussex
- Thames Valley
- Warwickshire
- West Mercia
- West Midlands
- West Yorkshire
- Wiltshire
- Other

Q1.15 What is your current rank and role within the force?

Rank

--Click Here--

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

Q1.16 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

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

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.

Q1.18 When were you assigned this number?

--Click Here-- ▼

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Q1.18 When were you assigned this number?

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

Q1.19 Staff/payroll number

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

Q1.20 Warrant number

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

Q1.21 Aware ID

Please answer at least one of your ID numbers

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

Q1.22 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"/>

Q1.23 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"/>

Q1.24 Taking all things into consideration

	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied
How satisfied are you with your job as a whole?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q1.25 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

Q1.26 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

Q1.27 Presently, are you

--Click Here-- ▼

- Married
- Separated
- Divorced
- Cohabiting
- Single
- Widowed
- Other

Q1.28 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?

(ie. do you work outside the regular daytime hours of approximately 7a.m. and 6 p.m.)

- Yes
- Yes. I work shifts but only 2 or 3 times a year Go to Q2.7
- No Go to Q2.7

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?

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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)

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- 59

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

- 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
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19
20
More than 20

Q2.12 In the **past year** how many times have you consulted your GP for your health problems

--Click Here-- ▼

None
1
2
3
4
5
6
7
8
9
10
more than 10

The next questions ask about your working hours when we were last in contact in {Year_of_screen}

Q2.13 Were you a shift worker in {Year_of_screen}?

(ie. 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 Q2.20

No Go to Q2.20

Q2.14 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 Q2.20

Q2.15 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

Q2.16 During {Year_of_screen} how many night shifts did you usually work per month?

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1
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19
20
more than 20

Q2.17 During {Year_of_screen} how many night shifts in a row did you usually work?

--Click Here-- ▼
1
2
3
4
5 or more

Q2.18 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

Q2.19 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.

Q2.20 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*)

Q2.21 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

Q2.22 Considering all your employment, for how many years in total did you work shifts?

Q2.22 Considering all your employment, for how many years in total did you work shifts?

45 years worked shifts
46 years
47 years
48 years months
49 years
50 years months
51 years
52 years months
53 years
54 years months
55 years
56 years months
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59 years
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40 years
41 years
42 years
43 years

Q2.23 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

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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

38 years

39 years

40 years

Q2.23 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)

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

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 | Neither happy or unhappy | 5 | 6 | 7 - very happy |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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"/>

How anxious have you been in the last two weeks?

Q3.4 Do you feel tense or "wound up"?

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

Q3.5 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

Q3.6 Do worrying thoughts go through your mind?

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

Q3.7 Can you sit at ease and feel relaxed?

- Not at all
- Not often
- Usually
- Definitely

Q3.8 Do you get a sort of frightened feeling like "butterflies" in the stomach?

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

Q3.9 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

Q3.10 Do you get sudden feelings of panic?

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

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 since we last saw you in {Year_of_screen}

Q3.11 Can you think of any incident which is bothering you and which has occurred since {Year_of_screen}?

- Yes
- No

Go to Q3.15

Q3.12 Can you please briefly describe the event

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.

Q3.13 As a result of this event to what extent have you been bothered by the following:

	Not at all	A little	Moderately	Quite 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"/>

Q3.14 Have you ever sought any medical or other professional help to cope with this event?

- Yes
- No

Q3.15 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"/>

Q3.16 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"/>

Q3.17 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"/>

Q3.18 Have ever been diagnosed by a doctor with any of the following conditions?

(Please tick as many options as appropriate.)

<input type="checkbox"/> Allergy (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"/> Chron'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.

19

Cancer

--Click Here--



Can't remember which year

2018

2017

2016

2015

2014

2013

2012

2011

2010

2009

2008

2007

2006

2005

2004

2003

2002

2001

2000

1999

1998

1997

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1984

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1981

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1977

1976

1975

1974

1973

Q3.

19

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

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1964

1963

1962

1961

High blood pressure

High cholesterol	<input type="text" value="--Click Here--"/>
Angina	<input type="text" value="--Click Here--"/>
Heart attack (MI)	<input type="text" value="--Click Here--"/>
Other heart conditions	<input type="text" value="--Click Here--"/>
Chronic Fatigue Syndrome/ME	<input type="text" value="--Click Here--"/>
Depression	<input type="text" value="--Click Here--"/>
Chronic liver disease	<input type="text" value="--Click Here--"/>
Deafness/partial hearing loss	<input type="text" value="--Click Here--"/>
Migraine	<input type="text" value="--Click Here--"/>
Diabetes	<input type="text" value="--Click Here--"/>
Chronic Obstructive Pulmonary Disease (COPD)	<input type="text" value="--Click Here--"/>
Asthma	<input type="text" value="--Click Here--"/>
Allergy (eczema, hay fever, rhinitis)	<input type="text" value="--Click Here--"/>
Cataract	<input type="text" value="--Click Here--"/>
Glaucoma or high eye pressure	<input type="text" value="--Click Here--"/>
Epilepsy	<input type="text" value="--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--
Chron's disease	--Click Here--
Lactose intolerance	--Click Here--

Q3.20 You indicated that you have been diagnosed with cancer. Please tell us about the type of cancer.

Q3.21 Would you say that you have had bothersome headaches in the last twelve months?

- Yes
 No

Go to Q3.29

Q3.22 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

Q3.23 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"/>

Q3.24 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

Q3.25 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

Q3.26 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

Q3.27 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

Q3.28 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"/>

Q3.29 In the past year, have you had any pain or discomfort in your chest?

Yes

No

Go to Q3.39

Q3.30 Do you get this pain or discomfort when you walk at an ordinary pace on the level?

Yes

No

Q3.31 Do you get it when you walk uphill or hurry?

Yes

No

Q3.32 When you get any pain or discomfort in your chest, what do you do?

Stop

Slow down

Continue at same pace

Q3.33 Does it go away when you stand still?

Yes

No

Q3.34 How soon does the pain take to go away when you stand still?

In 10 minutes or less

More than 10 minutes

Q3.35 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 Q3.39

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

Q3.36 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

Q3.37 Did you consult a doctor for your chest pain?

- Yes
 No

Q3.38 What was the diagnosis for your chest pain?

Q3.39 Have you had your blood pressure taken in the last five years?

- Yes
 No Go to Q4.1
 Don't know Go to N4.1

Q3.40 Were you told it was

- High
 Normal
 Low
 Don't know

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-- ▼

NA

NA

NA

NA

NA

NA

NA

NA

NA

NA

NA

NA

NA

NA

NA

NA

NA

18

19

20

21

22

23

24

25

26

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41

42

43

44

45

46

47

48

49

50

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

52
53
54
55
56
57
58
59
60
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.)

E-cigarettes
(nicotine based)

E-cigarettes
(non-nicotine
based)

Pipe

Full size cigars

Miniture cigars
(cigarillos)

Hookah or
Shisha (nicotine
based)

Hookah or
Shisha (non-
nicotine based)

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

--Click Here-- ▼

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42

43

44

45

46

47

48

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

- 49
- 50
- 51
- 52
- 53
- 54
- 55
- 56
- 57
- 58
- 59
- 60
- 61
- 62
- 63
- 64
- 65
- 66
- 67
- 68
- 69
- 70
- 71
- 72
- 73
- 74
- 75
- 76
- 77
- 78
- 79
- 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-- ▼

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1
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3
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41
42
43
44
45
46
47
48

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

- 49
- 50
- 51
- 52
- 53
- 54
- 55
- 56
- 57
- 58
- 59
- 60
- 61
- 62
- 63
- 64
- 65
- 66
- 67
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- 69
- 70
- 71
- 72
- 73
- 74
- 75
- 76
- 77
- 78
- 79
- 80
- 81
- 82
- 83
- 84
- 85
- 85+

Q4.11 Do you currently drink alcohol?

- Yes
- No

Go to Q4.15

Q4.12 Did you ever drink alcohol?

- Yes
- No

Go to N4.3

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-- ▼

NA

NA

NA

NA

NA

NA

NA

NA

NA

NA

NA

NA

NA

NA

NA

NA

NA

18

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22

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42

43

44

45

46

47

48

49

50

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

52
53
54
55
56
57
58
59
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

Glasses (small 125ml)

--Click Here-- ▼

0
½
1
1½
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
30+

Q4.17 White Wine/Champagne
Glasses (small 125ml)

--Click Here-- ▼

0
½
1
1½
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
30+

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

Glasses (small 125ml)

--Click Here-- ▼
0
1
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3
4
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24
25
26
27
28
29
30
30+

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

--Click Here-- ▼

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 20+

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

Pints

--Click Here-- ▼
0
½
1
1½
2
2½
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
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25
26
27
28
29
30
30+

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.

Vigorous exercise.

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**.

Q4.21 During the last 7 days on how many days did you do vigorous physical activities?

--Click Here-- ▼

0
1
2
3
4
5
6
7

Q4.22 How much total time did you spend doing vigorous physical activities on this day?

--Click Here-- ▼

0
15mins
30mins
45mins
1hr
1hr 15mins
1hr 30mins
1hr 45 mins
2hrs
2hrs 15mins
2hrs 30mins
2hrs 45mins
3hrs
3hrs 30 mins
4hrs
4hrs 30mins
5hrs
More than 5hrs

Q4.23 How much total time did you spend over these {Q4.21} days doing vigorous physical activity?

--Click Here-- ▼

- 0
- 15mins
- 30mins
- 45mins
- 1hr
- 1hr 15mins
- 1hr 30mins
- 1hr 45 mins
- 2hrs
- 2hrs 15mins
- 2hrs 30mins
- 2hrs 45mins
- 3hrs
- 3hrs 30 mins
- 4hrs
- 4hrs 30mins
- 5hrs
- 5hrs 30mins
- 6hrs
- 7 hrs
- 8 hrs
- 9 hrs
- 10 to 14 hrs
- 15 to 19hrs
- 20 to 24hrs
- 25 to 29hrs
- 30 to 34hrs
- 35hrs or more

Moderate exercise

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**.

Q4.24 During the last 7 days, on how many days did you do moderate physical activities?

--Click Here-- ▾

0
1
2
3
4
5
6
7

Q4.25 How much total time did you spend doing moderate physical activities on this day?

--Click Here-- ▾

0
15mins
30mins
45mins
1hr
1hr 15mins
1hr 30mins
1hr 45 mins
2hrs
2hrs 15mins
2hrs 30mins
2hrs 45mins
3hrs
3hrs 30 mins
4hrs
4hrs 30mins
5hrs
More than 5hrs

Q4.26 How much total time did you spend over these {Q4.24} days doing moderate physical activity?

--Click Here-- ▼
0
15mins
30mins
45mins
1hr
1hr 15mins
1hr 30mins
1hr 45 mins
2hrs
2hrs 15mins
2hrs 30mins
2hrs 45mins
3hrs
3hrs 30 mins
4hrs
4hrs 30mins
5hrs
More than 5hrs

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.

Q4.27 During the last 7 days, on how many days did you walk for at least 10 minutes at a time?

--Click Here-- ▼
0
1
2
3
4
5
6
7

Q4.28 How much time did you spend walking on this day?

--Click Here-- ▼

- 0
- 15mins
- 30mins
- 45mins
- 1hr
- 1hr 15mins
- 1hr 30mins
- 1hr 45 mins
- 2hrs
- 2hrs 15mins
- 2hrs 30mins
- 2hrs 45mins
- 3hrs
- 3hrs 30 mins
- 4hrs
- 4hrs 30mins
- 5hrs
- More than 5hrs

Q4.29 How much time did you usually spend walking on one of those days?

--Click Here-- ▼

- 0
- 15mins
- 30mins
- 45mins
- 1hr
- 1hr 15mins
- 1hr 30mins
- 1hr 45 mins
- 2hrs
- 2hrs 15mins
- 2hrs 30mins
- 2hrs 45mins
- 3hrs
- 3hrs 30 mins
- 4hrs
- 4hrs 30mins
- 5hrs
- More than 5hrs

Q4.30 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.

--Click Here-- ▼

- 0
- 5hrs
- 10hrs
- 15hrs
- 20hrs
- 25hrs
- 30hrs
- 35hrs
- 40hrs
- 45hrs
- 50hrs
- 55hrs
- 60hrs
- 60hrs+

Q4.31 During the last 7 days what was the total time you spent watching television, including on-line streaming?

--Click Here-- ▼

- 0
- 5hrs
- 10hrs
- 15hrs
- 20hrs
- 25hrs
- 30hrs
- 35hrs
- 40hrs
- 40hrs+

Q4.32 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

We would now like to compare your sleeping pattern between now and {Year_of_screen}

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"/>

Q4.36 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

Airwave Health Monitoring Study
Section 5: Questions about your dietary and food habits.

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

Q5.1 How often do you eat :-

	never	less than once a week	once a week	two to four times a week	more than five times a week	daily
Oily fish (herring, kipper, mackerel, salmon, sardines or trout)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White fish (cod, haddock or tinned tuna)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White meat (chicken, duck, turkey, lobster, shrimp or crab)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Red meat (beef, veal, lamb, mutton or pork)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nuts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q5.2 What type of spread do you mainly use?

- never/rarely use spread
- Butter
- Margarine
- Olive oil based spread
- Low or reduced fat spread
- Others

Q5.3 How many days a week do you eat fruit and vegetables?

Please include fresh, dried, frozen and tinned foods.

Vegetables

--Click Here-- ▼

- 0
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

Fruit

--Click Here-- ▼
0
1 day
2 days
3 days
4 days
5 days
6 days
7 days

Q5.5 How many heaped tablespoons of vegetables do you eat each day on which you eat vegetables?

Please include fresh, frozen, tinned and cooked vegetables.

--Click Here-- ▼
1
2
3
4
5
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10
11
12
13
14
15
15+

Q5.6 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.

--Click Here-- ▼
1
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12
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14
15
15+

Q5.7 Are you following any special kind of diet right now?

Yes

No

Q5.8 Is your diet for

Losing weight

High blood pressure

Diabetes

Food allergy

High cholesterol

Other.

Q5.9 Is your diet gluten free?

Yes

No

Q5.10 Did you ever experience abdominal discomfort that was alleviated by a gluten free diet?

Yes

No

Q5.11 Please tell us the other reason for your diet.

Q5.12 The following question about your regular beverages apply to work as well as home.
How many of the following do you drink every day?

Cups of tea. (1 cup = 150ml)

--Click Here-- ▾

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 12+

Cups of coffee. (1 cup = 150 ml)

--Click Here-- ▾

Cans of fizzy drinks (1 can = 330ml)

--Click Here-- ▾

Cups of water (bottled or tap) (1 cup = 150 ml)

--Click Here-- ▾

Airwave Health Monitoring Study
Section 6: Female health

From our records we believe that when we last saw you in {Year_of_screen} you reported being pregnant.

Q6.1 Is this correct?

- Yes. I was pregnant in {Year_of_screen}
- No . I was not pregnant in {Year_of_screen} Go to N6.5

Please tell us how this pregnancy ended.

Q6.2 When did it end?

Month

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

Year {Year_of_screen}

--Click Here-- ▼

- 2020
- 2019
- 2018
- 2017
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- 1973
- 1972
- 1971

Year {Year_of_screen}

pre 1970

Q6.4 Reason for end of pregnancy.

- Born alive
- Miscarriage Go to 6
- Still-born Go to 6
- Deliberately terminated Go to Q6.7
- Other Go to 6

Q6.5 Outcome

- Single baby?
- Twins? Go to Q6.8
- Multiple birth? Go to Q6.8

Q6.6 Sex of baby

- Male
- Female

Q6.7 For how long did this pregnancy last?

--Click Here-- ▼

- 1 month
- 2 months
- 3 months
- 4 months
- 5 months
- 6 months
- 7 months
- 8 months
- 9 months
- more than 9 months

Q6.8 Have you been pregnant again since {Q6.3}

- Yes Go to Q6.11
- No Go to Q6.70

The following questions ask about pregnancies which have occurred since {Year_of_screen}.

Do not include deliberate terminations of pregnancy.

Q6.9 Have you been pregnant since {Year_of_screen} or are you currently pregnant?

Yes

Go to Q6.11

No

Go to Q6.70

Airwave Health Monitoring Study
Section 7: Female health

The following questions ask about your pregnancies.

Do not include deliberate terminations of pregnancy.

Q6.10 Have you ever been pregnant or are you currently pregnant?

Yes

No

Go to Q6.70

Q6.11 How many times have you been pregnant {poss_preg_text}

Include any current pregnancy.

Do not include deliberate terminations of pregnancy

--Click Here-- ▼
1
2
3
4
5
6
7
8
more than 8

Please tell us when this pregnancy ended or, if currently pregnant, when you expect to deliver.

The following questions relate to these {Q6.11} pregnancies.

When did the first one end?

Q6.12 Month

--Click Here-- ▼

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

Q6.13 Year

--Click Here-- ▼

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Q6.13 Year

pre 1970

Q6.14 Year

--Click Here-- ▼

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Q6.14 Year

pre 1970

Q6.15 Year

--Click Here-- ▼

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Q6.15 Year

pre 1970

Q6.16 Reason for end of pregnancy.

- Still pregnant Go to 6
- Born alive
- Miscarriage Go to 6
- Still-born Go to 6
- Other Go to 6

Q6.17 Reason for end of pregnancy.

- Born alive
- Miscarriage Go to 6
- Still-born Go to 6
- Other Go to 6

Q6.18 Outcome

- Single baby?
- Twins?
- Multiple birth?

Q6.19 Sex of baby

- Male
- Female

Q6.20 For how long did this pregnancy last?

--Click Here-- 

- 1 month
- 2 months
- 3 months
- 4 months
- 5 months
- 6 months
- 7 months
- 8 months
- 9 months
- more than 9 months

Please tell us when your last pregnancy ended or, if currently pregnant, when you expect to deliver.

Please tell us when the second pregnancy ended.

Q6.21 Month

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

Q6.22 Year

--Click Here-- ▼

2020
2019
2018
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Q6.22 Year

pre1970

Q6.23 Reason for end of pregnancy.

- Still pregnant Go to Q6.74
- Born alive
- Miscarriage Go to Q6.27
- Still-born Go to Q6.27
- Other Go to Q6.27

Q6.24 Reason for end of pregnancy.

- Born alive
- Miscarriage Go to Q6.27
- Still-born Go to Q6.27
- Other Go to Q6.27

Q6.25 Outcome

- Single baby?
- Twins?
- Multiple birth?

Q6.26 Sex of baby

- Male
- Female

Q6.27 For how long did this pregnancy last?

--Click Here-- ▼

- Less than 6months
- 1 month
- 2 months
- 3 months
- 4 months
- 5 months
- 6 months
- 7 months
- 8 months
- 9 months

Please tell us when your last pregnancy ended or, if currently pregnant, when you expect to deliver.

Please tell us when the **Third** pregnancy ended.

Q6.28 Month

--Click Here-- ▼

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

Q6.29 Year

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Q6.29 Year

pre1970

Q6.30 Reason for end of pregnancy.

- Still pregnant Go to Q6.74
- Born alive
- Miscarriage Go to Q6.34
- Still-born Go to Q6.34
- Other Go to Q6.34

Q6.31 Reason for end of pregnancy.

- Born alive
- Miscarriage Go to Q6.34
- Still-born Go to Q6.34
- Other Go to Q6.34

Q6.32 Outcome

- Single baby?
- Twins?
- Multiple birth?

Q6.33 Sex of baby

- Male
- Female

Q6.34 For how long did this pregnancy last?

--Click Here-- ▼

- Less than 6months
- 1 month
- 2 months
- 3 months
- 4 months
- 5 months
- 6 months
- 7 months
- 8 months
- 9 months
- more than 9 months

Please tell us when your last pregnancy ended or, if currently pregnant, when you expect to deliver.

Please tell us when the **fourth** pregnancy ended.

Q6.35 Month

--Click Here-- ▼
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Q6.36 Year

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Q6.36 Year

pre1970

Q6.37 Reason for end of pregnancy.

- Still pregnant Go to Q6.74
- Born alive
- Miscarriage Go to Q6.41
- Still-born Go to Q6.41
- Other Go to Q6.41

Q6.38 Reason for end of pregnancy.

- Born alive
- Miscarriage Go to Q6.41
- Still-born Go to Q6.41
- Other Go to Q6.41

Q6.39 Outcome

- Single baby?
- Twins?
- Multiple birth?

Q6.40 Sex of baby

- Male
- Female

Q6.41 For how long did this pregnancy last?

--Click Here-- ▼

- 1 month
- 2 months
- 3 months
- 4 months
- 5 months
- 6 months
- 7 months
- 8 months
- 9 months
- more than 9 months

Please tell us when your last pregnancy ended or, if currently pregnant, when you expect to deliver.

Please tell us when the **fifth** pregnancy ended.

Q6.42 Month

--Click Here-- ▼
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Q6.43 Year

--Click Here-- ▼

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Q6.43 Year

pre1970

Q6.44 Reason for end of pregnancy.

- Still pregnant Go to Q6.74
- Born alive
- Miscarriage Go to Q6.48
- Still-born Go to Q6.48
- Other Go to Q6.48

Q6.45 Reason for end of pregnancy.

- Born alive
- Miscarriage Go to Q6.48
- Still-born Go to Q6.48
- Other Go to Q6.48

Q6.46 Outcome

- Single baby?
- Twins?
- Multiple birth?

Q6.47 Sex of baby

- Male
- Female

Q6.48 For how long did this pregnancy last?

--Click Here-- ▼

- 1 month
- 2 months
- 3 months
- 4 months
- 5 months
- 6 months
- 7 months
- 8 months
- 9 months
- more than 9 months

Please tell us when your last pregnancy ended or, if currently pregnant, when you expect to deliver.

Please tell us when the **sixth** pregnancy ended.

Q6.49 Month

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Q6.50 Year

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Q6.50 Year

pre1970

Q6.51 Reason for end of pregnancy.

- Still pregnant Go to Q6.74
- Born alive
- Miscarriage Go to Q6.55
- Still-born Go to Q6.55
- Other Go to Q6.55

Q6.52 Reason for end of pregnancy.

- Born alive
- Miscarriage Go to Q6.55
- Still-born Go to Q6.55
- Other Go to Q6.55

Q6.53 Outcome

- Single baby?
- Twins?
- Multiple birth?

Q6.54 Sex of baby

- Male
- Female

Q6.55 For how long did this pregnancy last?

--Click Here-- ▼

- 1 month
- 2 months
- 3 months
- 4 months
- 5 months
- 6 months
- 7 months
- 8 months
- 9 months
- more than 9 months

Please tell us when your last pregnancy ended or, if currently pregnant, when you expect to deliver.

Please tell us when the **seventh** pregnancy ended.

Q6.56 Month

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Q6.57 Year

--Click Here-- ▼

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Q6.57 Year

pre1970

Q6.58 Reason for end of pregnancy.

- Still pregnant
- Born alive
- Miscarriage
- Still-born
- Other

Go to Q7.1

Go to Q6.62

Go to Q6.62

Go to Q6.62

Q6.59 Reason for end of pregnancy.

- Born alive
- Miscarriage
- Still-born
- Other

Go to Q6.62

Go to Q6.62

Go to Q6.62

Q6.60 Outcome

- Single baby?
- Twins?
- Multiple birth?

Q6.61 Sex of baby

- Male
- Female

Q6.62 For how long did this pregnancy last?

--Click Here--

- 1 month
- 2 months
- 3 months
- 4 months
- 5 months
- 6 months
- 7 months
- 8 months
- 9 months
- more than 9 months

Please tell us when your last pregnancy ended or, if currently pregnant, when you expect to deliver.

Please tell us when the **eighth** pregnancy ended.

Q6.63 Month

--Click Here-- ▼
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December

Q6.64 Year

--Click Here-- ▼

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Q6.64 Year

pre1970

Q6.65 Reason for end of pregnancy.

- Still pregnant Go to Q6.74
- Born alive
- Miscarriage Go to Q6.69
- Still-born Go to Q6.69
- Other Go to Q6.69

Q6.66 Reason for end of pregnancy.

- Born alive
- Miscarriage Go to Q6.74
- Still-born Go to Q6.74
- Other Go to Q6.74

Q6.67 Outcome

- Single baby?
- Twins?
- Multiple birth?

Q6.68 Sex of baby

- Male
- Female

Q6.69 For how long did this pregnancy last?

--Click Here-- ▼

- 1 month
- 2 months
- 3 months
- 4 months
- 5 months
- 6 months
- 7 months
- 8 months
- 9 months
- more than 9 months

Q6.70 Since {Year_of_screen} have you tried to become pregnant for more than one year without success?

Yes

No

Go to Q6.74

Q6.71 Have you or your husband/partner ever sought any medical help because of problems with conceiving?

Yes

No

Go to Q6.74

Q6.72 Did either of you receive any treatment for infertility?

Yes

No

Go to Q6.74

Q6.73 Please tell us which of you was affected.

You

Your husband/partner

Q6.74 Considering all your children, how much time in total did you breastfeed?

--Click Here-- ▼

- Don't remember
- Didn't breastfeed at all
- 1 month
- 2 months
- 3 months
- 4 months
- 5 months
- 6 months
- 7 months
- 8 months
- 9 months
- 10 months
- 11 months
- 12 months
- up to 1 year 3 months
- up to 1 year 6 months
- up to 1 year 9 months
- up to 2 years
- up to 2 years 3 months
- up to 2 years 6 months
- up to 2 years 9 months
- up to 3 years
- up to 3 years 6 months
- up to 4 years
- up to 4 years 6 months
- up to 5 years
- up to 6 years
- up to 7 years
- more than 7 years

Q6.75 How many days is your menstrual cycle?
(the number of days between each menstrual period)

--Click Here-- ▼

- Less than 26 days
- 26-27 days
- 28 days
- 29-30 days
- 31-33 days
- 34 days or more
- Not sure (irregular cycles)
- My periods have stopped
- I've never had a period

Q6.76 How old were you when your periods stopped?

--Click Here-- ▾

Less than 40
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
More than 60

Q6.77 Why did your menstrual periods stop?

- Natural menopause
- Hysterectomy
- Oophorectomy
- Oophorectomy and Hysterectomy
- Radation or chemotherapy
- Other

Q6.78 Have you ever taken the contraceptive pill?

- Yes
- No

Go to Q6.90

Q6.79 Please tell us which of the following contraceptive pills you have taken.

Tick as many as necessary and tick **something else** for anything not in the list.

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> BINOVUM® | <input type="checkbox"/> ETHINYLESTR
ADIOL WITH LE
VONORGESTR
EL | <input type="checkbox"/> LEVEST® | <input type="checkbox"/> NORIDAY® |
| <input type="checkbox"/> BREVINOR® | <input type="checkbox"/> ETHINYLESTR
ADIOL WITH N
ORETHISTERO
NE | <input type="checkbox"/> LEVONELLE®
1500 | <input type="checkbox"/> NORIMIN® |
| <input type="checkbox"/> CERAZETTE® | <input type="checkbox"/> EVRA® | <input type="checkbox"/> LEVONORGES
TREL | <input type="checkbox"/> NORINYL-1®
ORAL PROGES
TOGEN-ONLY
CONTRACEPTI
VES |
| <input type="checkbox"/> CILEST® | <input type="checkbox"/> FEMODENE® | <input type="checkbox"/> LOESTRIN 20® | <input type="checkbox"/> OVRANETTE® |
| <input type="checkbox"/> COPPER T
380A® | <input type="checkbox"/> FEMODENE®
ED | <input type="checkbox"/> LOESTRIN 30® | <input type="checkbox"/> OVYSMEN® |
| <input type="checkbox"/> DEPO-
PROVERA® | <input type="checkbox"/> FEMODETTE® | <input type="checkbox"/> LOGYNON® | <input type="checkbox"/> RIGEVIDON® |
| <input type="checkbox"/> DESOGESTRE
L | <input type="checkbox"/> FEMULEN® | <input type="checkbox"/> MARVELON® | <input type="checkbox"/> SUNYA 20/75® |
| <input type="checkbox"/> ETHINYLESTR
ADIOL WITH C
YPROTERONE
ACETATE | <input type="checkbox"/> GEDAREL®
20/150 | <input type="checkbox"/> MERCILON® | <input type="checkbox"/> SYNPHASE® |
| <input type="checkbox"/> ETHINYLESTR
ADIOL WITH
GESTODENE | <input type="checkbox"/> GEDAREL®
30/150 | <input type="checkbox"/> MICROGYNON
30 ED® | <input type="checkbox"/> TRINOVUM® |
| | <input type="checkbox"/> KATYA 30/75® | <input type="checkbox"/> MICROGYNON
30® | <input type="checkbox"/> YASMIN® |
| | | <input type="checkbox"/> MICRONOR® | <input type="checkbox"/> Something else |
| | | <input type="checkbox"/> MIRENA® | <input type="checkbox"/> Can't remember
name |
| | | <input type="checkbox"/> NEXPLANON® | |
| | | <input type="checkbox"/> NORGESTON® | |

Q6.80 Please enter all the contraceptive pills, not in the list, that you have taken into the following boxes.

Q6.86 How old were you when you first started taking the contraceptive pill?

Q6.86 How old were you when you first started taking the contraceptive pill?

- Click Here
- 52
 - 53
 - 54
 - 55
 - 56
 - 57
 - 58
 - 59
 - 60
 - Over 60

na

Q6.87 Are you still taking the pill?

Less than 13

13

- 4 Yes
- 5 No

16

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Q6.88 How old were you when you last used the contraceptive pill?

--Click Here-- ▼

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na

Less than 13

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Q6.88 How old were you when you last used the contraceptive pill?

52

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59

60

Over 60

Q6.89 For how many years in total have you taken the contraceptive pill?
(Add together the years and months when you actually took the pill - do not count the years and months when you were not taking it)

--Click Here-- ▼

- Don't remember
- less than 1 year
- 1 year
- 2 years
- 3 years
- 4 years
- 5 years
- 6 years
- 7 years
- 8 years
- 9 years
- 10 years
- 11 years
- 12 years
- 13 years
- 14 years
- 15 years
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- 25 years
- 26 years
- 27 years
- 28 years
- 29 years
- 30 years
- 31 years
- 32 years
- 33 years
- 34years
- 35 years
- 36 years
- 37 years
- 38 years
- 39 years
- 40 years
- more than 40 years

Q6.90 Have you ever used an Intrauterine device (IUD or coil)?

Yes

No

Q6.91 For how many years did you use the intrauterine device?

--Click Here-- ▼

- Don't remember
- less than 1 year
- 1 year
- 2 years
- 3 years
- 4 years
- 5 years
- 6 years
- 7 years
- 8 years
- 9 years
- 10 years
- 11 years
- 12 years
- 13 years
- 14 years
- 15 years
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- 24 years
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- 26 years
- 27 years
- 28 years
- 29 years
- 30 years
- 31 years
- 32 years
- 33 years
- 34 years
- 35 years
- 36 years
- 37 years
- 38 years
- 39 years
- 40 years
- more than 40 years

Q6.92 Have you ever used a contraceptive implant

Yes

No

Q6.93 For how many years did you use the contraceptive implant?

--Click Here-- ▼

- Don't remember
- less than 1 year
- 1 year
- 2 years
- 3 years
- 4 years
- 5 years
- 6 years
- 8 years
- 9 years
- 10 years
- 11 years
- 12 years
- 13 years
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- 22 years
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- 24 years
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- 27 years
- 28 years
- 29 years
- 30 years
- 31 years
- 32 years
- 33 years
- 34years
- 35 years
- 36 years
- 37 years
- 38 years
- 39 years
- 40 years
- more than 40 years

Q6.94 Have you ever used hormone replacement treatment?

- No Go to N7.1
- Yes, I have used prescription HRT
- Yes, I have used over the counter products (Go to N7.1
eg Soy oestrogen products, red clover)

Q6.95 How old were you when you first used HRT ?

--Click Here-- ▼

na

na

na

na

na

na

na

na

na

na

na

Less than 13

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

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38

39

40

41

42

43

44

45

46

47

48

49

50

Q6.95 How old were you when you first used HRT ?

52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
More than 70

Q6.96 Are you using HRT now?

- Yes
- No

Q6.97 How old were you when you stopped using HRT ?

--Click Here-- ▼

na

na

na

na

na

na

na

na

na

na

na

less than 13

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

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41

42

43

44

45

46

47

48

49

50

Q6.97 How old were you when you stopped using HRT ?

52

53

54

55

56

57

58

59

60

61

62

63

64

65

66

67

68

69

70

More than 70

Q6.98 For how many years in total have you used HRT?

(Add together the years and months when you actually took HRT - do not count the years and months when you were not taking it)

--Click Here--

- less than 1 year
- 1 year
- 2 years
- 3 years
- 4 years
- 5 years
- 6 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
- more than 30 years


Q6.99 Please tick all the brands of HRT that you have used.

For other brands, not on the list please tick **something else**.

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> ANGELIQ® | <input type="checkbox"/> ESTRADERM
MX® | <input type="checkbox"/> LIVIAL® | <input type="checkbox"/> TRIDESTRA® |
| <input type="checkbox"/> CLIMAGEST® | <input type="checkbox"/> ESTRADOT® | <input type="checkbox"/> NOVOFEM® | <input type="checkbox"/> TRISEQUENS® |
| <input type="checkbox"/> CLIMAVAL® | <input type="checkbox"/> EVOREL® | <input type="checkbox"/> NUVELLE®
CONTINUOUS | <input type="checkbox"/> ZUMENON® |
| <input type="checkbox"/> CLIMESSE® | <input type="checkbox"/> FEMOSTON® | <input type="checkbox"/> OESTROGEL® | <input type="checkbox"/> Something else |
| <input type="checkbox"/> ELLESTE
SOLO® MX | <input type="checkbox"/> HORMONIN® | <input type="checkbox"/> PREMARIN® | <input type="checkbox"/> Can't remember
name |
| <input type="checkbox"/> ELLESTE-
DUET® | <input type="checkbox"/> INDIVINA® | <input type="checkbox"/> PREMIQUE® | |
| <input type="checkbox"/> ELLESTE-
SOLO® | <input type="checkbox"/> KLIOFEM® | <input type="checkbox"/> PREMPAK-C® | |
| | <input type="checkbox"/> KLIOVANCE® | <input type="checkbox"/> SANDRENA® | |

Q6. Please enter here any other type of HRT treatment you have used that are not shown
100 in the above list.


Please tell us for how long you used these brands.
If you don't remember for how long you used the brand select "Don't remember" option from the list.

--Click Here-- 


Don't remember
Not used
Less than 1 year
1 year
2 years
3years
4 years
5 years
6 years
8 years
9 years
10 years
11 years
12 years
13 years
14 years
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27 years
28 years
29 years
30 years
more than 30 years

--Click Here-- 


- Don't remember
- Not used
- Less than 1 year
- 1 year
- 2 years
- 3 years
- 4 years
- 5 years
- 6 years
- 8 years
- 9 years
- 10 years
- 11 years
- 12 years
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- more than 30 years

--Click Here-- 


- Don't remember
- Not used
- Less than 1 year
- 1 year
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- 9 years
- 10 years
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- more than 30 years

--Click Here-- 


- Don't remember
- Not used
- Less than 1 year
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- more than 30 years

--Click Here-- 


- Don't remember
- Not used
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- more than 30 years

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- Don't remember
- Not used
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--Click Here-- 


- Don't remember
- Not used
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- Don't remember
- Not used
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- Don't remember
- Not used
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- Don't remember
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- Don't remember
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- Don't remember
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--Click Here-- 


- Don't remember
- Not used
- Less than 1 year
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- Don't remember
- Not used
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--Click Here-- 

- Don't remember
- Not used
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--Click Here-- 

- Don't remember
- Not used
- Less than 1 year
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- more than 30 years

{Q6.100}

--Click Here-- 

- Don't remember
- Not used
- Less than 1 year
- 1 year
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- 30 years
- more than 30 years

{Q6.101}

--Click Here--



- Don't remember
- Not used
- Less than 1 year
- 1 year
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- 30 years
- more than 30 years

{Q6.102}

--Click Here--



- Don't remember
- Not used
- Less than 1 year
- 1 year
- 2 years
- 3 years
- 4 years
- 5 years
- 6 years
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- 10 years
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- 13 years
- 14 years
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- 29 years
- 30 years
- more than 30 years

{Q6.103}

--Click Here--



- Don't remember
- Not used
- Less than 1 year
- 1 year
- 2 years
- 3 years
- 4 years
- 5 years
- 6 years
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- 29 years
- 30 years
- more than 30 years

{Q6.104}

--Click Here-- ▼

- Don't remember
- Not used
- Less than 1 year
- 1 year
- 2 years
- 3 years
- 4 years
- 5 years
- 6 years
- 8 years
- 9 years
- 10 years
- 11 years
- 12 years
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- 30 years
- more than 30 years

Airwave Health Monitoring Study

Section 7: Questions about your use of the Airwave (TETRA) radio system.

Q7.1 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 SECTION8

Q7.2 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

Q7.3 Which year did you stop using Airwave radios?

--Click Here-- ▼

2020
2019
2018
2017
2016
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2014
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2012
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2007
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2003
2002
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1989
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1976
1975
1974
1973
1972
1971

Q7.3 Which year did you stop using Airwave radios?

- 1969
- 1968
- 1967
- 1966
- 1965
- 1964
- 1963
- 1962
- 1961
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- 1959
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- 1936
- 1935

Q7.4 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)

Other

Q7.5 If you were issued with a personal or pool radio do you know the ISSI/ITSI number.

No

Yes

Q7.6 Please enter the ISSI/ITSI number

Q7.7 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

Q7.8 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

Personal radio without earpiece/microphone

Desk mounted radio including operation/control room use

Motorcycle mounted radio

Car mounted radio

Body mounted radio(covert usage)

Other

Q7.9 If you have been issued with a personal or pool radio do you know the ISSI/ITSI number.

No

Yes

Q7.10 Please enter the ISSI/ITSI number

Q7.11 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 remember

Q7.12 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.

Q7.13 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

Q7.14 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 {Q7.13} on {Q7.12}
and ended at {Q7.14} 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

Q7.15 Number of outgoing transmissions

--Click Here--▼

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45
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55
60
65
70
75
80
80+

Duration of outgoing transmissions (mins)

--Click Here-- ▾

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15
20
25
30
35
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60
65
70
75
80
85
90
95
100
110
120
120+

Airwave Health Monitoring Study
Section 8: EPQ-R

Instructions: Please answer **all** of the questions, selecting the answer you feel best describes you. Answer the questions honestly and do not spend too much time thinking about them.

Q8.1 Does your mood often go up and down?

- Yes
 No

Q8.2 Are you a talkative person?

Yes

No

Q8.3 Do you ever feel 'just miserable' for no reason?

Yes

No

Q8.4 Are you rather lively?

Yes

No

Q8.5 Are you an irritable person?

Yes

No

Q8.6 Do you enjoy meeting new people?

Yes

No

Q8.7 Are your feelings easily hurt?

Yes

No

Q8.8 Can you usually let yourself go and enjoy yourself at a lively party?

Yes

No

Airwave Health Monitoring Study

Section 8: EPQ-R

Instructions: Please answer **all** of the questions, selecting the answer you feel best describes you. Answer the questions honestly and do not spend too much time thinking about them.

Q8.9 Do you often feel 'fed-up'?

Yes

No

Q8.10 Do you usually take the initiative in making new friends?

Yes

No

Q8.11 Would you call yourself a nervous person?

Yes

No

Q8.12 Can you easily get some life into a rather dull party?

Yes

No

Q8.13 Are you a worrier?

Yes

No

Q8.14 Do you tend to keep in the background on social occasions?

Yes

No

Q8.15 Would you call yourself tense or 'highly-strung'?

Yes

No

Q8.16 Do you like mixing with people?

Yes

No

Airwave Health Monitoring Study

Section 8: EPQ-R

Instructions: Please answer **all** of the questions, selecting the answer you feel best describes you. Answer the questions honestly and do not spend too much time thinking about them.

Q8.17 Do you worry too long after an embarrassing experience?

Yes

No

Q8.18 Do you like plenty of bustle and excitement around you?

Yes

No

Q8.19 Do you suffer from 'nerves'?

Yes

No

Q8.20 Are you mostly quiet when you are with other people?

Yes

No

Q8.21 Do you often feel lonely?

Yes

No

Q8.22 Do other people think of you as being very lively?

Yes

No

Q8.23 Are you often troubled about feelings of guilt?

Yes

No

Q8.24 Can you get a party going?

Yes

No

Airwave Health Monitoring Study
Section 9: Brief Resilience Scale

In this section we will ask you questions about how stressful events affect you.

Instructions: Choose the answer that most closely relates to you for each statement to indicate how much you disagree or agree with each of the statements.

Q9. 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree

1

	1	2	3	4	5
I tend to bounce back quickly after hard times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a hard time making it through stressful events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It does not take me long to recover from a stressful event	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is hard for me to snap back when something bad happens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I usually come through difficult times with little trouble	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tend to take a long time to get over set-backs in my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Airwave Health Monitoring Study
Section 10: Coping Inventory of Stressful Situation

Instructions: People deal with stress in different ways. We would like you to look through the statements below and indicate whether this is something you do when you are under stress by clicking the box that most closely relates to you.

In each case your answer can range from:
1 = Not at all to **5 = Very much**

When I am under stress I ...

Q10

.1

1 = Not at all to **5 = Very much**

	1	2	3	4	5
Schedule my time better	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Focus on the problem and see how can I solve it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Think about the good times I've had	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Try to be with other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blame myself for putting things off	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do what I think is best	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Become preoccupied with aches and pains	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blame myself for having gotten into this situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Window shop	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outline my priorities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Try to go to sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treat myself to a favourite food or snack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feel anxious about not being able to cope	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bcome very tense	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Think about how I solved similar problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tell myself that it is really not happening to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Airwave Health Monitoring Study
Section 10: Coping Inventory of Stressful Situation

When I am under stress I ...

Q10
.2

1 = Not at all to 5 = Very much

	1	2	3	4	5
Blame myself for being too emotional about the situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Go out for a snack or meal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Become very upset	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Buy myself something	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Determine a course of action and follow it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blame myself for not knowing what to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Go to a party	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work to understand the situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"Freeze" and don't know what to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take corrective action immediately	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Think about the event and learn from my mistakes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wish I could change what had happened or how I felt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visit a friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Worry about what I am going to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spend time with a special person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Go for a walk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Airwave Health Monitoring Study
Section 10: Coping Inventory of Stressful Situation

When I am under stress I ...

Q10
.3

1 = Not at all to 5 = Very much

	1	2	3	4	5
Tell myself that it will never happen again	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Focus on my general inadequacies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk to someone whose advice I value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Analyse my problem before reacting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phone a friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get angry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adjust my priorities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
See a movie	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get control of the situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make an extra effort to get things done	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Come up with several different solutions to the problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take time off and get away from the situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take it out on other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use the situation to prove that I can do it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Try to be organised so I can be on top of the situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watch TV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Airwave Health Monitoring Study
Section 11: Clinical Questionnaire (Short Form)

Q11.1 Have you ever had a time in your life when you felt sad, blue, or depressed for two weeks or more in a row?

- Yes
- No

Q11.2 Have you ever had a time in your life lasting two weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?

- Yes
- No

Airwave Health Monitoring Study
Section 11: Clinical Questionnaire (Short Form)

Please think of the two-week period in your life when your feelings of depression or loss of interest were worst:

Q11.3 How much of the day did these feelings usually last?

- All Day Long
- Most of the day
- About half of the day
- Less than half of the day

Q11.4 Did you feel this way:

- Every day
- Almost every day
- Less often

Q11.5 Did you feel more tired out or low on energy than is usual for you?

- Yes
- No

Q11.6 Did you gain or lose weight without trying, or did you stay about the same weight?

- Gained
- Lost
- Stayed about the same or was on a diet

Q11.7 If you **gained** weight, about how much weight did you gain?
Please choose to enter in either **pounds(lbs)** or **kilograms(kg)**

lbs

kg

Q11.8 If you **lost** weight, about how much weight did you lose?
Please choose to enter in either **pounds(lbs)** or **kilograms(kg)**

lbs

kg

Q11.9 **Weight gained in pounds(lbs)**

--Click Here-- ▼

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Q11.9 **Weight gained in pounds(lbs)**

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99

Q11. **Weight gained in kilograms(kg)**

10

--Click Here-- ▼

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Q11. **Weight gained in kilograms(kg)**

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Q11. **Weight lost in pounds(lbs)**

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--Click Here-- ▼

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Q11. **Weight lost in pounds(lbs)**

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Q11. **Weight lost in kilograms(kg)**

12

--Click Here-- ▼

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Q11. **Weight lost in kilograms(kg)**

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Airwave Health Monitoring Study
Section 11: Clinical Questionnaire (Short Form)

Q11. Did your sleep change?

13

Yes

No

7a. Was that:

Q11. Trouble falling asleep?

14

Yes

No

Q11. Waking too early?

15

Yes

No

Q11. Sleeping too much?

16

Yes

No

Q11. How often did that happen?

17

Every night

Nearly every night

Less often

Q11. Did you have a lot more trouble thinking or concentrating than usual?

18

Yes

No

Q11. People sometimes feel down on themselves, no good, or worthless.
Did you feel this way?

19

Yes

No

Q11. Did you think a lot about death - either your own, someone else's, or death in
20 general?

Yes

No

Airwave Health Monitoring Study
Section 11: Clinical Questionnaire (Short Form)

Please again think of the two-week period in your life when your feelings of depression or loss of interest were worst:

Q11. About how many weeks altogether did you feel this way? Count the weeks before, during and after the worst two weeks.

The **total period** of depression/loss of interest was:

--Click Here-- ▼

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Q11. About how many weeks altogether did you feel this way? Count the weeks before, during and after the worst two weeks.

21

The **total period** of depression/loss of interest was:

- 50
- 51
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Q11. About how many weeks altogether did you feel this way? Count the weeks before, during and after the worst two weeks.

21

The **total period** of depression/loss of interest was:

97

98

99

Q11. How many periods like this did you have in your life, lasting two or more weeks?

22

--Click Here--

Too many to count

1

2

3

4

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49

Q11. How many periods like this did you have in your life, lasting two or more weeks?

22

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Q11. About how old were you the **FIRST** time you had a period of two weeks like this?
23 (Whether or not you received any help for it.)

--Click Here-- ▼

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Q11. About how old were you the **FIRST** time you had a period of two weeks like this?
23 (Whether or not you received any help for it.)

54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70+

Q11. About how old were you the **LAST** time you had a period of two weeks like this?
24 (Whether or not you received any help for it.)

--Click Here-- ▼

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Q11. About how old were you the **LAST** time you had a period of two weeks like this?
24 (Whether or not you received any help for it.)

- 54
- 55
- 56
- 57
- 58
- 59
- 60
- 61
- 62
- 63
- 64
- 65
- 66
- 67
- 68
- 69
- 70+

Q11. Do you feel that way now?

25

- Yes
- No

Airwave Health Monitoring Study
Section 11: Clinical Questionnaire (Short Form)

Q11. Have you ever had a period of time when you were feeling so good, 'high', 'excited', or
26 'hyper' that other people thought you were not your normal self or you were so 'hyper'
that you got into trouble?

- Yes
- No

Q11. Have you ever had a period of time when you were so irritable that you found yourself
27 shouting at people or starting fights or arguments?

- Yes
- No

Airwave Health Monitoring Study
Section 11: Clinical Questionnaire (Short Form)

Please think of the period when you were in a 'high' or 'irritable' state.
How did you feel then?
In such a state ...

Q11. I was more active than usual.

28

Yes

No

Q11. I was more talkative than usual.

29

Yes

No

Q11. I needed less sleep.

30

Yes

No

Q11. I was more creative or had more ideas.

31

Yes

No

Q11. I was so restless I couldn't sit still.

32

Yes

No

Q11. I was much more confident than usual.

33

Yes

No

Q11. My thoughts were racing.

34

Yes

No

Q11. I was easily distracted.

35

Yes

No

Q11. What is the longest time that these 'high', 'excited', 'hyper', or 'irritable' periods have lasted?

36

(Please pick the most appropriate option)

- Less than 24 hours
- More than 1 day but less than 2 days
- More than 2 days but less than 4 days
- More than 4 days but less than a week
- More than a week

Q11. How much of a problem have these 'high', 'excited', 'hyper', or 'irritable' periods caused you?

37

(Please pick the most appropriate option)

- Needed treatment
- Caused problems with work, relationships, finances, the law or other aspects of life
- No problems

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.

Q12.1 Did you find that;-

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

Q12.2 Can you remember which questions you had problems with

Q12.3 Did you find the combined questionnaire

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

Q12.4 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

Q12.5 Can you remember which questions you had problems with

Q12.6 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

Q12.7 Can you give an example of where you found it difficult to use

Q12.8 Can you remember where it was not clear what to do next?

Q12.9 Please tell us exactly what happened.

Q12.10 Please tell us what this other issue was

10

Q12.11 Did you complete all sections of the survey?

11

yes

no

Q12.12 Please tell us why you did not finish

12

Q12.13 If you had any other issues with the questionnaire or have anything you would like to comment on please tell us here

13

Q12.
14



Thank you for your feedback.

Please press submit to save your answers.

When you submit you will be taken to the Airwave Study website which you may browse until called for your clinic.

Or.

If you have finished your clinic please return the tablet to the nurse.