User ID

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Password

____

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 35 minutes to complete followed by a few feedback questions.

Section 1: Questions about your current situation

Q1.1 How old are you now?

______

Section 1: Questions about your current situation

Please enter your full date of birth

Day

- ❑ 1
- ❑ 2
- ❑ 3
- ❑ 4
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- ❑ 31

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

Year
- ❑ 2020
- ❑ 2019
- ❑ 2018
- ❑ 2017
- ❑ 2016
- ❑ 2015
- ❑ 2014
- ❑ 2013
- ❑ 2012
- ❑ 2011
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- ❑ 1937
- ❑ 1936
- ❑ 1935

(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.

Section 1: Questions about your current situation

Q1.5 Are you:

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

Section 1: Questions about your current situation

Q1.6 What date did you leave the police force?

Month

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

Q1.7 Year

- ❑ 2020
- ❑ 2019
- ❑ 2018
- ❑ 2017
- ❑ 2016
- ❑ 2015
- ❑ 2014
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- ❑ 1936
- ❑ 1935

Q1.8 What was your force when you left?

- ❑ 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

Q1.9 Please specify Other

____

Section 1: Questions about your current situation

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

Q1.10 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.

Section 1: Questions about your current situation

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

Q1.11 Staff/payroll number

____

Section 1: Questions about your current situation

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

Q1.12 Warrant number

____

Section 1: Questions about your current situation

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

Q1.13 Aware ID

____

Please try to provide an answer to least one of your ID numbers by clicking back

Section 1: Questions about your current situation

Q1.14 How would you describe your current status?

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

Section 1: Questions about your current situation

Q1.15 Please enter your job title.

Section 1: Questions about your current situation

Q1.16 What is your current force?

- ❑ 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

Q1.17 What is your current rank and role within the force?

Rank

- ❑ Police staff

- ❑ Constable/sergeant
- ❑ Inspector/Chief Inspector
- ❑ Superintendent or above
- ❑ Other

Q1.18 **Role**

- ❑ 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

Q1.19 What are the main activities or area of work within your role in the police?
*(Please select **up to three** options)*

- ❑ General police duties
- ❑ General office duties
- ❑ Maintenance of firearms
- ❑ Maintenance of vehicles (cars, motorbikes, etc.)
- ❑ Maintenance of other equipment
- ❑ Horse riding and/or grooming
- ❑ Dog handling
- ❑ Road Policing Unit (RPU)
- ❑ Policing large crowds (e.g. protests, sports events, etc.)
- ❑ Forensic investigations (onsite/field)
- ❑ Forensic investigations (laboratory-based staff)
- ❑ Child protection
- ❑ Cybercrime
- ❑ Criminal Investigations Department (CID)-fraud
- ❑ Criminal Investigations Department (CID)-sexual offence
- ❑ Diving
- ❑ Flying
- ❑ Chemical, Biological, Radiological and Nuclear (CBRN)
- ❑ Disaster Victim Identification (DVI)
- ❑ Body handling and recovery
- ❑ Bomb/explosive devices
- ❑ Antiterrorism
- ❑ Other (please specify)

Q1.20 Please specify other activity

____

Section 1: Questions about your current situation

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

Q1.21 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.

Section 1: Questions about your current situation

Q1.22 When were you assigned this number?

- ❑ 2020
- ❑ 2019
- ❑ 2018
- ❑ 2017
- ❑ 2016
- ❑ 2015
- ❑ 2014
- ❑ 2013
- ❑ 2012
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- ❑ 1936

Section 1: Questions about your current situation

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

Q1.23 Staff/payroll number

____

Section 1: Questions about your current situation

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

Q1.24 Warrant number

____

Section 1: Questions about your current situation

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

Q1.25 Aware ID

____

Please answer at least one of your ID numbers

Section 1: Questions about your current situation

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

Q1.26 Select the answer that best describes your regular, everyday job.

	Strongly agree	Agree	Disagree	Strongly disagree
You have to work very hard	❑	❑	❑	❑
You have an excessive amount of work to do	❑	❑	❑	❑
You have a lot of say about what happens on the job	❑	❑	❑	❑
You have a high level of skill	❑	❑	❑	❑
You have the freedom to decide how you do your work	❑	❑	❑	❑
You have the chance to be creative	❑	❑	❑	❑

Q1.27 When you are having difficulties at work.

	Often	Sometimes	Seldom	Never
How often do you get help and support from your colleagues	❑	❑	❑	❑
How often are your colleagues willing to listen to your work related problems?	❑	❑	❑	❑
How often do you get help and support from your immediate superior	❑	❑	❑	❑
How often is your immediate superior willing to listen to your work related problems?	❑	❑	❑	❑

Q1.28 Taking all things into consideration

	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied
How satisfied are you with your job as a whole?	❑	❑	❑	❑

Section 1: Questions about your current situation

Q1.29 Within your role

	Often	Sometimes	Seldom	Never
Do different groups at work demand things from you that you think are hard to combine?	❑	❑	❑	❑
Do you get **sufficient** information and instruction from line management (your supervisors)?	❑	❑	❑	❑
Do you get **consistent** information and instruction from line management (your supervisors)?	❑	❑	❑	❑

Q1.30 What do you feel is the effect of the actual or planned major changes in the organisation as far as your job is concerned?

- ❑ I understand the changes, but I don't know how they will affect me
- ❑ I understand the changes and I think these will have a positive impact on me
- ❑ I understand the changes and I think these will have a negative impact on me
- ❑ I do not understand the changes or how they will affect me

Section 1: Questions about your current situation

Q1.31 What was your rank and role when we were last in contact with you in **{Year_of_screen}**?

Rank in **{Year_of_screen}**

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

Q1.32 **Role** in **{Year_of_screen}**

- ❑ 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

Q1.33 Presently, are you
- ❑ Married
- ❑ Separated
- ❑ Divorced
- ❑ Cohabiting
- ❑ Single
- ❑ Widowed
- ❑ Other

Section 2: Questions about your past and current working hours

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

Q2.1 Are you a shift worker?
(i.e. do you work outside the regular daytime hours of approximately 7 AM and 6 PM)
- ❑ Yes
- ❑ Yes, I work shifts but only 2 or 3 times a year
- ❑ No

Section 2: Questions about your past and current working hours

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

Section 2: Questions about your past and current working hours

Q2.3 How many night shifts do you usually work per month?
- ❑ 1
- ❑ 2
- ❑ 3
- ❑ 4
- ❑ 5
- ❑ 6
- ❑ 7

- ❑ 8
- ❑ 9
- ❑ 10
- ❑ 11
- ❑ 12
- ❑ 13
- ❑ 14
- ❑ 15
- ❑ 16
- ❑ 17
- ❑ 18
- ❑ 19
- ❑ 20
- ❑ more than 20

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

- ❑ 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?

- ❑ 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.

Section 2: Questions about your past and current working hours

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 *(a 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

Section 2: Questions about your past and current working hours

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

- ❑ 10
- ❑ 11
- ❑ 12
- ❑ 13
- ❑ 14
- ❑ 15
- ❑ 16
- ❑ 17
- ❑ 18
- ❑ 19
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- ❑ 63
- ❑ 64
- ❑ 65

- ❑ 66
- ❑ 67
- ❑ 68
- ❑ 69
- ❑ 70

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

- ❑ 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**?

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

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

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

Q2.13 How many times have you consulted your GP on work related issues in the last 12 months?

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

Q2.14 Have you used any of the support services provided by your workforce or external services in the last 12 months?

- ❑ Occupational Health
- ❑ Employee Assistance Program
- ❑ Trauma Risk Management (TRiM)
- ❑ Wellbeing Champion
- ❑ Other (please specify)
- ❑ None

Q2.15 Please provide details on the other support service(s) you have used:

____

Section 2: Questions about your past and current working hours

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

Section 2: Questions about your past and current working hours

Q2.16 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

Q2.17 Were you a shift worker in **{Year_of_screen}**?

(i.e. did you work outside the regular daytime hours of approximately 7 AM and 6 PM)

- ❑ Yes
- ❑ Yes, I worked shifts but only 2 or 3 times a year
- ❑ No

Section 2: Questions about your past and current working hours

Q2.18 Don't ask if no longer employedCompared 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

Section 2: Questions about your past and current working hours

Q2.19 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 7 AM)*
- ❑ Afternoon/late shifts *(Shifts that end after 6 PM and before midnight)*
- ❑ Night shifts *(Shifts that include a period of work between midnight and 6 AM)*
- ❑ On-call *(daytime hours but with some 'night-time on-calls' requiring occasional night work)*
- ❑ None of the above

Section 2: Questions about your past and current working hours

Q2.20 During **{Year_of_screen}** how many night shifts did you usually work per month?

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

Q2.21 During **{Year_of_screen}** how many night shifts in a row did you usually work?

- ❑ 1
- ❑ 2
- ❑ 3
- ❑ 4
- ❑ 5 or more

Q2.22 On average, how many consecutive rest days did you have after working a block of night shifts?

- ❑ 1 day
- ❑ 2 days

- ❑ 3 days
- ❑ 4 days or more

Q2.23 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.

Section 2: Questions about your past and current working hours

Q2.24 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 *(a few times per year)*
- ❑ Sometimes *(about once per month)*
- ❑ Often *(most weeks)*
- ❑ Always *(every week)*

Q2.25 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

Section 2: Questions about your past and current working hours

Q2.26 Considering all your employment, for how many years in total did you work shifts?

- ❑ I have never worked shifts
- ❑ 6 months
- ❑ 1 year
- ❑ 1 year & 6 months
- ❑ 2 years
- ❑ 2 years & 6 months
- ❑ 3 years
- ❑ 3 years & 6 months
- ❑ 4 years
- ❑ 4 years & 6 months
- ❑ 5 years
- ❑ 5 years & 6 months
- ❑ 6 years
- ❑ 7 years
- ❑ 8 years
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- ❑ 53 years
- ❑ 54 years
- ❑ 55 years
- ❑ 56 years
- ❑ 57 years
- ❑ 58 years
- ❑ 59 years
- ❑ 60 years

Section 2: Questions about your past and current working hours

Q2.27 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 AM

Please consider a job or role that required you to work one night or more per month for at least one year)

- ❑ 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
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- ❑ 56 years
- ❑ 57 years

- ❑ 58 years
- ❑ 59 years
- ❑ 60 years

Section 3: Questions about your health

Q3.1 How would you rate your overall health?

Poor	Fair	Good	Excellent	Don't know	Prefer not to answer
❑	❑	❑	❑	❑	❑

Q3.2 How would you rate your overall happiness?
*(on a scale of 1 to 7, where **1 = not at all happy** to **7 = a very happy person**)*

1 - not at all happy	2	3	Neither happy or unhappy	5	6	7 - very happy
❑	❑	❑	❑	❑	❑	❑

Section 3: Questions about your health

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	❑	❑	❑	❑
Feeling down, depressed or hopeless	❑	❑	❑	❑
Trouble falling or staying asleep or sleeping too much	❑	❑	❑	❑
Feeling tired or having little energy	❑	❑	❑	❑
Poor appetite or over eating	❑	❑	❑	❑
Feeling bad about yourself, that you are a failure or have let yourself or your family down	❑	❑	❑	❑
Trouble concentrating on things such as reading the newspaper or watching television	❑	❑	❑	❑
Moving or speaking so slowly that other people could have noticed; or the opposite, being so fidgety or restless that you have been moving around a lot more than usual	❑	❑	❑	❑
Thoughts that you would be better off dead or of hurting yourself in some way	❑	❑	❑	❑

Section 3: Questions about your health

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

Section 3: Questions about your health

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

Section 3: Questions about your health

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

Section 3: Questions about your health

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	❑	❑	❑	❑	❑
Upsetting dreams about the event	❑	❑	❑	❑	❑
Acting or feeling as though the event were happening again	❑	❑	❑	❑	❑
Feeling upset by reminders of the event	❑	❑	❑	❑	❑
Bodily reactions (such as fast heartbeat, stomach churning, sweatiness, dizziness) when reminded of the event.	❑	❑	❑	❑	❑
Difficulty falling or staying asleep	❑	❑	❑	❑	❑
Irritability or outbursts of anger	❑	❑	❑	❑	❑
Difficulty concentrating	❑	❑	❑	❑	❑
Heightened awareness of potential dangers to yourself and others	❑	❑	❑	❑	❑
Being jumpy or being startled at something unexpected.	❑	❑	❑	❑	❑

Section 3: Questions about your health

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

- ❑ Yes
- ❑ No

Section 3: Questions about your health

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	❑	❑
Nausea, at least once per week	❑	❑
Deafness or partial hearing loss	❑	❑
Tinnitus or ringing sound	❑	❑

Q3.16 Do you suffer from any **now**?

	Yes	No
Dizziness, at least once per week	❑	❑
Nausea, at least once per week	❑	❑
Deafness or partial hearing loss	❑	❑
Tinnitus or ringing sound	❑	❑

Section 3: Questions about your health

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	❑	❑	❑
Nausea, at least once per week	❑	❑	❑
Deafness or partial hearing loss	❑	❑	❑
Tinnitus or ringing sound	❑	❑	❑

Section 3: Questions about your health

Q3.18 Have ever been diagnosed by a doctor with any of the following conditions?
(Please tick as many options as appropiate)

❑ Allergy (eczema, hay fever, rhinitis)	❑ Chronic liver disease	❑ Stroke / transient ischaemic attack (TIA)
❑ Alzheimer's disease	❑ Chronic Obstructive Pulmonary Disease (COPD)	❑ Other heart conditions
❑ Angina	❑ Deafness/partial hearing loss	❑ Migraine
❑ Asthma	❑ Dementia	❑ Motor neuron disease
❑ Osteoarthritis	❑ Depression	❑ Multiple Sclerosis

- ❑ Rheumatoid arthritis
- ❑ Cancer
- ❑ Cataract
- ❑ High cholesterol
- ❑ Chronic Fatigue Syndrome/ME
- ❑ Diabetes
- ❑ Epilepsy
- ❑ Glaucoma or high eye pressure
- ❑ Heart attack (MI)
- ❑ High blood pressure
- ❑ Parkinson's disease
- ❑ Thyroid-related disorders
- ❑ Ulcerative colitis
- ❑ Crohn's disease
- ❑ Lactose intolerance

Section 3: Questions about your health

For the condition(s) 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)

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Cancer

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High blood pressure

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High cholesterol

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Angina

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Heart attack (MI)

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Other heart conditions

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Chronic Fatigue Syndrome/ME

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Chronic liver disease

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Deafness/partial hearing loss

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Chronic Obstructive
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Allergy (eczema, hay fever, rhinitis)

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Glaucoma or high eye pressure

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Rheumatoid arthritis

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Parkinson's disease

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Stroke / transient
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Thyroid-related disorders

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Alzheimer's disease

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Motor neuron disease

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Ulcerative colitis

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Lactose intolerance

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

____

Section 3: Questions about your health

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

- ❑ Yes
- ❑ No

Section 3: Questions about your health

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	❑	❑	❑
Headache on one side of the head only	❑	❑	❑
Throbbing/pulsating headache	❑	❑	❑
A headache made worse by light exercise, such as going upstairs	❑	❑	❑

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?	❑	❑	❑
Does ordinary daylight bother you?	❑	❑	❑
Does general noise bother you?	❑	❑	❑

Section 3: Questions about your health

Q3.29 In the past year, have you had any pain or discomfort in your chest?
- ❑ Yes
- ❑ No

Section 3: Questions about your health

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

Section 3: Questions about your health

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?

- ❑ 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?

____

____

____

Section 3: Questions about your health

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

- ❑ Yes
- ❑ No
- ❑ Don't know

Section 3: Questions about your health

Q3.40 Were you told it was

- ❑ High
- ❑ Normal
- ❑ Low
- ❑ Don't know

Section 4: Questions about your general lifestyle

Q4.1 Do you currently smoke cigarettes?

- ❑ Yes
- ❑ No

Section 4: Questions about your general lifestyle

Q4.2 Did you smoke cigarettes in the past?

- ❑ Yes
- ❑ No

Section 4: Questions about your general lifestyle

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

- ❑ NA
- ❑ NA
- ❑ NA
- ❑ NA
- ❑ NA
- ❑ NA
- ❑ NA
- ❑ NA
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- ❑ 61
- ❑ 62
- ❑ 63
- ❑ 64
- ❑ 65
- ❑ 66
- ❑ 67
- ❑ 68
- ❑ 69
- ❑ 70
- ❑ 70+

Q4.4 What kind of cigarettes did you smoke?
(Please tick as many options as appropiate)

- ❑ Manufactured cigarettes
- ❑ 'Roll your own' cigarettes

Q4.5 How many cigarettes did you smoke?

- ❑ 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

Section 4: Questions about your general lifestyle

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

- ❑ Manufactured cigarettes
- ❑ 'Roll your own' cigarettes

Q4.7 How many cigarettes do you smoke?

- ❑ 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

Section 4: Questions about your general lifestyle

Q4.8 Have you ever smoked any of the following?
(Please tick as many options as appropiate)

- ❑ 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**?

- ❑ 0
- ❑ 1
- ❑ 2
- ❑ 3
- ❑ 4
- ❑ 5
- ❑ 6
- ❑ 7
- ❑ 8
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- ❑ 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**?

- ❑ 0
- ❑ 1
- ❑ 2
- ❑ 3
- ❑ 4
- ❑ 5
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- ❑ 82
- ❑ 83
- ❑ 84
- ❑ 85
- ❑ 85+

Section 4: Questions about your general lifestyle

Q4.11 Do you currently drink alcohol?

- ❑ Yes
- ❑ No

Section 4: Questions about your general lifestyle

Q4.12 Did you ever drink alcohol?

- ❑ Yes
- ❑ No

Section 4: Questions about your general lifestyle

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?

- ❑ NA
- ❑ NA
- ❑ NA
- ❑ NA
- ❑ NA
- ❑ NA
- ❑ NA
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- ❑ 61
- ❑ 62
- ❑ 63
- ❑ 64
- ❑ 65
- ❑ 66
- ❑ 67
- ❑ 68
- ❑ 69
- ❑ 70
- ❑ 70+

Section 4: Questions about your general lifestyle

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)

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

Q4.17 White Wine/Champagne

Glasses (small 125ml)

- ❑ 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)

- ❑ 0
- ❑ 1
- ❑ 2
- ❑ 3
- ❑ 4
- ❑ 5
- ❑ 6
- ❑ 7
- ❑ 8
- ❑ 9
- ❑ 10
- ❑ 11
- ❑ 12
- ❑ 13
- ❑ 14
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- ❑ 25

- ❑ 26
- ❑ 27
- ❑ 28
- ❑ 29
- ❑ 30
- ❑ 30+

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

- ❑ 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

- ❑ 0
- ❑ ½
- ❑ 1
- ❑ 1½
- ❑ 2
- ❑ 2½
- ❑ 3
- ❑ 4
- ❑ 5
- ❑ 6
- ❑ 7
- ❑ 8
- ❑ 9
- ❑ 10
- ❑ 11
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- ❑ 28
- ❑ 29
- ❑ 30
- ❑ 30+

Section 4: Questions about your general lifestyle

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?

- ❑ 0
- ❑ 1
- ❑ 2
- ❑ 3
- ❑ 4
- ❑ 5
- ❑ 6
- ❑ 7

Section 4: Questions about your general lifestyle

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

- ❑ 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

Section 4: Questions about your general lifestyle

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

- ❑ 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

Section 4: Questions about your general lifestyle

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**?

- ❑ 0
- ❑ 1
- ❑ 2
- ❑ 3
- ❑ 4
- ❑ 5

- ❑ 6
- ❑ 7

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

- ❑ 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

Section 4: Questions about your general lifestyle

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

- ❑ 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

Section 4: Questions about your general lifestyle

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**?

- ❑ 0

- ❑ 1
- ❑ 2
- ❑ 3
- ❑ 4
- ❑ 5
- ❑ 6
- ❑ 7

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

- ❑ 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?

- ❑ 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.

- ❑ 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?

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

Q4.32 How much sleep do you usually get over a 24 hour period?

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

Section 4: Questions about your general lifestyle

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

Q4.33 Considering the **last four weeks** only, how often did you ...

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time	Can't say
feel that your sleep was not quiet (moving restlessly, feeling tense, speaking, etc., while sleeping)?	❑	❑	❑	❑	❑	❑	❑
get enough sleep to feel rested upon waking in the morning?	❑	❑	❑	❑	❑	❑	❑
have trouble falling asleep?	❑	❑	❑	❑	❑	❑	❑
awaken during your sleep and have trouble falling asleep again?	❑	❑	❑	❑	❑	❑	❑
take naps (5 minutes or longer) during the day?	❑	❑	❑	❑	❑	❑	❑
get the amount of sleep you needed?	❑	❑	❑	❑	❑	❑	❑

Q4.34 Now please think back to **{Year_of_screen}** did you ...

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time	Don't remember
feel that your sleep was not quiet (moving restlessly, feeling tense, speaking, etc., while sleeping)?	❑	❑	❑	❑	❑	❑	❑
get enough sleep to feel rested upon waking in the morning?	❑	❑	❑	❑	❑	❑	❑
have trouble falling asleep?	❑	❑	❑	❑	❑	❑	❑
awaken during your sleep and have trouble falling asleep again?	❑	❑	❑	❑	❑	❑	❑
take naps (5 minutes or longer) during the day?	❑	❑	❑	❑	❑	❑	❑
get the amount of sleep you needed?	❑	❑	❑	❑	❑	❑	❑

Section 4: Questions about your general lifestyle

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

Q4.35 The assessment is on a scale of 1 to 7 with yes and no at the two extremes of the scale. Please use the scale to indicate how you have felt. For example, if you feel relaxed but not very relaxed, then select a box close to 'yes, true', such as 3.

	Yes, true	2	3	4	5	6	No, not true
I feel tired	❑	❑	❑	❑	❑	❑	❑
I feel very active	❑	❑	❑	❑	❑	❑	❑
Thinking requires effort	❑	❑	❑	❑	❑	❑	❑
Physically I feel exhausted	❑	❑	❑	❑	❑	❑	❑
I feel like doing all kinds of nice things	❑	❑	❑	❑	❑	❑	❑
I feel fit	❑	❑	❑	❑	❑	❑	❑
I do quite a lot within a day	❑	❑	❑	❑	❑	❑	❑
When I am doing something, I can concentrate quite well	❑	❑	❑	❑	❑	❑	❑
I feel weak	❑	❑	❑	❑	❑	❑	❑
I don't do much during the day	❑	❑	❑	❑	❑	❑	❑
I can concentrate well	❑	❑	❑	❑	❑	❑	❑
I feel rested	❑	❑	❑	❑	❑	❑	❑
I have trouble concentrating	❑	❑	❑	❑	❑	❑	❑

Physically I am in bad condition	❑	❑	❑	❑	❑	❑	❑
I am full of plans	❑	❑	❑	❑	❑	❑	❑
I get tired very quickly	❑	❑	❑	❑	❑	❑	❑
I have a low output	❑	❑	❑	❑	❑	❑	❑
I have no desire to do anything	❑	❑	❑	❑	❑	❑	❑
My thoughts easily wander	❑	❑	❑	❑	❑	❑	❑
Physically I feel in good shape	❑	❑	❑	❑	❑	❑	❑

Section 4: Questions about your general lifestyle

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

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)?	❑	❑	❑	❑	❑	❑
White fish (cod, haddock or tinned tuna)?	❑	❑	❑	❑	❑	❑
White meat (chicken, duck, turkey, lobster, shrimp or crab)?	❑	❑	❑	❑	❑	❑
Red meat (beef, veal, lamb, mutton or pork)?	❑	❑	❑	❑	❑	❑
Nuts	❑	❑	❑	❑	❑	❑

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

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

Fruit

- ❑ 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)

- ❑ 1
- ❑ 2
- ❑ 3
- ❑ 4
- ❑ 5
- ❑ 6
- ❑ 7
- ❑ 8
- ❑ 9
- ❑ 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)

- ❑ 1
- ❑ 2
- ❑ 3
- ❑ 4
- ❑ 5
- ❑ 6
- ❑ 7
- ❑ 8
- ❑ 9

- ❑ 10
- ❑ 11
- ❑ 12
- ❑ 13
- ❑ 14
- ❑ 15
- ❑ 15+

Section 5: Questions about your dietary and food habits

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 reason(s)

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(s) 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?

	0	1	2	3	4	5	6	7	8	9	10	11	12	12+
Cups of tea *(1 cup = 150 ml)*	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
Cups of coffee *(1 cup = 150 ml)*	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
Cans of fizzy drinks *(1 can = 330 ml)*	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
Cups of water (bottled or tap) *(1 cup = 150 ml)*	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑

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}**

Section 6: Female health

Please tell us how this pregnancy ended.

Q6.2 When did it end?

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

Year {Year_of_screen}
- ❑ 2020
- ❑ 2019
- ❑ 2018
- ❑ 2017
- ❑ 2016
- ❑ 2015
- ❑ 2014
- ❑ 2013
- ❑ 2012
- ❑ 2011
- ❑ 2010
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- ❑ 1978
- ❑ 1977
- ❑ 1976
- ❑ 1975
- ❑ 1974
- ❑ 1973
- ❑ 1972
- ❑ 1971
- ❑ 1970
- ❑ pre 1970

Q6.4 Reason for end of pregnancy.

- ❑ Born alive
- ❑ Miscarriage
- ❑ Still-born
- ❑ Deliberately terminated
- ❑ Other

Section 6: Female health

Q6.5 Outcome

- ❑ Single baby?
- ❑ Twins?
- ❑ Multiple birth?

Section 6: Female health

Q6.6 Sex of baby

- ❑ Male
- ❑ Female

Section 6: Female health

Q6.7 For how long did this pregnancy last?

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

Section 6: Female health

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

- ❑ Yes
- ❑ No

Section 6: Female health

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
- ❑ No

Section 6: 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

Section 6: Female health

Q6.11 How many times have you been pregnant **{poss_preg_text}**
(Include any current pregnancy. Do not include deliberate terminations of pregnancy)

- ❑ 1
- ❑ 2
- ❑ 3
- ❑ 4
- ❑ 5
- ❑ 6
- ❑ 7
- ❑ 8
- ❑ more than 8

Section 6: Female health

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

Section 6: Female health

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

When did the first one end?

Q6.12 Month

- ❑ January
- ❑ February

- ❑ March
- ❑ April
- ❑ May
- ❑ June
- ❑ July
- ❑ August
- ❑ September
- ❑ October
- ❑ November
- ❑ December

Q6.13 Year

- ❑ 2020
- ❑ 2019
- ❑ 2018
- ❑ 2017
- ❑ 2016
- ❑ 2015
- ❑ 2014
- ❑ 2013
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- ❑ 1976
- ❑ 1975

- ❑ 1974
- ❑ 1973
- ❑ 1972
- ❑ 1971
- ❑ 1970
- ❑ pre 1970

Q6.14 Year

- ❑ 2020
- ❑ 2019
- ❑ 2018
- ❑ 2017
- ❑ 2016
- ❑ 2015
- ❑ 2014
- ❑ 2013
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- ❑ 1973
- ❑ 1972
- ❑ 1971

- ❑ 1970
- ❑ pre 1970

Q6.15 Year

- ❑ 2020
- ❑ 2019
- ❑ 2018
- ❑ 2017
- ❑ 2016
- ❑ 2015
- ❑ 2014
- ❑ 2013
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- ❑ 1974
- ❑ 1973
- ❑ 1972
- ❑ 1971
- ❑ 1970
- ❑ pre 1970

Section 6: Female health

Q6.16 Reason for end of pregnancy.

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

Section 6: Female health

Q6.17 Reason for end of pregnancy.

- ❑ Born alive
- ❑ Miscarriage
- ❑ Still-born
- ❑ Other

Section 6: Female health

Q6.18 Outcome

- ❑ Single baby?
- ❑ Twins?
- ❑ Multiple birth?

Q6.19 Sex of baby

- ❑ Male
- ❑ Female

Section 6: Female health

Q6.20 For how long did this pregnancy last?

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

Section 6: Female health

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

Section 6: Female health

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

Q6.21 Month

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

Q6.22 Year

- ❑ 2020
- ❑ 2019
- ❑ 2018
- ❑ 2017
- ❑ 2016
- ❑ 2015
- ❑ 2014
- ❑ 2013
- ❑ 2012
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- ❑ 1974
- ❑ 1973
- ❑ 1972
- ❑ 1971
- ❑ 1970
- ❑ pre1970

Section 6: Female health

Q6.23 Reason for end of pregnancy.

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

Section 6: Female health

Q6.24 Reason for end of pregnancy.

- ❑ Born alive
- ❑ Miscarriage
- ❑ Still-born
- ❑ Other

Section 6: Female health

Q6.25 Outcome

- ❑ Single baby?
- ❑ Twins?
- ❑ Multiple birth?

Q6.26 Sex of baby

- ❑ Male
- ❑ Female

Section 6: Female health

Q6.27 For how long did this pregnancy last?

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

Section 6: Female health

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

Section 6: Female health

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

Q6.28 Month

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

Q6.29 Year

- ❑ 2020
- ❑ 2019
- ❑ 2018
- ❑ 2017
- ❑ 2016
- ❑ 2015
- ❑ 2014
- ❑ 2013
- ❑ 2012
- ❑ 2011
- ❑ 2010
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- ❑ 1979
- ❑ 1978
- ❑ 1977
- ❑ 1976
- ❑ 1975
- ❑ 1974
- ❑ 1973
- ❑ 1972
- ❑ 1971
- ❑ 1970
- ❑ pre1970

Section 6: Female health

Q6.30 Reason for end of pregnancy.

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

Section 6: Female health

Q6.31 Reason for end of pregnancy.

- ❑ Born alive
- ❑ Miscarriage
- ❑ Still-born
- ❑ Other

Section 6: Female health

Q6.32 Outcome

- ❑ Single baby?
- ❑ Twins?
- ❑ Multiple birth?

Q6.33 Sex of baby

- ❑ Male
- ❑ Female

Section 6: Female health

Q6.34 For how long did this pregnancy last?

- ❑ 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

Section 6: Female health

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

Section 6: Female health

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

Q6.35 Month

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

Q6.36 Year

- ❑ 2020
- ❑ 2019
- ❑ 2018
- ❑ 2017
- ❑ 2016
- ❑ 2015
- ❑ 2014
- ❑ 2013
- ❑ 2012
- ❑ 2011
- ❑ 2010
- ❑ 2009
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- ❑ 1979
- ❑ 1978
- ❑ 1977
- ❑ 1976
- ❑ 1975
- ❑ 1974
- ❑ 1973
- ❑ 1972
- ❑ 1971
- ❑ 1970
- ❑ pre1970

Section 6: Female health

Q6.37 Reason for end of pregnancy.

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

Section 6: Female health

Q6.38 Reason for end of pregnancy.

- ❑ Born alive
- ❑ Miscarriage
- ❑ Still-born
- ❑ Other

Section 6: Female health

Q6.39 Outcome

- ❑ Single baby?
- ❑ Twins?
- ❑ Multiple birth?

Q6.40 Sex of baby

- ❑ Male
- ❑ Female

Section 6: Female health

Q6.41 For how long did this pregnancy last?

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

Section 6: Female health

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

Section 6: Female health

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

Q6.42 Month

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

Q6.43 Year

- ❑ 2020
- ❑ 2019
- ❑ 2018
- ❑ 2017
- ❑ 2016
- ❑ 2015
- ❑ 2014
- ❑ 2013
- ❑ 2012
- ❑ 2011
- ❑ 2010
- ❑ 2009
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- ❑ 1973
- ❑ 1972
- ❑ 1971
- ❑ 1970
- ❑ pre1970

Section 6: Female health

Q6.44 Reason for end of pregnancy.

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

Section 6: Female health

Q6.45 Reason for end of pregnancy.

- ❑ Born alive
- ❑ Miscarriage
- ❑ Still-born
- ❑ Other

Section 6: Female health

Q6.46 Outcome

- ❑ Single baby?
- ❑ Twins?
- ❑ Multiple birth?

Q6.47 Sex of baby

- ❑ Male
- ❑ Female

Section 6: Female health

Q6.48 For how long did this pregnancy last?

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

Section 6: Female health

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

Section 6: Female health

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

Q6.49 Month

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

Q6.50 Year

- ❑ 2020
- ❑ 2019
- ❑ 2018

- ❑ 2017
- ❑ 2016
- ❑ 2015
- ❑ 2014
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- ❑ 1971
- ❑ 1970
- ❑ pre1970

Section 6: Female health

Q6.51 Reason for end of pregnancy.

- ❑ Still pregnant
- ❑ Born alive
- ❑ Miscarriage
- ❑ Still-born

- ❑ Other

Section 6: Female health

Q6.52 Reason for end of pregnancy.

- ❑ Born alive
- ❑ Miscarriage
- ❑ Still-born
- ❑ Other

Section 6: Female health

Q6.53 Outcome

- ❑ Single baby?
- ❑ Twins?
- ❑ Multiple birth?

Q6.54 Sex of baby

- ❑ Male
- ❑ Female

Section 6: Female health

Q6.55 For how long did this pregnancy last?

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

Section 6: Female health

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

Section 6: Female health

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

Q6.56 Month

- ❑ January
- ❑ February
- ❑ March
- ❑ April
- ❑ May
- ❑ June
- ❑ July

- ❑ August
- ❑ September
- ❑ October
- ❑ November
- ❑ December

Q6.57 Year

- ❑ 2020
- ❑ 2019
- ❑ 2018
- ❑ 2017
- ❑ 2016
- ❑ 2015
- ❑ 2014
- ❑ 2013
- ❑ 2012
- ❑ 2011
- ❑ 2010
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- ❑ 1973
- ❑ 1972
- ❑ 1971
- ❑ 1970

- ❑ pre1970

Section 6: Female health

Q6.58 Reason for end of pregnancy.

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

Section 6: Female health

Q6.59 Reason for end of pregnancy.

- ❑ Born alive
- ❑ Miscarriage
- ❑ Still-born
- ❑ Other

Section 6: Female health

Q6.60 Outcome

- ❑ Single baby?
- ❑ Twins?
- ❑ Multiple birth?

Q6.61 Sex of baby

- ❑ Male
- ❑ Female

Section 6: Female health

Q6.62 For how long did this pregnancy last?

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

Section 6: Female health

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

Section 6: Female health

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

Q6.63 Month

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

Q6.64 Year

- ❑ 2020
- ❑ 2019
- ❑ 2018
- ❑ 2017
- ❑ 2016
- ❑ 2015
- ❑ 2014
- ❑ 2013
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- ❑ 1975
- ❑ 1974
- ❑ 1973
- ❑ 1972
- ❑ 1971
- ❑ 1970
- ❑ pre1970

Section 6: Female health

Q6.65 Reason for end of pregnancy.

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

Section 6: Female health

Q6.66 Reason for end of pregnancy.

- ❑ Born alive
- ❑ Miscarriage
- ❑ Still-born
- ❑ Other

Section 6: Female health

Q6.67 Outcome

- ❑ Single baby?
- ❑ Twins?
- ❑ Multiple birth?

Q6.68 Sex of baby

- ❑ Male
- ❑ Female

Section 6: Female health

Q6.69 For how long did this pregnancy last?

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

Section 6: Female health

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

- ❑ Yes
- ❑ No

Section 6: Female health

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

- ❑ Yes
- ❑ No

Section 6: Female health

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

- ❑ Yes
- ❑ No

Section 6: Female health

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

- ❑ You
- ❑ Your husband/partner

Section 6: Female health

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

- ❑ 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

Section 6: Female health

Q6.75 How many days is your menstrual cycle?

(the number of days between each menstrual period)

- ❑ 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?

- ❑ 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
- ❑ Radiation or chemotherapy
- ❑ Other

Section 6: Female health

Q6.78 Have you ever taken the contraceptive pill?

❑ Yes
❑ No

Section 6: Female health

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)

❑ BINOVUM®	❑ FEMODENE®	❑ LOGYNON®	❑ ORAL PROGESTOGEN-ONLY CONTRACEPTIVES
❑ BREVINOR®	❑ FEMODENE® ED	❑ MARVELON®	❑ OVRANETTE®
❑ CERAZETTE®	❑ FEMODETTE®	❑ MERCILON®	❑ OVYSMEN®
❑ CILEST®	❑ FEMULEN®	❑ MICROGYNON 30 ED®	❑ RIGEVIDON®
❑ COPPER T 380A®	❑ GEDAREL® 20/150	❑ MICROGYNON 30®	❑ SUNYA 20/75®
❑ DEPO-PROVERA®	❑ GEDAREL® 30/150	❑ MICRONOR®	❑ SYNPHASE®
❑ DESOGESTREL	❑ KATYA 30/75®	❑ MIRENA®	❑ TRINOVUM®
❑ ETHINYLESTRADIOL WITH CYPROTERONE ACETATE	❑ LEVEST®	❑ NEXPLANON®	❑ YASMIN®
❑ ETHINYLESTRADIOL WITH GESTODENE	❑ LEVONELLE® 1500	❑ NORGESTON®	❑ Something else
❑ ETHINYLESTRADIOL WITH LEVONORGESTREL	❑ LEVONORGESTREL	❑ NORIDAY®	❑ Can't remember name
❑ ETHINYLESTRADIOL WITH NORETHISTERONE	❑ LOESTRIN 20®	❑ NORIMIN®	
❑ EVRA®	❑ LOESTRIN 30®	❑ NORINYL-1®	

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?

- ❑ na
- ❑ na
- ❑ na
- ❑ na
- ❑ na
- ❑ na
- ❑ na
- ❑ na
- ❑ na
- ❑ na
- ❑ na
- ❑ Less than 13
- ❑ 13
- ❑ 14
- ❑ 15
- ❑ 16
- ❑ 17
- ❑ 18
- ❑ 19
- ❑ 20
- ❑ 21
- ❑ 22
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- ❑ 56
- ❑ 57
- ❑ 58
- ❑ 59
- ❑ 60
- ❑ Over 60

Q6.87 Are you still taking the pill?

- ❑ Yes
- ❑ No

Section 6: Female health

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

- ❑ na
- ❑ na
- ❑ na
- ❑ na
- ❑ na
- ❑ na
- ❑ na
- ❑ na
- ❑ na
- ❑ na
- ❑ na
- ❑ Less than 13
- ❑ 13
- ❑ 14
- ❑ 15
- ❑ 16
- ❑ 17
- ❑ 18
- ❑ 19
- ❑ 20
- ❑ 21
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- ❑ 56
- ❑ 57
- ❑ 58
- ❑ 59
- ❑ 60
- ❑ Over 60

Section 6: Female health

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)

- ❑ 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
- ❑ 16 years
- ❑ 17 years
- ❑ 18 years
- ❑ 19 years
- ❑ 20 years
- ❑ 21 years
- ❑ 22 years
- ❑ 23 years
- ❑ 24 years
- ❑ 25 years
- ❑ 26 years
- ❑ 27 years
- ❑ 28 years
- ❑ 29 years
- ❑ 30 years
- ❑ 31 years

- ❑ 32 years
- ❑ 33 years
- ❑ 34years
- ❑ 35 years
- ❑ 36 years
- ❑ 37 years
- ❑ 38 years
- ❑ 39 years
- ❑ 40 years
- ❑ more than 40 years

Section 6: Female health

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?

- ❑ 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
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- ❑ 22 years
- ❑ 23 years
- ❑ 24 years
- ❑ 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

Q6.92 Have you ever used a contraceptive implant

- ❑ Yes
- ❑ No

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

- ❑ 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
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- ❑ 18 years
- ❑ 19 years
- ❑ 20 years
- ❑ 21 years
- ❑ 22 years
- ❑ 23 years
- ❑ 24 years
- ❑ 25 years
- ❑ 26 years
- ❑ 27 years
- ❑ 28 years
- ❑ 29 years
- ❑ 30 years
- ❑ 31 years
- ❑ 32 years
- ❑ 33 years
- ❑ 34years
- ❑ 35 years
- ❑ 36 years
- ❑ 37 years
- ❑ 38 years
- ❑ 39 years
- ❑ 40 years
- ❑ more than 40 years

Section 6: Female health

Q6.94 Have you ever used hormone replacement treatment?

- ❑ No

- ❑ Yes, I have used prescription HRT
- ❑ Yes, I have used over the counter products (e.g. Soy oestrogen products, red clover)

Section 6: Female health

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

- ❑ na
- ❑ na
- ❑ na
- ❑ na
- ❑ na
- ❑ na
- ❑ na
- ❑ na
- ❑ na
- ❑ na
- ❑ na
- ❑ Less than 13
- ❑ 13
- ❑ 14
- ❑ 15
- ❑ 16
- ❑ 17
- ❑ 18
- ❑ 19
- ❑ 20
- ❑ 21
- ❑ 22
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- ❑ 63
- ❑ 64
- ❑ 65
- ❑ 66
- ❑ 67
- ❑ 68
- ❑ 69
- ❑ 70
- ❑ More than 70

Q6.96 Are you using HRT now?

- ❑ Yes
- ❑ No

Section 6: Female health

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

- ❑ na
- ❑ na
- ❑ na
- ❑ na
- ❑ na
- ❑ na
- ❑ na
- ❑ na
- ❑ na
- ❑ na
- ❑ na
- ❑ less than 13
- ❑ 13
- ❑ 14
- ❑ 15
- ❑ 16
- ❑ 17
- ❑ 18
- ❑ 19
- ❑ 20
- ❑ 21
- ❑ 22
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- ❑ 60
- ❑ 61
- ❑ 62
- ❑ 63
- ❑ 64
- ❑ 65
- ❑ 66
- ❑ 67
- ❑ 68
- ❑ 69
- ❑ 70
- ❑ More than 70

Section 6: Female health

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)

- ❑ 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

Section 6: Female health

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

(For other brands, not on the list please tick something else)

❑ ANGELIQ®	❑ ESTRADERM MX®	❑ KLIOVANCE®	❑ PREMPAK-C®
❑ CLIMAGEST®	❑ ESTRADOT®	❑ LIVIAL®	❑ SANDRENA®
❑ CLIMAVAL®	❑ EVOREL®	❑ NOVOFEM®	❑ TRIDESTRA®
❑ CLIMESSE®	❑ FEMOSTON®	❑ NUVELLE® CONTINUOUS	❑ TRISEQUENS®
❑ ELLESTE SOLO® MX	❑ HORMONIN®	❑ OESTROGEL®	❑ ZUMENON®
❑ ELLESTE-DUET ®	❑ INDIVINA®	❑ PREMARIN®	❑ Something else
❑ ELLESTE-SOLO®	❑ KLIOFEM®	❑ PREMIQUE®	❑ Can't remember name

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

____

____

____

____

____

Section 6: Female health

Please tell us for how long you used these brands.

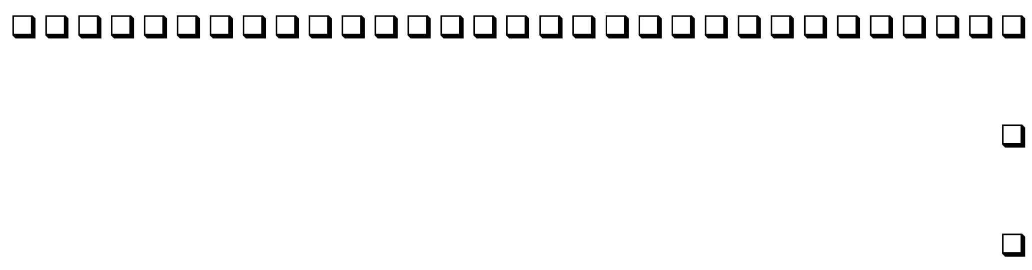
(If you don't remember for how long you used the brand select "Don't remember" option from the list)

Q6.105

	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	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
ANGELIQ®	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑ ❑ ❑

	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	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
CLIMAGEST®																															

	Don't remember	Not used	Less than 1 year	1 years	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
CLIMAVAL®																																	



Don't remember	Not used	Less than 1 year	1 years	2 years	3 years	4 years	5 years	6 years	8 years	9 years	10 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

CLIMESSE®

❑

❑

	Don't remember	Not used	Less than 1 year	1 years	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
ELLESTE SOLO® MX	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑

	Don't remember	Not used	Less than 1 year	1 years	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
ELLESTE-DUET®	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑

	Don't remember	Not used	Less than 1 year	1 years	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
ELLESTE-SOLO®																																❑	❑

	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	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
ESTRADERM MX®																															

	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	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
ESTRADOT®	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑

30 years ❑

more than 30 years ❑

	Don't remember	Not used	Less than 1 year	1 years	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
EVOREL®																															

30 years ❑

more than 30 years ❑

	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	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
FEMOSTON®																															

30 years

more than 30 years

	Don't remember	Not used	Less than 1 year	1 years	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
HORMONIN®																															❑ ❑

	Don't remember	Not used	Less than 1 year	1 years	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
INDIVINA®																															❑ ❑ ❑

	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	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
KLIOFEM®																																	

❑

❑

	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	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
KLIOVANCE®	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑ ❑ ❑

	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	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
LIVIAL®																															

	Don't remember	Not used	Less than 1 year	1 years	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
NOVOFEM®	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑ ❑ ❑

	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	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
NUVELLE® CONTINUOUS																																❑	❑

	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	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
OESTROGEL®																															

	Don't remember	Not used	Less than 1 year	1 years	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
PREMARIN®																																	

	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	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
PREMIQUE®																															

30 years	more than 30 years
❑	❑

	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	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
PREMPAK-C®																															

	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	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
SANDRENA®	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
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	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	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
TRIDESTRA®																															

	Don't remember	Not used	Less than 1 year	1 years	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
ZUMENON®	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑

	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	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
TRISEQUENS®	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
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	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	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
{Q6.100}																															

	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	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
{Q6.101}	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑

	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	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
{Q6.102}	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑

	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	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
{Q6.103}	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑

	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	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
{Q6.104}	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑

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

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

Q7.2 Which year did you first start using Airwave radios?

- ❑ 2020
- ❑ 2019
- ❑ 2018
- ❑ 2017
- ❑ 2016
- ❑ 2015
- ❑ 2014
- ❑ 2013

- ❑ 2012
- ❑ 2011
- ❑ 2010
- ❑ 2009
- ❑ 2008
- ❑ 2007
- ❑ 2006
- ❑ 2005
- ❑ 2004
- ❑ 2003
- ❑ 2002
- ❑ 2001
- ❑ 2000

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

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

- ❑ 2020
- ❑ 2019
- ❑ 2018
- ❑ 2017
- ❑ 2016
- ❑ 2015
- ❑ 2014
- ❑ 2013
- ❑ 2012
- ❑ 2011
- ❑ 2010
- ❑ 2009
- ❑ 2008
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- ❑ 1944
- ❑ 1943
- ❑ 1942
- ❑ 1941
- ❑ 1940
- ❑ 1939
- ❑ 1938
- ❑ 1937
- ❑ 1936
- ❑ 1935

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

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	❑	❑	❑

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	❑	❑	❑

Q7.5 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
❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑

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

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

____

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

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
❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑

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

Q7.12 Please give the date of the last full shift when you used an Airwave radio.

____

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

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)

- ❑ 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)

- ❑ 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.

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

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

Q7.15 **Number** of **outgoing** transmissions

- ❑ 0
- ❑ 1
- ❑ 2
- ❑ 3
- ❑ 4
- ❑ 5
- ❑ 6
- ❑ 7
- ❑ 8
- ❑ 9
- ❑ 10
- ❑ 11
- ❑ 12
- ❑ 13
- ❑ 14
- ❑ 15
- ❑ 16
- ❑ 17
- ❑ 18
- ❑ 19
- ❑ 20
- ❑ 21

- ❑ 22
- ❑ 23
- ❑ 24
- ❑ 25
- ❑ 30
- ❑ 35
- ❑ 40
- ❑ 45
- ❑ 50
- ❑ 55
- ❑ 60
- ❑ 65
- ❑ 70
- ❑ 75
- ❑ 80
- ❑ 80+

Q7.16 **Duration** of **outgoing** transmissions (minutes)
- ❑ 0
- ❑ 1
- ❑ 2
- ❑ 3
- ❑ 4
- ❑ 5
- ❑ 6
- ❑ 7
- ❑ 8
- ❑ 9
- ❑ 10
- ❑ 15
- ❑ 20
- ❑ 25
- ❑ 30
- ❑ 35
- ❑ 40
- ❑ 45
- ❑ 50
- ❑ 55
- ❑ 60
- ❑ 65
- ❑ 70
- ❑ 75
- ❑ 80
- ❑ 85
- ❑ 90
- ❑ 95
- ❑ 100
- ❑ 110
- ❑ 120
- ❑ 120+

Q7.17 How would you describe the main area where you work? Please tick one
- ❑ Large Urban, large city
- ❑ Small Urban, town, small town
- ❑ Predominantly rural area

Q7.18 What fraction of your working time do you spend outdoors during a typical shift?
- ❑ 0%

❑ 10%
❑ 20%
❑ 30%
❑ 40%
❑ 50%
❑ 60%
❑ 70%
❑ 80%
❑ 90%
❑ 100%
❑ Not sure

Q7.19 What forms of transport do you use during your shift when outdoors?
(Please rank the top three, with 1 most frequent to 3 least frequent)

	1 (most frequent)	2	3 (least frequent)
Foot	❑	❑	❑
Car	❑	❑	❑
Motorbike	❑	❑	❑
Bike	❑	❑	❑
Horse	❑	❑	❑
Other (e.g. trains, trams, flying)	❑	❑	❑

Section 8: Other Workplace Questions

Q8.1 Are you a trained firearms user?
❑ Yes
❑ No

Q8.2 In the last year whilst you were employed by the police, how often did you practise with live ammunition?
❑ Daily
❑ At least weekly
❑ Less frequently

Q8.3 In the last year whilst you were employed by the police, did you have to use your firearm outside of a practice situation?
❑ Yes
❑ No

Q8.4 If yes to the above, how often?
❑ 1
❑ 2
❑ 3
❑ 4
❑ 5
❑ 6
❑ 7
❑ 8
❑ 9
❑ 10
❑ More than 10

Q8.5 In the last year whilst you were employed by the police, how often did you police large scale events?
(e.g. sport events, festivals, demonstrations, marches, music events etc.)

- ❑ At least weekly
- ❑ At least monthly
- ❑ Less frequently

Q8.6 In your view, were you exposed to excessive noise* during these activities?
*(*definition of excessive noise: where you need to raise your voice to be able to speak to someone next to you, within 1 metre)*

- ❑ Yes
- ❑ No

Q8.7 If yes to the above, how often?

- ❑ Most of the events
- ❑ Some of the events
- ❑ Rarely

Q8.8 Are there other activities (excluding large scale events and firearm use) where you may have been exposed to excessive noise?

- ❑ Yes
- ❑ No

Q8.9 Please specify how often?

- ❑ At least weekly
- ❑ At least monthly
- ❑ Less frequently

Q8.10 In the last year whilst you were employed by the police, did you use hand held radar guns for speed checks?

- ❑ Yes
- ❑ No

Q8.11 If yes to the above, how often?

- ❑ Daily
- ❑ At least weekly
- ❑ Less frequently

Q8.12 In the last year whilst you were employed by the police, did you use metal detectors?

- ❑ Yes
- ❑ No

Q8.13 Which type(s) of metal detector did you use?
(Please tick more than one box if necessary)

- ❑ Handheld
- ❑ Stationary

Q8.14 **Handheld** metal detector, how often?

- ❑ Daily
- ❑ At least weekly
- ❑ Less frequently

Q8.15 **Stationary** metal detector, how often?

- ❑ Daily
- ❑ At least weekly
- ❑ Less frequently

Q8.16 In the last year whilst you were employed by the police, did you come into contact with human bodily fluids, such as sputum (through spitting or biting), blood, urine (e.g. from wounded people)?

- ❑ Yes
- ❑ No

Q8.17 If yes, how often?

- ❑ Daily
- ❑ At least weekly
- ❑ At least monthly
- ❑ Less than monthly

Section 9: 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.

Q9.1 Does your mood often go up and down?

- ❑ Yes
- ❑ No

Q9.2 Are you a talkative person?

- ❑ Yes
- ❑ No

Q9.3 Do you ever feel 'just miserable' for no reason?

- ❑ Yes
- ❑ No

Q9.4 Are you rather lively?

- ❑ Yes
- ❑ No

Q9.5 Are you an irritable person?

- ❑ Yes
- ❑ No

Q9.6 Do you enjoy meeting new people?

- ❑ Yes
- ❑ No

Q9.7 Are your feelings easily hurt?

- ❑ Yes
- ❑ No

Q9.8 Can you usually let yourself go and enjoy yourself at a lively party?

- ❑ Yes
- ❑ No

Section 9: 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.

Q9.9 Do you often feel 'fed-up'?
- ❑ Yes
- ❑ No

Q9.10 Do you usually take the initiative in making new friends?
- ❑ Yes
- ❑ No

Q9.11 Would you call yourself a nervous person?
- ❑ Yes
- ❑ No

Q9.12 Can you easily get some life into a rather dull party?
- ❑ Yes
- ❑ No

Q9.13 Are you a worrier?
- ❑ Yes
- ❑ No

Q9.14 Do you tend to keep in the background on social occasions?
- ❑ Yes
- ❑ No

Q9.15 Would you call yourself tense or 'highly-strung'?
- ❑ Yes
- ❑ No

Q9.16 Do you like mixing with people?
- ❑ Yes
- ❑ No

Section 9: 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.

Q9.17 Do you worry too long after an embarrassing experience?
- ❑ Yes
- ❑ No

Q9.18 Do you like plenty of bustle and excitement around you?
- ❑ Yes
- ❑ No

Q9.19 Do you suffer from 'nerves'?

- ❑ Yes
- ❑ No

Q9.20 Are you mostly quiet when you are with other people?
- ❑ Yes
- ❑ No

Q9.21 Do you often feel lonely?
- ❑ Yes
- ❑ No

Q9.22 Do other people think of you as being very lively?
- ❑ Yes
- ❑ No

Q9.23 Are you often troubled about feelings of guilt?
- ❑ Yes
- ❑ No

Q9.24 Can you get a party going?
- ❑ Yes
- ❑ No

Section 10: 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.

Q10.1 **1 = Strongly Disagree**, **2 = Disagree**, **3 = Neutral**, **4 = Agree**, **5 = Strongly Agree**

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

Section 11: 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 ...

Q11.1**1 = Not at all** to **5 = Very much**

	1 - not at all	2	3	4	5 - very much
Schedule my time better	❑	❑	❑	❑	❑
Focus on the problem and see how can I solve it	❑	❑	❑	❑	❑
Think about the good times I've had	❑	❑	❑	❑	❑
Try to be with other people	❑	❑	❑	❑	❑
Blame myself for putting things off	❑	❑	❑	❑	❑
Do what I think is best	❑	❑	❑	❑	❑
Become preoccupied with aches and pains	❑	❑	❑	❑	❑
Blame myself for having gotten into this situation	❑	❑	❑	❑	❑
Window shop	❑	❑	❑	❑	❑
Outline my priorities	❑	❑	❑	❑	❑
Try to go to sleep	❑	❑	❑	❑	❑
Treat myself to a favourite food or snack	❑	❑	❑	❑	❑
Feel anxious about not being able to cope	❑	❑	❑	❑	❑
Become very tense	❑	❑	❑	❑	❑
Think about how I solved similar problems	❑	❑	❑	❑	❑
Tell myself that it is really not happening to me	❑	❑	❑	❑	❑

Section 11: Coping Inventory of Stressful Situation

When I am under stress I ...

Q11.2**1 = Not at all** to **5 = Very much**

	1 - not at all	2	3	4	5 - very much
Blame myself for being too emotional about the situation	❑	❑	❑	❑	❑
Go out for a snack or meal	❑	❑	❑	❑	❑
Become very upset	❑	❑	❑	❑	❑
Buy myself something	❑	❑	❑	❑	❑
Determine a course of action and follow it	❑	❑	❑	❑	❑
Blame myself for not knowing what to do	❑	❑	❑	❑	❑
Go to a party	❑	❑	❑	❑	❑
Work to understand the situation	❑	❑	❑	❑	❑
"Freeze" and don't know what to do	❑	❑	❑	❑	❑
Take corrective action immediately	❑	❑	❑	❑	❑
Think about the event and learn from my mistakes	❑	❑	❑	❑	❑
Wish I could change what had happened or how I felt	❑	❑	❑	❑	❑
Visit a friend	❑	❑	❑	❑	❑
Worry about what I am going to do	❑	❑	❑	❑	❑
Spend time with a special person	❑	❑	❑	❑	❑
Go for a walk	❑	❑	❑	❑	❑

Section 11: Coping Inventory of Stressful Situation

When I am under stress I ...

Q11.3**1 = Not at all** to **5 = Very much**

	1 - not at all	2	3	4	5 - very much
Tell myself that it will never happen again	❑	❑	❑	❑	❑
Focus on my general inadequacies	❑	❑	❑	❑	❑
Talk to someone whose advice I value	❑	❑	❑	❑	❑
Analyse my problem before reacting	❑	❑	❑	❑	❑

Phone a friend	❑	❑	❑	❑	❑
Get angry	❑	❑	❑	❑	❑
Adjust my priorities	❑	❑	❑	❑	❑
See a movie	❑	❑	❑	❑	❑
Get control of the situation	❑	❑	❑	❑	❑
Make an extra effort to get things done	❑	❑	❑	❑	❑
Come up with several different solutions to the problem	❑	❑	❑	❑	❑
Take time off and get away from the situation	❑	❑	❑	❑	❑
Take it out on other people	❑	❑	❑	❑	❑
Use the situation to prove that I can do it	❑	❑	❑	❑	❑
Try to be organised so I can be on top of the situation	❑	❑	❑	❑	❑
Watch TV	❑	❑	❑	❑	❑

Section 12: Clinical Questionnaire (Short Form)

Q12.1 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

Q12.2 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

Section 12: 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:

Q12.3 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

Q12.4 Did you feel this way:

- ❑ Every day
- ❑ Almost every day
- ❑ Less often

Q12.5 Did you feel more tired out or low on energy than is usual for you?

- ❑ Yes
- ❑ No

Q12.6 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

Q12.7 *If you **gained** weight, about how much weight did you gain?*
*Please choose to enter in either **pounds(lbs)** or **kilograms(kg)***

- ❑ lbs
- ❑ kg

Q12.8 *If you **lost** weight, about how much weight did you lose?*
*Please choose to enter in either **pounds(lbs)** or **kilograms(kg)***

- ❑ lbs
- ❑ kg

Q12.9 **Weight** gained **in** pounds(lbs)

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

Q12.10 **Weight** gained **in** kilograms(kg)

- ❑ 1
- ❑ 2
- ❑ 3
- ❑ 4
- ❑ 5
- ❑ 6
- ❑ 7
- ❑ 8
- ❑ 9
- ❑ 10
- ❑ 11
- ❑ 12
- ❑ 13
- ❑ 14
- ❑ 15
- ❑ 15+

Q12.11 **Weight** lost **in** pounds(lbs)

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

Q12.12 **Weight** lost **in** kilograms(kg)

- ❑ 1
- ❑ 2
- ❑ 3

- ❑ 4
- ❑ 5
- ❑ 6
- ❑ 7
- ❑ 8
- ❑ 9
- ❑ 10
- ❑ 11
- ❑ 12
- ❑ 13
- ❑ 14
- ❑ 15
- ❑ 15+

Section 12: Clinical Questionnaire (Short Form)

Q12.13 Did your sleep change?

- ❑ Yes
- ❑ No

Was that:

Q12.14 Trouble falling asleep?

- ❑ Yes
- ❑ No

Q12.15 Waking too early?

- ❑ Yes
- ❑ No

Q12.16 Sleeping too much?

- ❑ Yes
- ❑ No

Q12.17 How often did that happen?

- ❑ Every night
- ❑ Nearly every night
- ❑ Less often

Q12.18 Did you have a lot more trouble thinking or concentrating than usual?

- ❑ Yes
- ❑ No

Q12.19 People sometimes feel down on themselves, no good, or worthless. Did you feel this way?

- ❑ Yes
- ❑ No

Q12.20 Did you think a lot about death - either your own, someone else's, or death in general?

- ❑ Yes
- ❑ No

Section 12: 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:

Q12.21 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:

- ❑ 2
- ❑ 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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Q12.2 How many periods like this did you have in your life, lasting two or more weeks?
2

- [ ] Too many to count
- [ ] 1
- [ ] 2
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Q12.23 About how old were you the **FIRST** time you had a period of two weeks like this? *(Whether or not you received any help for it)*

- ❑ 5
- ❑ 6
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- ❑ 63
- ❑ 64
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- ❑ 66
- ❑ 67
- ❑ 68
- ❑ 69
- ❑ 70+

Q12.24 About how old were you the **LAST** time you had a period of two weeks like this?
(Whether or not you received any help for it)

- ❑ 5
- ❑ 6
- ❑ 7

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- ❑ 65
- ❑ 66

- ❑ 67
- ❑ 68
- ❑ 69
- ❑ 70+

Q12.25 Do you feel that way now?

- ❑ Yes
- ❑ No

Section 12: Clinical Questionnaire (Short Form)

Q12.26 Have you ever had a period of time when you were feeling so good, ‘high’, ‘excited’, or ‘hyper’ that other people thought you were not your normal self or you were so ‘hyper’ that you got into trouble?

- ❑ Yes
- ❑ No

Q12.27 Have you ever had a period of time when you were so irritable that you found yourself shouting at people or starting fights or arguments?

- ❑ Yes
- ❑ No

Section 12: 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 …

Q12.28 I was more active than usual.

- ❑ Yes
- ❑ No

Q12.29 I was more talkative than usual.

- ❑ Yes
- ❑ No

Q12.30 I needed less sleep.

- ❑ Yes
- ❑ No

Q12.31 I was more creative or had more ideas.

- ❑ Yes
- ❑ No

Q12.32 I was so restless I couldn’t sit still.

- ❑ Yes
- ❑ No

Q12.33 I was much more confident than usual.

- ❑ Yes
- ❑ No

Q12.34 My thoughts were racing.

- ❑ Yes
- ❑ No

Q12.35 I was easily distracted.

- ❑ Yes
- ❑ No

Q12.36 What is the longest time that these ‘high’, ‘excited’, ‘hyper’, or ‘irritable’ periods have lasted?

(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

Q12.37 How much of a problem have these ‘high’, ‘excited’, ‘hyper’, or ‘irritable’ periods caused you?

(Please pick the most appropriate option)

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

Airwave Questionnaire Feedback Form

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.

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.

Q13.1 Did you find that:

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

Q13.2 Can you remember which questions you had problems with

____
____
____

Q13.4 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

Q13.5 Can you remember which questions you had problems with

____
____
____

Q13.6 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 or internet connection lost
- ❑ I had another issue
- ❑ I had no technical issues

Q13.7 Can you give an example of where you found it difficult to use

____
____
____

Q13.8 Can you remember where it was not clear what to do next?

____
____
____

Q13.3 Did you find the combined questionnaire
- ❑ Much too long and time consuming
- ❑ Lengthy but acceptable
- ❑ About what I expected

Q13.9 Please tell us exactly what happened.

____
____
____

Q13.10 Please tell us what this other issue was

____
____
____

Q13.11 If you had any other issues with the questionnaire or have anything you would like to comment on please tell us here

____
____
____

Thank you for your feedback.

Please press **Submit** to save your answers.

Please return the tablet to a member of staff.