Imperial College London
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Airwave Health Monitoring Study

Dear participant,

If **you** have already completed and sent back to Imperial College the main Airwave Health questionnaire, thank you very much for your prompt response and participation. Please disregard this questionnaire.

However, for those who have **not** replied, **please fill in this shortened questionnaire in even if you do not currently use Airwave**. **Your participation is vital.**

We need you to fill out this questionnaire to monitor your health on a long-term basis through your NHS number, and to access your Airwave call data. You still have the chance to receive a **free and confidential health screen**, the results of which will come directly to you, and **only you**.

All of the information that we collect will be kept in the strictest confidence. Data and samples will not have any individually identifiable information on them, so your privacy will be maintained. **Under no circumstances will the Home Office and Police Forces have access to any of your individual data or samples**.

The shortened questionnaire begins on the next page. Thank you for your help in this matter.

Instructions

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

☒ 1 Yes
☐ 2 No

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

1 2 6 9 (mm/yy)

Some questions may not apply to everyone. Where you need to skip a question, we have indicated which question to go to next. If you do not know the answer to a question, please leave it blank.
***All information will be kept strictly confidential*.**

1. Are you:

☐ 1 Male
☐ 2 Female

2. What is your date of birth?

☐☐ ☐☐ ☐☐ (dd/mm/yy)

We would like some information on your use of the new Airwave technology. If you are not using Airwave, please go to question 8.

3. When did you first start using Airwave radios?

☐☐ ☐☐ (mm/yy)

4. Do you have any concerns about your health or safety regarding use of Airwave radios?

☐ 1 Yes: *Please specify below:* ☐ 2 No

5. *While using, or shortly after using* your Airwave radio, do you experience any of the following acute symptoms?

Airwave radio use in either *transmit* or *mobile phone* mode

☐ 1 Headache
☐ 2 Dizziness
☐ 3 Numbness in hands
☐ 4 Nausea
☐ 5 Warming sensation on face
☐ 6 Deafness
☐ 7 Burning sensation in ear
☐ 8 Any other symptom (please specify:)

6. a) Do you usually wear your Airwave radio on your body armour while on duty?

☐ 1 Yes: *Please go to question 6.b)*
☐ 2 No: *Please go to question 6.c)*
☐ 3 I don't wear body armour while on duty: *Please go to question 6.c)*

b) If *yes*, where do you usually carry your Airwave radio on your body armour?

☐ 1 My left side lapel mounting
☐ 2 My lower left side waist mounting
☐ 3 My right side lapel mounting
☐ 4 My lower right side waist mounting

c) If *no*, where do you usually carry your Airwave radio?

☐ 1 My left side hip (belt mounted)
☐ 2 My front left side (belt mounted)
☐ 3 My back left side (belt mounted)
☐ 4 At the base of my spine (belt mounted)
☐ 5 In a jacket pocket
☐ 6 My right side hip (belt mounted)
☐ 7 My front right side (belt mounted)
☐ 8 My back right side (belt mounted)
☐ 9 In a handbag or briefcase
☐ 10 Other (please specify:

d) If you usually use them, when did you first start using a remote speaker microphone and/or earpiece with your Airwave radio?

☐☐ ☐☐ (mm/yy)

7. Please provide information on the usual location of your Airwave radio when you are using it in either transmit or mobile phone mode:

Location of Airwave radio:	Approximate amount of time used in this position: All of the time	Some of the time	None of the time
a) Lapel mounted	☐ 1	☐ 2	☐ 3
b) Hand-held in front of face	☐ 1	☐ 2	☐ 3
c) Hand-held next to left ear	☐ 1	☐ 2	☐ 3
d) Hand-held next to right ear	☐ 1	☐ 2	☐ 3
e) Lapel mounted with earpiece	☐ 1	☐ 2	☐ 3
f) Lapel mounted using earpiece & remote speaker	☐ 1	☐ 2	☐ 3
g) Belt mounted with earpiece	☐ 1	☐ 2	☐ 3
h) Belt mounted using earpiece & remote speaker	☐ 1	☐ 2	☐ 3
i) Desk mounted	☐ 1	☐ 2	☐ 3
j) Other (please specify:)	☐ 1	☐ 2	☐ 3

We would now like some information about the use of your own personal or any other mobile phone (*not including* the use of your Airwave radio).

8. Do you use a mobile phone?

☐ 1 Yes
☐ 2 No: *Please go to question 14*

9. When did you start using a mobile phone?

☐☐ ☐☐ (mm/yy)

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

	Approximate total duration of calls in minutes
Use of mobile phone(s)	☐☐☐

Question 11 a), b) and c) are about your mobile phone use with hands-free equipment or a handset:

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

☐[1] Yes

☐[2] No: *Please go to question 12*

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

☐☐ ☐☐ (mm/yy)

c) Please estimate the proportion of time you usually spend using hands-free equipment or a handset while talking on your mobile phone(s)
1=none of the time up to 10=all of the time
(please cross one box)

None of the time — All of the time

1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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

☐[1] Right side

☐[2] Left side

☐[3] Both/either

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

☐[1] Almost never

☐[2] Occasionally

☐[3] During most calls

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14. We would like some information about any symptoms and conditions you may have. Please complete both sides of the table. If you do not have any symptoms, please leave that line blank.

Please cross if you have had this symptom in the *past month*	If yes, how bad has it been?			Please cross if you have had this symptom in the *past month*	If yes, how bad has it been?		
	Mild[1]	Moderate[2]	Severe[3]		Mild[1]	Moderate[2]	Severe[3]
☐[1] Rapid heartbeat	☐	☐	☐	☐[11] Feeling jumpy/easily startled	☐	☐	☐
☐[2] Irritability/outbursts of anger	☐	☐	☐	☐[12] Feeling unrefreshed after sleep	☐	☐	☐
☐[3] Unable to breathe deeply enough	☐	☐	☐	☐[13] Increased sensitivity to noise	☐	☐	☐
☐[4] Faster breathing than normal	☐	☐	☐	☐[14] Loss of hearing	☐	☐	☐
☐[5] Feeling short of breath at rest	☐	☐	☐	☐[15] Ringing in the ears	☐	☐	☐
☐[6] Sleeping difficulties	☐	☐	☐	☐[16] Pulsing sound in ears	☐	☐	☐
☐[7] Dizziness	☐	☐	☐	☐[17] Loss of smell	☐	☐	☐
☐[8] Feeling disorientated	☐	☐	☐	☐[18] Itchy or painful eyes	☐	☐	☐
☐[9] Vomiting	☐	☐	☐	☐[19] Shaking	☐	☐	☐
☐[10] Nausea	☐	☐	☐	☐[20] Seizures	☐	☐	☐
☐[21] **Please cross here if you have not experienced any of the above symptoms**							

15. Have you ever been diagnosed by a doctor with any of the following conditions? *(please cross where appropriate)*

☐[1] High blood pressure
☐[2] Angina
☐[3] Heart attack
☐[4] Diabetes mellitus
☐[5] Chronic Fatigue Syndrome/ME
☐[6] Depression

16. Would you say that you have bothersome headaches?

☐[1] Yes
☐[2] No: *Please go to question 19*

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

☐[1] Almost every day
☐[2] 5 or 6 times a week
☐[3] 3 to 4 times a week
☐[4] Once or twice a week
☐[5] Once or twice a month
☐[6] Once or twice in the last year
☐[7] Not at all in the last 12 months

18. Do *any* of these bothersome headaches fit the following descriptions? *Please cross <u>one box</u> in each line:*

	All	Some	None
a) Moderate or throbbing headache pain	☐ 1	☐ 2	☐ 3
b) Accompanied by feeling or being sick (vomiting)	☐ 1	☐ 2	☐ 3

19. Do you currently smoke cigarettes?

☐ 1 Yes: *Please go to question 20*

☐ 2 No: *Please go to question 21*

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

☐☐ cigarettes per day

b) When did you first start smoking?

☐☐☐☐ (year)

Please go to question 24

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

☐ 1 Yes: *Please complete questions 22 and 23*

☐ 2 No: *Please go to question 24*

22. How many a day did you usually smoke?

☐☐ cigarettes per day

23. How long ago did you quit smoking?

☐☐ years ago

24. Do you drink alcohol?

☐ 1 Yes: *Please complete questions 25 and 26*

☐ 2 No: *Please go to question 27*

☐ 3 I have never drunk alcohol: *Please go to question 28*

25. If you drink alcohol, how many units do you usually drink in an average week? (*one unit = half a pint of beer, a small glass of wine, or one measure of spirits*)

☐☐ units a week

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

☐ 1 Never

☐ 2 Monthly or less

☐ 3 Two to four times a month

☐ 4 Two or three times a week

☐ 5 Four or more times a week

Please go to question 28

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

☐☐ years ago

28. *Have you recently:*

a) Been able to concentrate on whatever you're doing?	☐ 1 Better than usual	☐ 2 Same as usual	☐ 3 Less than usual	☐ 4 Much less than usual
b) Lost much sleep over worry?	☐ 1 Not at all	☐ 2 No more than usual	☐ 3 Rather more than usual	☐ 4 Much more than usual
c) Felt that you are playing a useful part in things?	☐ 1 More so than usual	☐ 2 Same as usual	☐ 3 Less useful than usual	☐ 4 Much less than usual
d) Felt capable of making decisions about things?	☐ 1 More so than usual	☐ 2 Same as usual	☐ 3 Less useful than usual	☐ 4 Much less than usual
e) Felt under constant strain?	☐ 1 Not at all	☐ 2 No more than usual	☐ 3 Rather more than usual	☐ 4 Much more than usual
f) Felt you couldn't overcome your difficulties?	☐ 1 Not at all	☐ 2 No more than usual	☐ 3 Rather more than usual	☐ 4 Much more than usual
g) Been able to enjoy you're normal day to day activities?	☐ 1 More so than usual	☐ 2 Same as usual	☐ 3 Less useful than usual	☐ 4 Much less than usual
h) Been able to face up to your problems?	☐ 1 More so than usual	☐ 2 Same as usual	☐ 3 Less useful than usual	☐ 4 Much less than usual
i) Been feeling unhappy or depressed?	☐ 1 Not at all	☐ 2 No more than usual	☐ 3 Rather more than usual	☐ 4 Much more than usual
j) Been losing confidence in yourself?	☐ 1 Not at all	☐ 2 No more than usual	☐ 3 Rather more than usual	☐ 4 Much more than usual
k) Been thinking of yourself as a worthless person?	☐ 1 Not at all	☐ 2 No more than usual	☐ 3 Rather more than usual	☐ 4 Much more than usual
l) Been feeling reasonably happy, all things considered?	☐ 1 More so than usual	☐ 2 Same as usual	☐ 3 Less useful than usual	☐ 4 Much less than usual

Please turn the page and fill in the contact information and the consent.

Thank you very much for completing the questionnaire. We value and appreciate your participation in this important study.

Are there any issues which we haven't raised that you think might be important?

Please fill in the contact information below:

29. First Name

30. Surname

31. Address Street number and name:

Postcode:

32. Email address:

33. a) Force: b) Division/Dept:

34. What is your collar ID number?

Thank you for taking the time to fill out this questionnaire. We can again reassure you that neither you nor anyone else in the study will be identified or named in any of the results, reports, documents or scientific papers we produce. **All questionnaire answers will be kept as strictly confidential and stored securely on a private computer network at Imperial College London.**

We need your consent to allow us to:

- Access your medical files, including GP and hospital records as well as data on cancer and mortality held on National Registers
- Access data contained in your police personnel files to identify job, personal data such as educational history, ethnicity, change of police force, retirement and sickness absence
- Access your Airwave O2 call data

You can find more information on the study at our website: http://www.police-health.org.uk

Please sign below to indicate your consent. Also indicate whether you are interested in having a free health screen, including a heart trace, by ticking the box below. You will be able to receive direct and confidential feedback on the results of your own health screen. **All results of the health screen will be treated as strictly confidential, and no individually identifiable information will be made available to the Home Office, Police Force, or anyone outside the Imperial College research team.**

Signed Print name

Date (BLOCK CAPITALS)

I would like to attend a free health screen:

Please cross box: