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Imperial College London
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Airwave Health Monitoring Study

Dear participant,

This is an important letter inviting you to take part in the Airwave Health Monitoring Study. The goal of the Study is to investigate any possible long-term health effects associated with Airwave, the Police Communications System.

For further details, please refer to the information leaflet **(Version 4)** provided with this letter. Updated information is also available on our website at: http://www.police-health.org.uk.

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

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

Your participation is vital.

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

☑ [1] Yes [2] No

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

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

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

All information will be kept in strict confidence.

Thank you for your participation.

Professor Paul Elliot
Principal Investigator
Airwave Health Monitoring Programme

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Section 1: Questions on your use of the Airwave radio system. This section includes operations/control room and direct mode users. If you do not use Airwave, please tick the "No" box in question 1 and go to question 8.

1. Do you use the Airwave radio system?

[1] Yes: ***go to question 2***

[2] No: ***go to question 9***

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

(Year)

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

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

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

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

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

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

Right side of head left side of head

Both sides equally Not Applicable

6. Please provide:

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

(dd/mm/yyyy)

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

	Hr	Hr	:	Min	Min		Hr	Hr	:	Min	Min
Start time of shift			:			End time of shift			:		

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

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

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

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

[1] Typical

[2] I usually use the radio **<u>more</u>**

[3] I usually use the radio **<u>less</u>**

8. Do you use a pool radio?

[1] Yes : go to question 9

[2] No: go to question 10

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

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

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

[1] Yes: ***go to question 11***

[2] No: ***go to question 12***

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

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

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

[1] Yes: ***go to question 13***

[2] No: ***go to question 15***

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

Years

14. Are you still using the analogue radio?

[1] Yes

[2] No

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

Hours /week

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

Hours

Section 2: Questions about personal or any other mobile phone use (not including the use of your Airwave radio).

17. Do you use a mobile phone?

[1] Yes

[2] No: ***go to question 20***

18. When did you start using a mobile phone?

(year)

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

Minutes

Question 20 a), b) and c) are about your mobile phone use with hands-free equipment or a headset:

20a. Do you use hands-free equipment or a headset with your mobile phone(s)?

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1 Yes

2 No: ***go to question 21***

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

(Year)

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

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

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

1 No, I do not experience any symptoms

2 Headache

3 Dizziness

4 Numbness in hands

5 Nausea

6 Warming sensation on face

7 Deafness/partial hearing loss

8 Burning sensation in ear

9 Tinnitus/ringing sound in ear

10 Any other symptom (please specify:

____

Section 3: Questions about your general health.

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

1 Yes

2 No

23. Have you ever been **diagnosed by a doctor** with any of the following conditions? Also, mention **the year when you were first diagnosed**. ***(Please tick a box or boxes as appropriate and write year of diagnosis)***

Condition	**Year of diagnosis**
1 High blood pressure	
2 Angina	
3 Heart attack (MI)	
4 Other heart conditions Please specify: ---	
5 Stroke/Transient Ischemic Attack	
11 COPD (Chronic Obstructive Pulmonary Disease)	
12 Asthma	
13 Allergy (eczema, hay fever, rhinitis)	
14 Diabetes mellitus	
15 Cataract	
16 Glaucoma or high eye pressure	

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[6] Depression	[17] Cancer (please specify type) --
[7] Chronic Fatigue Syndrome/ME	[18] Arthritis
[8] Deafness/partial hearing loss	[19] Parkinson's disease
[9] Migraine	[20] Chronic liver disease
[10] Epilepsy	[21] Thyroid related disorders

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

Days

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

(***Enter Number***)

Section 4: Questions are about lifestyle factors

26. Do you currently smoke cigarettes?

[1] Yes: ***go to question 27***

[2] No: ***go to question 28***

[3] I have never smoked: ***please go to question 31***

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

Cigarettes per day

b) When did you first start smoking?

(Year)

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

[1] Yes: ***please complete questions 29 and 30***

[2] No: ***go to question 31***

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

Cigarettes per day

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30. How long ago did you quit smoking?

Years ago

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

Number

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

Hours

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

Hours

34. Do you currently drink alcohol?

1 Yes: ***go to questions 35***

2 No: ***go to question 40***

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

1 Monthly or less

2 Two to four times a month

3 Two or three times a week

4 Four or five times a week

5 Daily or almost daily

36. In the **last seven days** how many **drinks** have you had of each of the following? Please remember that a drink poured at home could be equivalent to 2 or 3 pub measures. **(*One drink = half a pint of beer, a small glass of wine, or one measure of spirits*)**. ***If none, please indicate 00.***

a. Red wine — Glasses

b. White wine/Champagne — Glasses

c. Beer or cider (include bitter, lager, stout, ale, Guinness) — Pint

d. Spirits/liqueurs (Include whisky, gin, rum, vodka, brandy) — Pub measures

e. Fortified wine (includes Sherry, port, and vermouth) — Glasses

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

1 Monthly or less

2 Two to four times a month

3 Two or three times a week

4 Four or five times a week

5 Daily or almost daily

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

[1] Yes

[2] No ***(go to question 43)***

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

[1] More nowadays

[2] Less nowadays ***(go to question 42)***

For Non-Drinkers and Past drinkers

40. Did you ever drink alcohol?

[1] Yes: ***Please complete questions 41 and 42***

[2] No: ***Please go to question 43***

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

Years ago

42. Why did you reduce/stop drinking the amount of alcohol? ***(Tick one box)***

[1] Finance

[2] Doctor's advice/ ill health

[3] Change of lifestyle

[4] Reduction in stress at home

[5] Change of job

[6] Other reasons (***please specify below***):

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

Please <u>fill in your contact information and the consent on this page</u>. Without your personal details and consent, you cannot become a part of the long-term health monitoring study. All information provided will be kept strictly confidential.

43. Title:

44. First Name:

45. Surname:

46. Date of birth:

(dd/mm/yyyy)

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47.Age in years

48 Are you **Police staff** **Police Officer** **Others**

49. Gender: **Male:** **Female:**

50. Home Address:	**Street number & Name:**	
	Address line 2:	
	Town/city:	
	Postcode:	

51. Home telephone number:	
52. Mobile phone number:	
53. Email address:	
54. Other Email address:	

Consent

All questionnaire answers will be scanned and stored securely on a private computer network at Imperial College London. The paper copies will be archived at a secure location .Under no circumstances will the NPIA or your Police Force have access to any of your individual data.
In order to include you in the long term Health Monitoring Study you need to consent as follows:

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

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5. I agree to take part in the study.

Please sign below to indicate your consent.

Sign here:		**Print your name here:**	

Date: **(dd/mm/yyyy)**

Current employee number*:

Year of joining Police Force:

Force name :		**Division/Department:**	

If you have had **any other Employee Number*** in this or other Police Forces during the **last 3 years**, please state below:

1. Employee Number*:

force name:		**Division/Department:**	

2. Employee Number*:

Force name:		**Division/Department:**	

*** Collar Number, Shoulder Number, Registration or Pay Number as appropriate for your force**

THANK YOU FOR TAKING PART IN THIS IMPORTANT STUDY