User ID.		
Password		

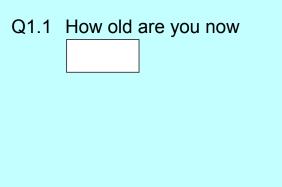
Airwave Health Monitoring Study
Section 1: Questions about your current situation.

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

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

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

The questionnaire should take about 20mins to complete followed by a few feedback questions.



Q1.2 Please enter your full date of birth

Day

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Month

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

Year (If your year of birth is not listed please go back at your entry for age)	nd check
Invalid date of birth. Please go back and correct	:
Q1.3 Are you;-	
<ul><li>Still employed by the police force?</li><li>Retired from the force?</li></ul>	Go to Q1.14

Left the force?

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

# Month

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

\	<b>Y</b> ear	
	Click Here	•
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	1972	

# Year

### Q1.6 What was your force when you left?

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



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

Q1.8 Collar/shoulder number

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

	,	y of the following IDs that you had on leaving as yevant to you and that you can remember.	ou can.
Q1.9	Staff/payroll nu	ımber	

Please enter as many of the following IDs that you had on leaving as you can. ie. those that are relevant to you and that you can remember.	
Q1.10 Warrant number	

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

Q1.11 Aware ID				

# Please provide answer to least one of your ID numbers

# Q1.12 How would you describe your current status?



Q1.13 Please enter your job title.

# Q1.14 What is your current force?

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

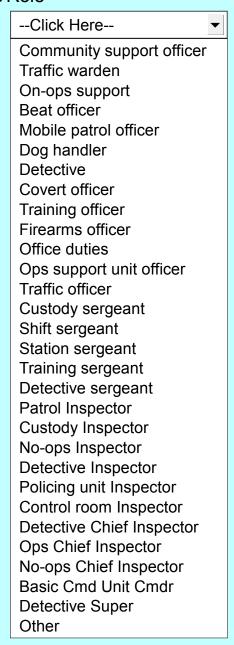
Wiltshire Other

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

#### Rank

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

#### Q1.16 Role



Please enter as many of the following IDs as you can. ie. those that are relevant to you.			
Q1.17	Collar/shoulder	number	

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

# Q1.18 When were you assigned this number?

3 \	When	were	yc
	Click	Here	¬
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	2019		
	2018		
	2017		
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	1971		

# Q1.18 When were you assigned this number?

Please enter as many of the following IDs as you can. ie. those that are relevant to you.	
Q1.19 Staff/payroll number	

Please enter as many of the following IDs as you can. ie. those that are relevant to you.	
Q1.20 Warrant number	

ie. those that are relevant to you.
Q1.21 Aware ID

Please answer at least one of your ID numbers

To what extent do you agree with the following statements about your **normal day to day** work for the Police Force? Q1.22 Select the answer that best describes your regular, everyday job. Strongly Strongly agree Agree Disagree 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 Q1.23 When you are having difficulties at work. Sometim Often es 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

Very satisfied

Dissatisfi Very diss

atisfied

Satisfied ed

How often is your immediate superior willing to listen to

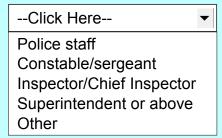
How satisfied are you with your job as a whole?

your work related problems?

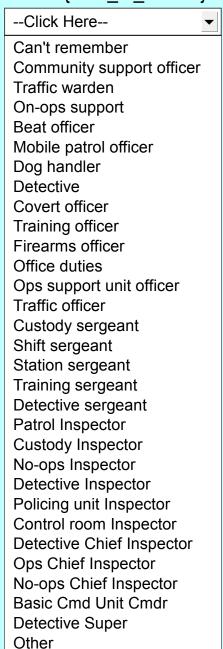
Q1.24 Taking all things into consideration

# Q1.25 What was your rank and role when we were last in contact with you in {Year\_of\_screen}?

#### Rank in {Year\_of\_screen}



#### Q1.26 Role in {Year\_of\_screen}



#### Q1.27 Presently, are you

Click Here ▼
Married
Separated
Divorced
Cohabiting
Single
Widowed
Other

Q1.28 Currently, what is the total personal, annual income you receive before tax is deducted?

Please include all sources such as wages, investments, pensions, savings, rents or property, benefits, any second or odd jobs, maintenance etc.

- Less than £20,000
- £20,000 £25,999
- £26,000 £31,999
- £32,000 £37,999
- £38,000 £43,999
- £44,000 £59,999
- £60,000 £65,999
- More than £66,000
- Prefer not to say

#### **Airwave Health Monitoring Study**

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

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

None of the above

Q2.1 Are you a shift worker? (ie. do you work outside the regular daytime hours of approximately 7a.m. and 6 p.m.) Yes Yes. I work shifts but only 2 or 3 times a year Go to Q2.7 Go to Q2.7 No 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 <sup>J</sup> 7am.) Afternoon/late shifts (Shifts that end after 6pm and before midnight) Night shifts (Shifts that include 3 hours of work between midnight and 6am) On-call (daytime hours but with some 'nighttime on-calls' requiring occasional night work.)

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



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



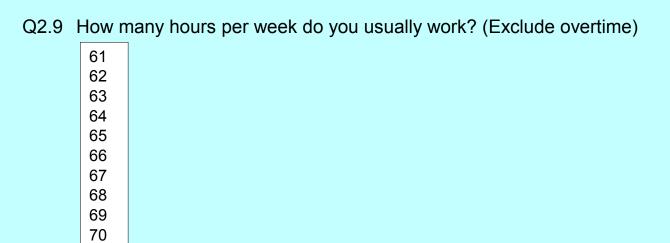
Q2.5 On average, how many consecutive rest days do you have after working a block of night shifts?

Click Here	•
1 day	
2 days	
3 days	
4 days or more	

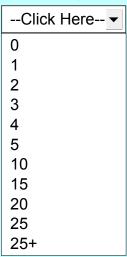
Q2.6	Which of the following describes your shift pattern over the past year?
	Rotating. (You mostly work a mixture of shifts following a fixed rota that is repeated when the cycle finishes.)
	Irregular. (You mostly work a mixture of shifts with no fixed timing or pattern.)
	Fixed/permanent. (You mostly worked one type of shift)
	Shift pattern does not follow any of the above descriptions.
Q2.7	How often do you have <u>2 or more</u> consecutive days off per week? ( <u>including</u> <u>weekends</u> but <u>excluding sickness or planned vacation</u> )?
	Never
	Seldom (few times per year)
	Sometimes (about once per month)
	Often (Most weeks)
	Always (Every week)
Q2.8	How much flexibility do you have in deciding the hours that you work?
	None
	O Not very much
	A fair amount
	Quite a lot
	Complete

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

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



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

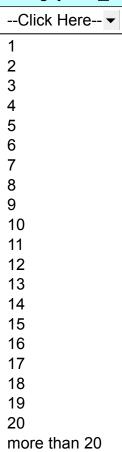


Q2.12 In the **past year** how many times have you consulted your GP for your health problems



The next questions ask about your working hours {Year_of_screen}	s when we were last in contact in
Q2.13 Were you a shift worker in {Year_of_screence (ie. did you work outside the regular daytime houroway Yes Yes. I worked shifts but only 2 or 3 times a year No	
Q2.14 Don't ask if no longer employedCompared pattern changed?  Yes, I work a different shift pattern now No, my current shift pattern is similar	to {Year_of_screen} has your usual shift Go to Q2.20
Q2.15 During {Year_of_screen} which of the followare than one box if necessary.  Morning/early shifts (Shifts that start before 7am.)  Afternoon/late shifts (Shifts that end after 6pm and before midnight)  Night shifts (Shifts that include a period of work between midnight and 6am)  On-call (daytime hours but with some 'nighttime on-calls' requiring occasional night work.)  None of the above	

Q2.16 During {Year\_of\_screen} how many night shifts did you usually work per month?



Q2.17 During {Year\_of\_screen} how many night shifts in a row did you usually work?



Q2.18 On average, how many consecutive rest days did you have after working a block of night shifts?

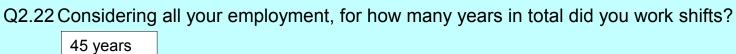
Click Here ▼	
1 day	
2 days	
3 days	
4 days or more	

	Rotating. (You mostly worked a mixture of shifts following a fixed rota that is repeated when the cycle finishes.)
	Irregular. (You mostly worked a mixture of shifts with no fixed timing or pattern.)
	Fixed/permanent. (You mostly worked one type of shift)
	Shift pattern does not follow any of the above descriptions.
Q2.20	How often did you have 2 or more consecutive days off per week during
	{Year_of_screen}?
	(including weekends but excluding sickness or planned vacation)
	○ Never
	Seldom (few time per year)
	Sometimes (about once per month)
	Often (Most weeks)
	Always (Every week)
	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
	O complete

Q2.19 Which of the following describes your shift pattern during {Year\_of\_screen}?



12 years



45 years
46 years
47 years
48 years
49 years
50 years
51 years
52 years
53 years
54 years
55 years
56 years
57 years
58 years
59 years

60 years

Q2.23 For how how long in total did you work either on night shift or on-call at night?

("Work at night" will include a period of 3 or more hours worked between midnight and 6 a.m.)

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



40 years

Q2.23 For how how long in total did you work either on night shift or on-call at night?

("Work at night" will include a period of 3 or more hours worked between midnight and 6 a.m.)

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

42 years

43 years

44 years

45 years

46 years

47 years

48 years

49 years

50 years

51 years

52 years

53 years

54 years

55 years

56 years

57 years

58 years

59 years

60 years

# Airwave Health Monitoring Study Section 3: Questions about your health

Q3.1	3.1 How would you rate your overall health?						
	Poor	Fair	Good	Excel	llent	Don't know	Prefer not to answer
Q3.2	How would yo	ou rate your	overall happ	oiness?			
(on a scale of 1 to 7, where 1= not at all happy to 7= a very happy person)							
				Neither			_
	1- not at all			happy or			7 - very
	happy	2	3	unhappy	5	6	happy
	$\bigcirc$	$\bigcirc$					

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	More than half the days	Nearly every day
Little interest or pleasure in doing things		O	O	O
Feeling down, depressed or hopeless	0	0	0	$\bigcirc$
Trouble falling or staying asleep or sleeping too much	$\bigcirc$	$\bigcirc$	0	$\bigcirc$
Feeling tired or having little energy	$\bigcirc$	$\bigcirc$	0	$\bigcirc$
Poor appetite or over eating	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Feeling bad about yourself, that you are a failure or have let yourself or your family down	$\bigcirc$	$\bigcirc$	$\bigcirc$	0
Trouble concentrating on things such as reading the newspaper or watching television	$\bigcirc$	$\bigcirc$	0	0
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	0	0	0	0
Thoughts that you would be better off dead or of hurting yourself in some way	$\bigcirc$	$\bigcirc$	$\bigcirc$	0

Q3.4	Do you feel tense or "wound up"?
	O 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?
20.0	Not at all
	A little but it doesn't worry me
	Yes but not too badly
	Very definitely and quite badly
	or tory dominary and quite saury
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?
	O Not at all
	O Not often
	Usually
	O Definitely

How anxious have you been in the last <u>two weeks?</u>

Q3.8	8 Do you get a sort of frightened feeling like "butterflies" in the stomach?			
	O Not at all			
	Occasionally			
	Quite often			
	Very often			
Q3.9	Do you feel restless as if you have to be on the move?			
Q0.0	Not at all			
	Not very much			
	Quite a lot			
	Very much indeed			
Q3.10	Do you get sudden feelings of panic?			
	O Not at all			
	O Not very often			
	Quite often			
	Very often indeed			

Police work can involve dealing with stressful and sometimes traumatic incidents. Indeed such events may be so difficult that they are hard to erase from the memory. Think about the most recent or disturbing work related incident you have dealt with since we last saw you in {Year_of_screen}								
Q3.11	3.11 Can you think of any incident which is bothering you and which has occurred since {Year_of_screen}?  Yes							
	No	Go to Q3.15						
Q3.12	Can you please briefly describ	e 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	at extent hav	e you bee		_	owing:		
		Not at all	A little	Moderatel y	Quite a bit	Extremely		
	Upsetting thoughts or memories about the event that have come to your mind against your will	0	0	0	0	0		
	Upsetting dreams about the event	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$		
	Acting or feeling as though the event were happening again	0	$\bigcirc$	0	0	0		
	Feeling upset by reminders of the event	0	0	0	0	0		
	Bodily reactions (such as fast heartbeat, stomach churning, sweatiness, dizziness) when reminded of the event.	0	0	0	0	0		
	Difficulty falling or staying asleep	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$		
	Irritability or outbursts of anger	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$		

Diffi	culty concentrating	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
	ghtened awareness of potential gers to yourself and others	$\bigcirc$	$\circ$	$\circ$	$\circ$	0
	ng jumpy or being startled at nething unexpected.	0	0	0	0	0
Q3.14 Hav	ve you ever sought any medic Yes No	al or other	profession	al help to c	cope with th	is event?

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	0	0			
	Nausea, at least once per week	$\bigcirc$	$\bigcirc$			
	Deafness or partial hearing loss	$\bigcirc$	$\bigcirc$			
	Tinnitus or ringing sound	0	0			
Q3.16	Do you suffer from any now?					
		Yes	No			
	Dizziness, at least once per week	0	$\circ$			
	Nausea, at least once per week	$\bigcirc$	$\bigcirc$			
	Deafness or partial hearing loss	$\bigcirc$	$\bigcirc$			
	Tinnitus or ringing sound	$\bigcirc$	$\bigcirc$			
Q3.17	For the conditions that you had in {Year_of_scree what changes have taken place.	en} and still	have now, p	olease tell us		
		Better now	Worse now	No change		
	Dizziness, at least once per week	0	0	$\bigcirc$		
	Nausea, at least once per week	$\bigcirc$	$\bigcirc$	$\bigcirc$		
	Deafness or partial hearing loss	$\bigcirc$	$\bigcirc$	$\bigcirc$		
	Tinnitus or ringing sound	$\bigcirc$	$\bigcirc$	$\bigcirc$		

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

Q3. 19 Cancer

High blood pressureClick Here	<b>~</b>
Can't remember whi	ch year
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High cholesterol	Click Here	_
Angina	Click Here	
Heart attack (MI)	Click Here	<b>~</b>
Other heart conditions	Click Here	•
Chronic Fatigue Syndrome/ME	Click Here	
Depression	Click Here	
Chronic liver disease	Click Here	•
Deafness/partial hearing loss	Click Here	•
Migraine	Click Here	<b>~</b>
Diabetes	Click Here	_
Chronic Obstructive Pulmonary Disease (COPD)	Click Here	•
Asthma	Click Here	•
Allergy (eczema, hay fever, rhinitis)	Click Here	<b> </b>
Cataract	Click Here	
Glaucoma or high eye pressure	Click Here	<b>V</b>
Epilepsy	Click Here	<b>—</b>
	1960	

Osteoarthritis	Click Here	
Rheumatoid arthritis	Click Here	
Parkinson's disease	Click Here	
Stroke / transient ischaemic attack (TIA)	Click Here	
Thyroid-related disorders	Click Here	
Multiple Sclerosis	Click Here	
Alzheimer's disease	Click Here	
Dementia	Click Here	
Motor neuron disease	Click Here	•
Ulcerative colitis	Click Here	
Chron's disease	Click Here	
Lactose intolerance	Click Here	•

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

Q3.21	Would you say that you have had botherso	me neadaches	in the last t	weive months	3?
	Yes				
	No	Go to Q3.29			
O2 22	How often de vou get these bethersome be	adaches at the	momont?		
QJ.ZZ	How often do you get these bothersome he	tauaches at the	; moment?		
	<ul><li>Every day</li><li>Not every day, but on more days than not</li></ul>				
	(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				
∩2 22	BDo any of these bothersome headaches fit	the following d	occrintions?	)	
QJ.ZJ	boo any of these bothersome headaches in	All	Some	None	
	Moderate or severe headache	$\bigcirc$	$\bigcirc$	$\bigcirc$	
	Headache on one side of the head only	$\circ$	$\bigcirc$	0	
	Throbbing/pulsating headache	0	0	0	
	A headache made worse by light exercise, such a upstairs	s going O	0	0	
Q3.24	How often do you get the 'Moderate or Sev	ere' 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				
	Less than once a month				
Q3.25	How often do you get the headache on one	e side of the he	ad?		
	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' he	eadache?		
	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 'mad	de worse by	light exerci	se?
	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?	Even time	Comotimos	Neven
	Do you feel sick or vomit?	Every time	Sometimes	Never
	Does ordinary daylight bother you?	0	0	0
	Does general noise bother you?	0	0	0

Q3.29	9 In the past year, have you had any pain or discon Yes	nfort in your chest?
		Q3.39
Q3.30	O Do you get this pain or discomfort when you walk Yes No	at an ordinary pace on the level?
Q3.31	1 Do you get it when you walk uphill or hurry?  Yes  No	
Q3.32	2 When you get any pain or discomfort in your ches Stop Slow down Continue at same pace	st, what do you do?
Q3.33	3 Does it go away when you stand still?  Yes  No	
Q3.34	4 How soon does the pain take to go away when y  In 10 minutes or less  More than 10 minutes	ou stand still?
Q3.35	5 In the past year, have you had a severe pain acro an hour or more?	oss the front of your chest lasting half
	Yes On to	Q3.39

These questions relate to your report of severe pain across the front of your chest lasting half an hour or more. Q3.36 How many of these attacks have you had in the past year? --Click Here-- ▼ 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?

	Yes	essure taken in the last five years?  Go to Q4.1
	No Don't know	Go to N4.1
23.40	Were you told it was	
	High	
	Normal	
	Low	
	On't know	

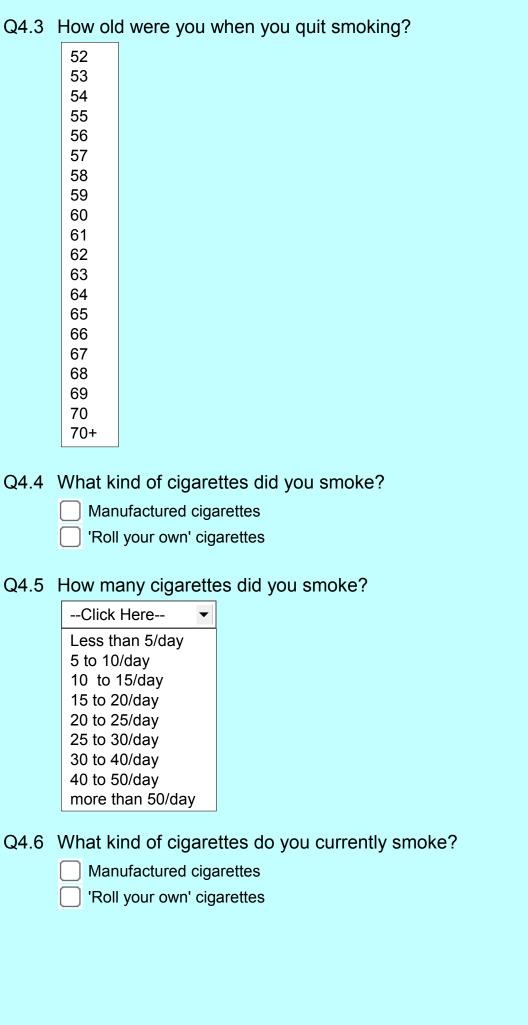
(

# Airwave Health Monitoring Study Section 4: Questions about your general lifestyle

Q4.1	Do you currently smoke cigarettes?	
	Yes	Go to Q4.6
	No	
Q4.2	Did you smoke cigarettes in the past?	
	Yes	
	○ No	Go to Q4.8

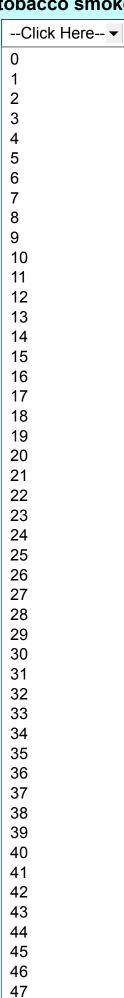
Q4.3 How old were you when you quit smoking?

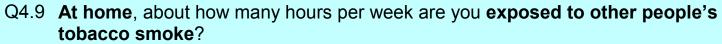
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	49 50		

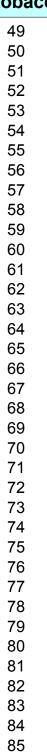


Q4.7	How many cigarett	es do you smoke?		
	Click Here ▼			
	Less than 5/day			
	5 to 10/day			
	10 to 15/day			
	15 to 20/day			
	20 to 25/day			
	25 to 30/day			
	30 to 40/day			
	40 to 50/day			
	more than 50/day			
		oked any of the following options as appropiate.) Pipe Full size cigars Miniture 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**?

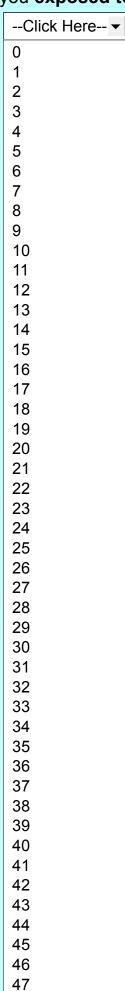






85+

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



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

85+

Q4.11 Do	you currently drink alcohol?	
$\bigcirc$	Yes	Go to Q4.15
$\circ$	No	
Q4.12 Did	l you ever drink alcohol?	
$\circ$	Yes	
$\bigcirc$	No	Go to N4.3
Q4.13 Wh	y did you stop drinking alcohol?	
$\bigcirc$	Financial reasons	
$\bigcirc$	Health reasons	
	Addictive reasons	
$\circ$	Prefer not to say	

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

поw	OIC	we	е
CI	ick	Here	\
NA			
NA NA			
NA			
NA NA			
NA NA			
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54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 70+	
Q4.15 How of	ten do you have a drink containing alcohol?
0	oto four times a month
<u> </u>	or three times a week
	r or five times a week y or almost daily
In the last sev	ven days how many drinks have you had of each of the following?
	nber that a drink poured at home could be equivalent to 2 or 3 pub measures wine is equivalent to six small glasses.

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

#### Q4.16 Red wine

Glasses (small 125ml)

Jiasses (siliai	<i>'</i>
Click Here	,
0	
1/2	
1	
11/2	
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30	
30+	

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

,
Click Here ▼
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1/2
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11/2
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24
25
26 27
28
29
30
30+

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

Glasses (small 125ml)

21010000 (01110111
Click Here▼
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30
30+

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

parator in spare out o
Click Here ▼
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20
20+

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

Click Here▼
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1/2
1
1½
2
2½
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30+

The following questions will ask you about the time you spent being physically active in the last 7 days. Please think about the activities you do at work, as part of your housework and gardening, to get from place to place, and in your spare time for recreation, exercise or sport.

#### Vigorous exercise.

Think about the activities which take **vigorous physical effort** that you did in the last 7 days.

Vigorous activities make you breathe harder than normal and may include heavy lifting, sports activities such as squash or football, or fast cycling. Think only about those physical activities that you did for at least 10 minutes at a time.

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



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



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

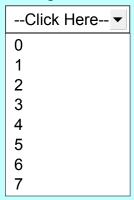


#### Moderate exercise

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?



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

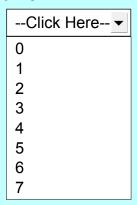


Q4.26 How much <u>total</u> time did you spend over these {Q4.24} days doing moderate physical activity?



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?



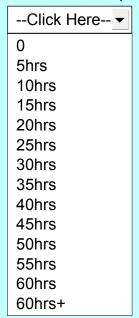
### Q4.28 How much time did you spend walking on this day?



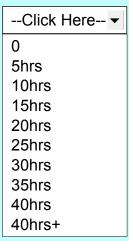
Q4.29 How much time did you usually spend walking on one of those days?



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.



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



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



# 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	of the	A good bit of the time	e of the	A little of the time	Non e of the time	Can't say	
	feel that your sleep was not quiet (moving restlessly, feeling tense, speaking, etc., while sleeping)?	0	0	0	$\bigcirc$	0	0	0	
	get enough sleep to feel rested upon waking in the morning?	0	0	0	$\bigcirc$	0	0	$\bigcirc$	
	have trouble falling asleep?	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	
	awaken during your sleep and have trouble falling asleep again?	0	0	0	$\bigcirc$	0	0	$\bigcirc$	
	take naps (5 minutes or longer) during the day?	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	
	get the amount of sleep you needed?	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	
Q4.34	Now please think back to {Year_of_screen}	did ;	you -	-					
Q4.34		All of the	Most of	A good bit of the	e of the	of the	the	Don't reme mber	
Q4.34		All of the	Most of the	A good bit of the	e of the	little of the	e of the	reme	
Q4.34	feel that your sleep was not quiet (moving restlessly,	All of the	Most of the	A good bit of the	e of the	little of the	e of the	reme	
Q4.34	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	All of the	Most of the	A good bit of the	e of the	little of the	e of the	reme	
Q4.34	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?	All of the	Most of the	A good bit of the	e of the	little of the	e of the	reme	
Q4.34	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	All of the	Most of the	A good bit of the	e of the	little of the	e of the	reme	

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	0	0	0	0	0	0	0
I feel very active	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Thinking requires effort	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Physically I feel exhausted	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
I feel like doing all kinds of nice things	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
I feel fit	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
I do quite a lot within a day	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
When I am doing something, I can concentrate quite well	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
I feel weak	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
I don't do much during the day	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
I can concentrate well	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
I feel rested	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
I have trouble concentrating	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Physically I am in bad condition	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
I am full of plans	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
I get tired very quickly	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
I have a low output	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
I have no desire to do anything	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
My thoughts easily wander	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Physically I feel in good shape	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$

Q4.36	Do	you consider yourself to be -
	0	Definitely a morning type
	$\bigcirc$	More a morning type than an evening type
	$\bigcirc$	More an evening type than a morning type
	0	Definitely an evening type
	0	I don't know
	0	Prefer not to answer

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

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

Q5.1 How often do you eat :-

	never	less than once a week	а	two to four times a week	five times a	daily
Oily fish (herring, kipper, mackerel, salmon, sardines or trout)?	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
White fish (cod, haddock or tinned tuna)?	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
White meat (chicken, duck, turkey, lobster, shrimp or crab)?	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Red meat (beef, veal, lamb, mutton or pork)?	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Nuts	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$

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

$\bigcirc$	never/rarely	use	spread
\ 丿	TIC VCI/Tal City	usc	Spicau

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



### Fruit

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

Q5.5 How many heaped tablespoons of vegetables do you eat each day on which you eat vegetables?
Please include fresh, frozen, tinned and cooked vegetables.

Click Here▼
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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.



Q5.7	5.7 Are you following any special kind of diet right now?					
	Yes					
	○ No					
Q5.8	Is your diet for					
	Cosing weight					
	High blood pressure					
	Diabetes					
	Food allergy					
	High cholesterol					
	Other.					
05.0	la varia diatabutan fina a					
Q5.9						
	Yes					
	○ No					
Q5.10	Did you ever experience abdominal discomfort that	at was alleviate	d by a gluten free			
	diet?		, 0			
	Yes					
	○ No					
Q5.11	Please tell us the other reason for your diet.					
O5 12	The following question about your regular beverag	nes annly to wo	ork as well as home			
Q0.12	How many of the following do you drink every day		on ac well ac nome.			
	Cups of tea. (1 cup = 150ml)	Click Here ▼				
		0				
		1				
		2				
		3 4				
		5				
		6				
		7				
		8				
		10				
		11				
		12				
		12+				

Cups of coffee. (1 cup = 150 ml)		Click Here▼
Cans of fizzy drinks (1 can = 330m	l)	Click Here▼
Cups of water (bottled or tap)	(1 cup = 150 ml)	Click Here▼

# Airwave Health Monitoring Study Section 6: Female health

From our records we believe that when we last saw you in {Year\_of\_screen} you reported being pregnant.

#### Q6.1 Is this correct?

Yes. I was pregnant in {Year\_of\_screen}

No . I was not pregnant in {Year\_of\_screen} Go to N6.5

Please tell us how this pregnancy ended.

#### Q6.2 When did it end? Month



# Year {Year\_of\_screen}

`	Year {`	Ye	ar_	_of_
	Click	Н	ere	🔻
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	2019			
	2018 2017			
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	2015			
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	1072			

1071

	pre 1970		
Q6.4	Reason for end of p  Born alive  Miscarriage  Still-born  Deliberately termin  Other		Go to 6 Go to 6 Go to Q6.7 Go to 6
Q6.5	Outcome Single baby? Twins? Multiple birth?		Go to Q6.8 Go to Q6.8
06.6	Sex of baby  Male Female		
Q6.7	For how long did thi Click Here  1 month 2 months 3 months 4 months 5 months 6 months 7 months 8 months 9 months more than 9 months	s pregnancy last?	
26.8	Have you been preg	nant again since {Q6.	3} Go to Q6.11 Go to Q6.70

Year {Year\_of\_screen}

# Airwave Health Monitoring Study Section 7: Female health

The following questions ask about pregnancies which have occurred since **{Year\_of\_screen}.**Do not include deliberate terminations of pregnancy.

Q6.9	Hav	e you been pregnant since {Year_of_:	screen) or are you currently pregnant?
	$\bigcirc$	Yes	Go to Q6.11
	$\bigcirc$	No	Go to Q6.70

# Airwave Health Monitoring Study Section 7: Female health

### The following questions ask about your pregnancies.

Do not include deliberate terminations of pregnancy.

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

Yes No

Go to Q6.70

Q6.11 How many times have you been pregnant {poss\_preg\_text} Include any current pregnancy.

Do not include deliberate terminations of pregnancy



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

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

When did the first one end?

#### Q6.12 Month



## Q6.13 Year

} `	Year		
	Click	Here	•
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	1971		

Q6.13 Year

pre 1970

## Q6.14 Year

١,	Year		
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Q6.14 Year

pre 1970

## Q6.15 Year

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Q6.15 Year	
pre 1970	
Q6.16 Reason for end of pregnancy.	
O Still pregnant Go	to 6
Born alive	
Miscarriage Go	to 6
Still-born Go	to 6
Other Go	to 6
Q6.17 Reason for end of pregnancy.	
Born alive	
	to 6
Still-born Go	to 6
Other Go	to 6
Q6.18 Outcome	
Single baby?	
Twins?	
Multiple birth?	
Q6.19 Sex of baby	
Male	
Female	
Q6.20 For how long did this pregnancy last?	
Click Here ▼	
1 month	
2 months 3 months	

4 months 5 months 6 months 7 months 8 months 9 months

more than 9 months

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

Please tell us when the second pregnancy ended.

### Q6.21 Month



### Q6.22 Year

•	Year			
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	pre1970		
Q6.23 I	Reason for end of pr	regnancy.	
	Still pregnant	,	Go to Q6.74
	Born alive		
	Miscarriage		Go to Q6.2
	Still-born		Go to Q6.2
	Other		Go to Q6.2
Q6.24 I	Reason for end of pr	egnancy.	
	Born alive		
	Miscarriage		Go to Q6.2
	Still-born		Go to Q6.2
	Other		Go to Q6.2
)6 25 (	Outcome		
x0.20 \	Single baby?		
	Twins?		
	Multiple birth?		
	Manapio Siraii.		
26.26	Sex of baby		
	Male		
	Female		
Q6.27 I	or how long did this	pregnancy last?	
	Click Here ▼		
	Less than 6months		
	1 month 2 months		
	3 months		
	4 months		
	5 months		

Q6.22 Year

6 months 7 months 8 months 9 months Please tell us when your last pregnancy ended or, if currently pregnant, when you expect to deliver.

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

### Q6.28 Month



### Q6.29 Year

)	Year		
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	pre1970			
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ו טכ.טג	Reason for	·	egnancy.	0 1 00 7
(	Still preg			Go to Q6.74
(	Born aliv	е		
	Miscarria (	ige		Go to Q6.34
(	Still-born			Go to Q6.34
	Other			Go to Q6.34
Q6.31 F	Reason for	end of pre	egnancy.	
	Born aliv	е		
(	Miscarria	ige		Go to Q6.34
	Still-born			Go to Q6.34
	Other			Go to Q6.34
Q6.32 (	Outcome			
	Single ba	aby?		
	Twins?			
	Multiple I	oirth?		
Q6.33 S	Sex of baby	/		
	Male			
	Female			
	Ŭ			
Q6.34 F	or how lor	ng did this	pregnancy last?	
	Click Here	<b>}</b> ▼		
	Less than 6	months		
	1 month			
	2 months			
	3 months			
	4 months			

Q6.29 Year

5 months 6 months 7 months 8 months 9 months

more than 9 months

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

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

### Q6.35 Month



# Q6.36 Year

`	Year		
	Click	Here	•
	2020		
	2019 2018		
	2017		
	2016		
	2015		
	2014		
	2013 2012		
	2012		
	2010		
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	1976 1975		
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	1972		
	1971		

Q6.36 Year	
pre1970	
Q6.37 Reason for end of pregnancy.	
Still pregnant	Go to Q6.7
Born alive	
Miscarriage	Go to Q6.4
O Still-born	Go to Q6.4
Other	Go to Q6.4
Q6.38 Reason for end of pregnancy.	
Born alive	
Miscarriage	Go to Q6.4
O Still-born	Go to Q6.4
Other	Go to Q6.4
Q6.39 Outcome	
Single baby?	
Twins?	
Multiple birth?	
Q6.40 Sex of baby	
Male	
Female	
O6 41 For how long did this prognancy last?	
Q6.41 For how long did this pregnancy last? Click Here	
1 month	
2 months	

3 months 4 months 5 months 6 months 7 months 8 months 9 months

more than 9 months

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

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

## Q6.42 Month



# Q6.43 Year

} `	Year		
	Click	Here	•
	2020		
	2019		
	2018		
	2017 2016		
	2015		
	2014		
	2013		
	2012		
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Q6.43 Year	
pre1970	
00.44 Danas a factorial of account	
Q6.44 Reason for end of pregnancy.	0-1-007
Still pregnant	Go to Q6.74
Born alive     Miscarriage	Go to Q6.48
Miscarriage Still-born	Go to Q6.48
Other	Go to Q6.48
O Carlot	00 to Q0.10
Q6.45 Reason for end of pregnancy.	
Born alive	
Miscarriage	Go to Q6.48
Still-born	Go to Q6.48
Other	Go to Q6.48
Q6.46 Outcome	
Single baby?	
Twins?	
Multiple birth?	
Q6.47 Sex of baby	
Male	
Female	
OG 10 For how long did this progners: last?	
Q6.48 For how long did this pregnancy last?	
Click Here ▼	
1 month	

2 months 3 months 4 months 5 months 6 months 7 months 8 months 9 months

more than 9 months

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

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

## Q6.49 Month



# Q6.50 Year

)	Year		
	Click	Here	•
	2020		
	2019		
	2018		
	2017 2016		
	2015		
	2013		
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Go to Q6.74
Go to Q6.55
Go to Q6.55
Go to Q6.55
Go to Q6.55
Go to Q6.55
Go to Q6.55

2 months 3 months 4 months 5 months 6 months 7 months 8 months 9 months

more than 9 months

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

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

## Q6.56 Month



# Q6.57 Year

Year		
Click	Here	•
2020		
2019 2018		
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2011		
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1972		

Q6.57 Year pre1970	
Q6.58 Reason for end of pregnancy.  Still pregnant  Born alive	Go to Q7.1
Miscarriage Still-born Other	Go to Q6.62 Go to Q6.62 Go to Q6.62
Q6.59 Reason for end of pregnancy.  Born alive	
<ul><li>Miscarriage</li><li>Still-born</li><li>Other</li></ul>	Go to Q6.62 Go to Q6.62 Go to Q6.62
Q6.60 Outcome Single baby? Twins?	
O Multiple birth?  Q6.61 Sex of baby	
Male Female  Q6.62 For how long did this pregnancy last?	
Click Here	

Click Here ▼
1 month
2 months
3 months
4 months
5 months
6 months
7 months
8 months
9 months
more than 9 months

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

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

## Q6.63 Month



# Q6.64 Year

١,	Year		
	Click	Here	•
	2020		
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	2013		
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Q6.64 Year	
pre1970	
Q6.65 Reason for end of pregnancy.	
Still pregnant	Go to Q6.74
Born alive	
Miscarriage Miscarriage	Go to Q6.69
Still-born	Go to Q6.69
Other	Go to Q6.69
00.00	
Q6.66 Reason for end of pregnancy.	
Born alive	
Miscarriage	Go to Q6.74
Still-born	Go to Q6.74
Other	Go to Q6.74
Q6.67 Outcome	
Single baby?	
Twins?	
Multiple birth?	
Watapie Birti	
Q6.68 Sex of baby	
Male	
Female	
Q6.69 For how long did this pregnancy last?	
Click Here ▼	

Click Here ▼
1 month
2 months
3 months
4 months
5 months
6 months
7 months
8 months
9 months
more than 9 months

	Since {Year_of_screen} have you tried to bwithout success?	ecome pregnant for more than one year
	Yes No	Go to Q6.74
	Have you or your husband/partner ever so with conceiving?	ught any medical help because of problems
	Yes No	Go to Q6.74
Q6.72 [	Did either of you receive any treatment for	infertility?
(	Yes No	Go to Q6.74
Q6.73 I	Please tell us which of you was affected.	
(	You Your husband/partner	

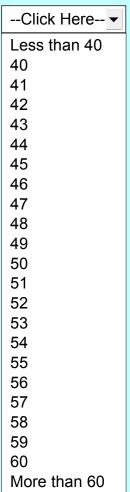
Q6.74 Considering all your children, how much time in total did you breastfeed?

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

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



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

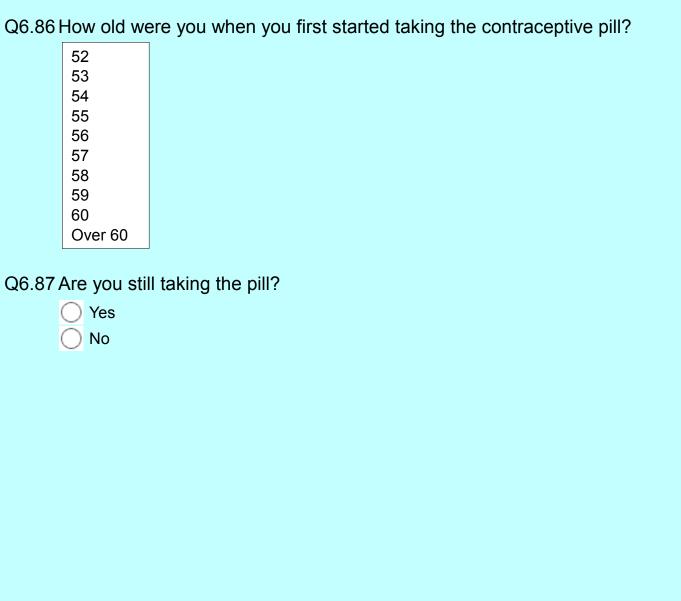


## Q6.77 Why did your menstrual periods stop?

Natural menopause
Hysterectomy
Oophorectomy
Oophorectomy and Hysterectomy
Radation or chemotherapy
Other

Q6.78	Have you ever taken t	he contraceptive pill?				
	○ Yes					
	○ No	Go to Q6.90				
Q6.79	Please tell us which o	ETHINYLESTR ADIOL WITH LE VONORGESTR EL ETHINYLESTR ADIOL WITH N ORETHISTERO NE EVRA® FEMODENE®	eptive pills you have taking else for anything not levest® LEVONELLE® 1500 LEVONORGES TREL LOESTRIN 20® LOESTRIN 30® LOGYNON® MARVELON®			
	ETHINYLESTR ADIOL WITH C YPROTERONE ACETATE ETHINYLESTR ADIOL WITH GESTODENE	FEMODENE® ED FEMODETTE® FEMULEN® GEDAREL® 20/150 GEDAREL® 30/150 KATYA 30/75®	MERCILON®  MICROGYNON 30 ED®  MICROGYNON 30®  MICRONOR®  MIRENA®  NEXPLANON®  NORGESTON®	RIGEVIDON® SUNYA 20/75® SYNPHASE® TRINOVUM® YASMIN® Something else Can't remember name		
	Please enter all the c following boxes.	ontraceptive pills, not i	n the list, that you have	e taken into the		

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

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

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)



Q6.90 Ha	ve you ever used an Intrauterine device (IUD or coil)?
$\circ$	Yes
0	No

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



Q6.92	Have	you e	ver u	used a	cont	raceptive	implan
	$\sim$						

Yes No

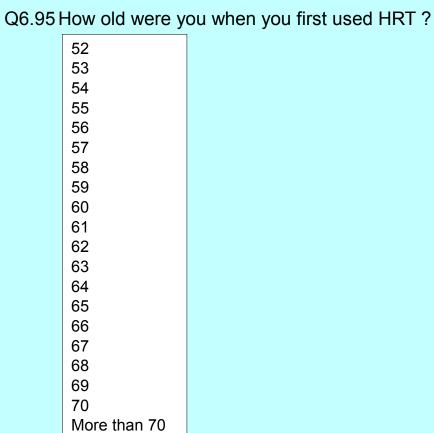
#### Q6.93 For how many years did you use the contraceptive implant?



Q6.94 Have you ever used hormone replacement treatment?						
$\circ$	No	Go to N7.1				
$\circ$	Yes, I have used prescription HRT					
$\bigcirc$	Yes, I have used over the counter products ( eg Soy oestrogen products, red clover)	Go to N7.1				

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

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	<b>F</b> 0				



Q6.96 Are you using HRT now?

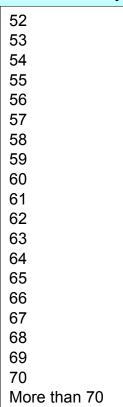
O Yes

O No

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

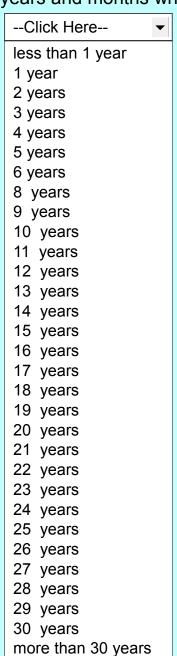
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Q6.97 How old were you when you stopped using HRT?



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)



(6.99)	Please tick all the bran	nds of HRT that you h	ave used.	
	For other brands, not of	on the list please tick	something else.	
	ANGELIQ® CLIMAGEST® CLIMAVAL® CLIMESSE® ELLESTE SOLO® MX ELLESTE- DUET® ELLESTE- SOLO®	ESTRADERM MX®  ESTRADOT®  EVOREL®  FEMOSTON®  HORMONIN®  INDIVINA®  KLIOFEM®  KLIOVANCE®	LIVIAL®  NOVOFEM®  NUVELLE® CONTINUOUS OESTROGEL® PREMARIN® PREMIQUE® PREMPAK-C® SANDRENA®	TRIDESTRA® TRISEQUENS® ZUMENON® Something else Can't remember name
)6. 00	Please enter here any in the above list.	other type of HRT tre	atment you have used	that are not shown

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.

#### **ANGELIQ®**

#### --Click Here--Don't remember Not used Less than 1 year 1 year 2 years 3years 4 years 5 years 6 years 8 years 9 years 10 years 11 years 12 years 13 years 14 years 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®**

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more than 30 years

#### **CLIMAVAL®**

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more than 30 years

#### **CLIMESSE®**

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29 years30 years

more than 30 years

#### **ELLESTE SOLO® MX**

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#### **ELLESTE-DUET®**

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Don't remember

Not used

Less than 1 year

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#### **ELLESTE-SOLO®**

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#### **ESTRADERM MX®**

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#### **ESTRADOT®**

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#### **EVOREL®**

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#### **FEMOSTON®**

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Don't remember

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Less than 1 year

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#### **HORMONIN®**

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Don't remember

Not used

Less than 1 year

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#### **KLIOFEM®**

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#### **KLIOVANCE®**

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#### **NOVOFEM®**

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#### **NUVELLE® CONTINUOUS**

#### --Click Here--

Don't remember

Not used

Less than 1 year

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#### **OESTROGEL®**

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29 years30 years

#### **PREMARIN®**

#### --Click Here--

Don't remember

Not used

Less than 1 year

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#### **PREMIQUE®**

--Click Here--

Don't remember

Not used

Less than 1 year

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#### **SANDRENA®**

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- 30 years
- more than 30 years

#### **TRIDESTRA®**

#### --Click Here--

Don't remember

Not used

Less than 1 year

- 1 year
- 2 years
- 3 years
- 4 years
- 5 years
- 6 years
- 8 years
- 9 years
- 10 years
- 11 years
- 12 years
- 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

#### **ZUMENON®**

#### --Click Here--

Don't remember

Not used

Less than 1 year

- 1 year
- 2 years
- 3 years
- 4 years
- 5 years
- 6 years
- 8 years
- 9 years
- 10 years
- 11 years
- 12 years
- 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

#### **TRISEQUENS®**

--Click Here--

Don't remember

Not used

Less than 1 year

1 year

2 years

3 years

4 years

5 years

6 years

8 years

9 years

10 years

11 years

12 years

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

{Q6.100}

--Click Here--Don't remember

Less than 1 year

1 year

Not used

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

<u>Airwave Health Monitoring Study</u>
Section 7: Questions about your use of the Airwave (TETRA) radio system.

Q7.1 Which of the following describes your use of the Airwave radio system.

I use Airwave

I used Airwave in the past but not any more

I have never used Airwave

Go to N7.6

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

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

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

١	Which	year	di
	Click	( Here	; \
	2020		
	2019		
	2018 2017		
	2017		
	2015		
	2014		
	2013		
	2012		
	2011 2010		
	2009		
	2008		
	2007		
	2006		
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	1983		
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	1981		
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	1979		
	1978 1977		
	1976		
	1975		
	1974		
	1973		
	1972 1971		

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

Q7.4		you u					location )/ <b>trans</b> r	•			o. nobile p	hone
								A lot o		some of time	the none time	of the
	Person	al radio	with ear	piece/m	icrophor	ne		0		0	0	
	Person	al radio	without	earpiece	e/microp	hone		$\circ$		$\circ$	0	
	Desk m	ounted	radio ind	cluding o	peration	n/control	room us	e 🔾		$\circ$	0	
	Motorcy	ycle mou	unted ra	dio				$\circ$		$\circ$	0	
	Car mounted radio							$\circ$		$\circ$	0	
	Body m	nounted	radio(co	vert usa	ıge)			$\circ$		$\circ$	0	
	Other							$\bigcirc$		0	$\circ$	
Q7.5	If you No Yes		sued v	vith a p	ersona	l or poo	ol radio	do you	know	the ISS	I/ITSI nu	ımber.
Q7.6 Q7.7		e enter					een witl	h a pod	ol radio	?		
												Don't r emem
	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%	ber
Q7.8		•					location ansmit	•	or PST of the	N/mob		ne mode of the
	Person	al radio	with ear	piece/m	icrophor	ne		$\bigcirc$		$\bigcirc$	$\bigcirc$	
	Person	al radio	without	earpiece	e/microp	hone		$\circ$		0	0	
	Desk m	ounted	radio ind	cluding o	peration	n/control	room us	e 🔾		$\circ$	0	
	Motorcy	ycle mou	unted ra	dio				$\circ$		0	0	
	Car mo	unted ra	adio									
										$\sim$	$\circ$	
	Body m	ounted	radio(co	vert usa	ige)			0		0	0	

Q1.9	numb		)EE(1 158	sueu wi	ш а ре	150Hal	oi pooi	raulo u	o you r	anow un	e 1331/1	131
	O No	)										
	O Ye	s										
07.10	Dleas	a antar	the IS	SI/ITSI	numbe	\r						
Q7.10	Ficas	e enter		31/1131	Hullibe	; I						
Q7.11	What	propor	tion of	your to	tal radio	o use is	with a	pool ra	dio?			
												Don't emem
	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%	ber
	$\circ$	$\circ$	$\circ$	$\circ$	$\circ$	$\circ$	$\circ$	$\circ$	$\circ$	$\circ$	0	$\circ$
07.12	Pleas	e aive t	the date	e of the	laet fu	ll chift v	when v	NI IISAC	l an Δir	wave ra	adio	
Q7.12	i icas	c give	inc date	or tire	iast ia	ii Siiiit V	Wilch yo	ou usec	i aii / iii	wave re	idio.	

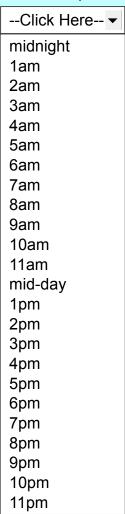
This means that your last shift was {DaysLS} days ago. If this is not the case please go back and amend the last question.

# Q7.13 Please give the start and end times of this shift

Start time (The hour in which the shift started)

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

Q7.14 End time (The hour in which the shift ended)



This means that your last shift started at {Q7.13} on {Q7.12} and ended at {Q7.14} on {Shiftend} and was {Shiftlength1} hours long. If so please continue, otherwise go back and change.

Was your last shift {Shiftlength2} hours long? If so please continue, otherwise go back and change.

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

Q7.15 **Number** of <u>outgoing</u> transmissions

ons		
Click	Here	•
0		
1		
2		
3		
2 3 4		
5		
6 7		
8		
9		
10		
11		
12		
13		
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16 17		
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30		
35		
40		
45		
50		
55		
60 65		
70		
70 75		
80		
80+		
<b>30</b> <sup>2</sup>		

**Duration** of <u>outgoing</u> transmissions (mins)

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

#### Survey completed.

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

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

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

# Airwave questionnaire feedback form

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

Q8.1	Did you find that;-
	Some questions were inappropriate for my circumstances
	Some did not have an appropriate reply
	option for me
	They seemed relevant
Q8.2	Can you remember which questions you had problems with
Q8.3	Did you find the combined questionnaire
	Much too long and time consuming
	Lengthy but acceptable
	About what I expected
00.4	D'al la Cada a a Characacha
Q8.4	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
Q8.5	Can you remember which questions you had problems with

Q8.6	Did you have any technical issues with the questions such as;  I found the whole questionnaire generally difficult to use  It was not clear what to do next  Some questions did not display properly  The system crashed  I had another issue  I had no technical issues
Q8.7	Can you give an example of where you found it difficult to use
Q8.8	Can you remember where it was not clear what to do next?
Q8.9	Please tell us exactly what happened.
Q8.10	Please tell us what this other issue was
Q8.11	Did you complete all sections of the survey?  yes  no

Q8.12	Please tell us why you did not finish	
	If you had any other issues with the questionnaire or have anything	ng you would like to
	comment on please tell us here	
	•	
	•	

Thank you for your feedback.

Please press submit to save your answers.

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

Or.

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