

User ID.

Password

Airwave Health Monitoring Study

Section 1: Questions about your current situation.

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

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

Please be aware that some questions relate to your current circumstances and some to your situation in {Year_of_screen}.

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

Q1.1 How old are you now

Q1.2 Please enter your full date of birth

Day

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Month

--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 and check your entry for age)

--Click Here--

- 2020
- 2019
- 2018
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- 1970

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

Invalid date of birth. Please go back and correct.

Q1.3 Are you;-

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

Go to Q1.14

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

Month

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

Year

--Click Here-- ▼

- 2020
- 2019
- 2018
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Q1.6 What was your force when you left?

--Click Here-- ▼

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

Q1.7 Please specify Other

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

Q1.8 Collar/shoulder number

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

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

Q1.9 Staff/payroll number

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

Q1.10 Warrant number

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

Q1.11 Aware ID

Please provide answer to least one of your ID numbers

Q1.12 How would you describe your current status?

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

Q1.13 Please enter your job title.

Q1.14 What is your current force?

--Click Here-- ▼

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

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

Rank

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

Q1.16 Role

--Click Here--
Community support officer
Traffic warden
On-ops support
Beat officer
Mobile patrol officer
Dog handler
Detective
Covert officer
Training officer
Firearms officer
Office duties
Ops support unit officer
Traffic officer
Custody sergeant
Shift sergeant
Station sergeant
Training sergeant
Detective sergeant
Patrol Inspector
Custody Inspector
No-ops Inspector
Detective Inspector
Policing unit Inspector
Control room Inspector
Detective Chief Inspector
Ops Chief Inspector
No-ops Chief Inspector
Basic Cmd Unit Cmdr
Detective Super
Other

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

Q1.17 Collar/shoulder number

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

Q1.18 When were you assigned this number?

--Click Here-- ▼

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Q1.18 When were you assigned this number?

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

Q1.19 Staff/payroll number

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

Q1.20 Warrant number

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

Q1.21 Aware ID

Please answer at least one of your ID numbers

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

Q1.22 Select the answer that best describes your regular, everyday job.

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

Q1.23 When you are having difficulties at work.

	Often	Sometimes	Seldom	Never
How often do you get help and support from your colleagues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often are your colleagues willing to listen to your work related problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you get help and support from your immediate superior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often is your immediate superior willing to listen to your work related problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q1.24 Taking all things into consideration

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

Q1.25 What was your rank and role when we were last in contact with you in {Year_of_screen}?

Rank in {Year_of_screen}

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

Q1.26 Role in {Year_of_screen}

--Click Here--
Can't remember
Community support officer
Traffic warden
On-ops support
Beat officer
Mobile patrol officer
Dog handler
Detective
Covert officer
Training officer
Firearms officer
Office duties
Ops support unit officer
Traffic officer
Custody sergeant
Shift sergeant
Station sergeant
Training sergeant
Detective sergeant
Patrol Inspector
Custody Inspector
No-ops Inspector
Detective Inspector
Policing unit Inspector
Control room Inspector
Detective Chief Inspector
Ops Chief Inspector
No-ops Chief Inspector
Basic Cmd Unit Cmdr
Detective Super
Other

Q1.27 Presently, are you

--Click Here-- ▾

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

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

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

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

Airwave Health Monitoring Study

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

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

Q2.1 Are you a shift worker?

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

Yes

Yes. I work shifts but only 2 or 3 times a year Go to Q2.7

No Go to Q2.7

Q2.2 Which of the following describes the type of shifts you have regularly worked over the past year?

Please tick more than one box if necessary.

Morning/early shifts (*Shifts that start before 7am.*)

Afternoon/late shifts (*Shifts that end after 6pm and before midnight*)

Night shifts (*Shifts that include 3 hours of work between midnight and 6am*)

On-call (*daytime hours but with some 'night-time on-calls' requiring occasional night work.*)

None of the above

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

--Click Here-- ▼

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- 17
- 18
- 19
- 20
- more than 20

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

--Click Here-- ▼

- 1
- 2
- 3
- 4
- 5 or more

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

--Click Here-- ▼

- 1 day
- 2 days
- 3 days
- 4 days or more

Q2.6 Which of the following describes your shift pattern over the past year?

- Rotating. (*You mostly work a mixture of shifts following a fixed rota that is repeated when the cycle finishes.*)
- Irregular. (*You mostly work a mixture of shifts with no fixed timing or pattern.*)
- Fixed/permanent. (*You mostly worked one type of shift*)
- Shift pattern does not follow any of the above descriptions.

Q2.7 How often do you have 2 or more consecutive days off per week? (including weekends but excluding sickness or planned vacation)?

- Never
- Seldom (*few times per year*)
- Sometimes (*about once per month*)
- Often (*Most weeks*)
- Always (*Every week*)

Q2.8 How much flexibility do you have in deciding the hours that you work?

- None
- Not very much
- A fair amount
- Quite a lot
- Complete

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

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- 59

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

- 61
- 62
- 63
- 64
- 65
- 66
- 67
- 68
- 69
- 70

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

- Click Here-- ▼
- 0
 - 1
 - 2
 - 3
 - 4
 - 5
 - 10
 - 15
 - 20
 - 25
 - 25+

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

--Click Here-- ▾

0
1
2
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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

--Click Here-- ▾

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

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

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

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

- Yes
- Yes. I worked shifts but only 2 or 3 times a year [Go to Q2.20](#)
- No [Go to Q2.20](#)

Q2.14 Don't ask if no longer employed Compared to {Year_of_screen} has your usual shift pattern changed?

- Yes, I work a different shift pattern now
- No, my current shift pattern is similar [Go to Q2.20](#)

Q2.15 During {Year_of_screen} which of the following describes the type of shifts you regularly worked?

Please tick more than one box if necessary.

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

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

--Click Here-- ▼
1
2
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15
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17
18
19
20
more than 20

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

--Click Here-- ▼
1
2
3
4
5 or more

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

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

Q2.19 Which of the following describes your shift pattern during {Year_of_screen}?

- Rotating. (*You mostly worked a mixture of shifts following a fixed rota that is repeated when the cycle finishes.*)
- Irregular. (*You mostly worked a mixture of shifts with no fixed timing or pattern.*)
- Fixed/permanent. (*You mostly worked one type of shift*)
- Shift pattern does not follow any of the above descriptions.

Q2.20 How often did you have 2 or more consecutive days off per week during {Year_of_screen}?

(including weekends but excluding sickness or planned vacation)

- Never
- Seldom (*few time per year*)
- Sometimes (*about once per month*)
- Often (*Most weeks*)
- Always (*Every week*)

Q2.21 How much flexibility did you have in deciding the hours that you worked during {Year_of_screen}?

- None
- Not very much
- A fair amount
- Quite a lot
- Complete

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

--Click Here--

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

9 years

10 years

11 years

12 years

13 years

14 years

15 years

16 years

17 years

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30 years

31 years

32 years

33 years

34 years

35 years

36 years

37 years

38 years

39 years

40 years

41 years

42 years

43 years

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

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 long in total did you work either on night shift or on-call at night ?

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

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

--Click Here--

I have never worked at night

6 months

1 year

1 year & 6 months

2 years

2 years & 6 months

3 years

3 years & 6 months

4 years

4 years & 6 months

5 years

5 years & 6 months

6 years

7 years

8 years

9 years

10 years

11 years

12 years

13 years

14 years

15 years

16 years

17 years

18 years

19 years

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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

34 years

35 years

36 years

37 years

38 years

39 years

40 years

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

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

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

42 years

43 years

44 years

45 years

46 years

47 years

48 years

49 years

50 years

51 years

52 years

53 years

54 years

55 years

56 years

57 years

58 years

59 years

60 years

Airwave Health Monitoring Study
Section 3: Questions about your health

Q3.1 How would you rate your overall health?

Poor

Fair

Good

Excellent

Don't know

Prefer not to
answer

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

The next questions refer to any problems, with your work or other regular activities, as a result of any emotional problems such as feeling depressed or anxious.

Q3.3 How often have you been bothered by any of the following problems over the last 2 weeks?

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble falling or staying asleep or sleeping too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tired or having little energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor appetite or over eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling bad about yourself, that you are a failure or have let yourself or your family down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble concentrating on things such as reading the newspaper or watching television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moving or speaking so slowly that other people could have noticed; or the opposite, being so fidgety or restless that you have been moving around a lot more than usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thoughts that you would be better off dead or of hurting yourself in some way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How anxious have you been in the last two weeks?

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

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

Q3.5 Do you get a sort of frightened feeling as if something awful is about to happen?

- Not at all
- A little but it doesn't worry me
- Yes but not too badly
- Very definitely and quite badly

Q3.6 Do worrying thoughts go through your mind?

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

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

- Not at all
- Not often
- Usually
- Definitely

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

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

Q3.9 Do you feel restless as if you have to be on the move?

- Not at all
- Not very much
- Quite a lot
- Very much indeed

Q3.10 Do you get sudden feelings of panic?

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

Police work can involve dealing with stressful and sometimes traumatic incidents. Indeed such events may be so difficult that they are hard to erase from the memory. Think about the most recent or disturbing work related incident you have dealt with since we last saw you in {Year_of_screen}

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

Yes

No

Go to Q3.15

Q3.12 Can you please briefly describe the event

Please look at the events listed below. If you have experienced any of the reactions at least twice in the past week please tell us about it.

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

	Not at all	A little	Moderately	Quite a bit	Extremely
Upsetting thoughts or memories about the event that have come to your mind against your will	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Upsetting dreams about the event	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acting or feeling as though the event were happening again	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling upset by reminders of the event	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bodily reactions (such as fast heartbeat, stomach churning, sweatiness, dizziness) when reminded of the event.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty falling or staying asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irritability or outbursts of anger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Difficulty concentrating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heightened awareness of potential dangers to yourself and others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being jumpy or being startled at something unexpected.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- Yes
- No

Q3.15 Thinking back to {Year_of_screen} did you suffer from any of the following conditions then?

	Yes	No
Dizziness, at least once per week	<input type="radio"/>	<input type="radio"/>
Nausea, at least once per week	<input type="radio"/>	<input type="radio"/>
Deafness or partial hearing loss	<input type="radio"/>	<input type="radio"/>
Tinnitus or ringing sound	<input type="radio"/>	<input type="radio"/>

Q3.16 Do you suffer from any now?

	Yes	No
Dizziness, at least once per week	<input type="radio"/>	<input type="radio"/>
Nausea, at least once per week	<input type="radio"/>	<input type="radio"/>
Deafness or partial hearing loss	<input type="radio"/>	<input type="radio"/>
Tinnitus or ringing sound	<input type="radio"/>	<input type="radio"/>

Q3.17 For the conditions that you had in {Year_of_screen} and still have now, please tell us what changes have taken place.

	Better now	Worse now	No change
Dizziness, at least once per week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nausea, at least once per week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deafness or partial hearing loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tinnitus or ringing sound	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

(Please tick as many options as appropriate.)

- | | | | |
|----------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Allergy (eczema, hay fever, rhinitis) | <input type="checkbox"/> Chronic Fatigue Syndrome/ME | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Motor neuron disease |
| <input type="checkbox"/> Alzheimer's disease | <input type="checkbox"/> Chronic liver disease | <input type="checkbox"/> Glaucoma or high eye pressure | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Angina | <input type="checkbox"/> Chronic Obstructive Pulmonary Disease (COPD) | <input type="checkbox"/> Heart attack (MI) | <input type="checkbox"/> Parkinson's disease |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Deafness/partial hearing loss | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Thyroid-related disorders |
| <input type="checkbox"/> Osteoarthritis | <input type="checkbox"/> Dementia | <input type="checkbox"/> Stroke / transient ischaemic attack (TIA) | <input type="checkbox"/> Ulcerative colitis |
| <input type="checkbox"/> Rheumatoid arthritis | <input type="checkbox"/> Depression | <input type="checkbox"/> Other heart conditions | <input type="checkbox"/> Chron's disease |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Migraine | <input type="checkbox"/> Lactose intolerance |
| <input type="checkbox"/> Cataract | | | |
| <input type="checkbox"/> High cholesterol | | | |

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

Q3.

19

Cancer

--Click Here--

Can't remember which year

2016

2015

2014

2013

2012

2011

2010

2009

2008

2007

2006

2005

2004

2003

2002

2001

2000

1999

1998

1997

1996

1995

1994

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1982

1981

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1979

1978

1977

1976

1975

1974

1973

1972

1971

Q3.

19

Cancer

High blood pressure

--Click Here--



Can't remember which year

2016

2015

2014

2013

2012

2011

2010

2009

2008

2007

2006

2005

2004

2003

2002

2001

2000

1999

1998

1997

1996

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1977

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1974

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1966

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1964

1963

1962

1961

High blood pressure

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

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

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

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

Yes

No

Go to Q3.29

Q3.22 How often do you get these bothersome headaches at the moment?

Every day

Not every day, but on more days than not
(more than 15 days each month)

On 2 or 3 days every week

Between once a month and once a week

Less than once a month

Q3.23 Do any of these bothersome headaches fit the following descriptions?

	All	Some	None
Moderate or severe headache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headache on one side of the head only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Throbbing/pulsating headache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A headache made worse by light exercise, such as going upstairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q3.24 How often do you get the 'Moderate or Severe' headache?

Every day

Not every day, but on more days than not
(more than 15 days each month)

On 2 or 3 days every week

Between once a month and once a week

Less than once a month

Q3.25 How often do you get the headache on one side of the head?

Every day

Not every day, but on more days than not
(more than 15 days each month)

On 2 or 3 days every week

Between once a month and once a week

Less than once a month

Q3.26 How often do you get the 'throbbing/pulsating' headache?

- Every day
- Not every day, but on more days than not (more than 15 days each month)
- On 2 or 3 days every week
- Between once a month and once a week
- Less than once a month

Q3.27 How often do you get the headache which is 'made worse by light exercise'?

- Every day
- Not every day, but on more days than not (more than 15 days each month)
- On 2 or 3 days every week
- Between once a month and once a week
- Less than once a month

Q3.28 With any of the bothersome headaches you have described, do you get any of these other symptoms?

	Every time	Sometimes	Never
Do you feel sick or vomit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does ordinary daylight bother you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does general noise bother you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Yes

No

Go to Q3.39

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

Yes

No

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

Yes

No

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

Stop

Slow down

Continue at same pace

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

Yes

No

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

In 10 minutes or less

More than 10 minutes

Q3.35 In the past year, have you had a severe pain across the front of your chest lasting half an hour or more?

Yes

No

Go to Q3.39

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

Q3.36 How many of these attacks have you had in the past year?

--Click Here-- ▼

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

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

- Yes
 No

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

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

- Yes
- No
- Don't know

Go to Q4.1

Go to N4.1

Q3.40 Were you told it was

- High
- Normal
- Low
- Don't know

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

Q4.1 Do you currently smoke cigarettes?

Yes

Go to Q4.6

No

Q4.2 Did you smoke cigarettes in the past?

Yes

Go to Q4.8

No

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

--Click Here-- ▼

- NA
- NA
- NA
- NA
- NA
- NA
- NA
- NA
- NA
- NA
- NA
- NA
- NA
- NA
- NA
- NA
- NA
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- 31
- 32
- 33
- 34
- 35
- 36
- 37
- 38
- 39
- 40
- 41
- 42
- 43
- 44
- 45
- 46
- 47
- 48
- 49
- 50

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

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

Q4.4 What kind of cigarettes did you smoke?

- Manufactured cigarettes
- 'Roll your own' cigarettes

Q4.5 How many cigarettes did you smoke?

--Click Here-- ▼
Less than 5/day
5 to 10/day
10 to 15/day
15 to 20/day
20 to 25/day
25 to 30/day
30 to 40/day
40 to 50/day
more than 50/day

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

- Manufactured cigarettes
- 'Roll your own' cigarettes

Q4.7 How many cigarettes do you smoke?

--Click Here--	▼
Less than 5/day	
5 to 10/day	
10 to 15/day	
15 to 20/day	
20 to 25/day	
25 to 30/day	
30 to 40/day	
40 to 50/day	
more than 50/day	

Q4.8 Have you ever smoked any of the following?

(Please tick as many options as appropriate.)

E-cigarettes
(nicotine based)

E-cigarettes
(non-nicotine
based)

Pipe

Full size cigars

Miniture cigars
(cigarillos)

Hookah or
Shisha (nicotine
based)

Hookah or
Shisha (non-
nicotine based)

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

--Click Here-- ▼

0

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

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17

18

19

20

21

22

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31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

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

- 49
- 50
- 51
- 52
- 53
- 54
- 55
- 56
- 57
- 58
- 59
- 60
- 61
- 62
- 63
- 64
- 65
- 66
- 67
- 68
- 69
- 70
- 71
- 72
- 73
- 74
- 75
- 76
- 77
- 78
- 79
- 80
- 81
- 82
- 83
- 84
- 85
- 85+

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

--Click Here-- ▼

0

1

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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31

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33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

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

- 49
- 50
- 51
- 52
- 53
- 54
- 55
- 56
- 57
- 58
- 59
- 60
- 61
- 62
- 63
- 64
- 65
- 66
- 67
- 68
- 69
- 70
- 71
- 72
- 73
- 74
- 75
- 76
- 77
- 78
- 79
- 80
- 81
- 82
- 83
- 84
- 85
- 85+

Q4.11 Do you currently drink alcohol?

Yes

No

Go to Q4.15

Q4.12 Did you ever drink alcohol?

Yes

No

Go to N4.3

Q4.13 Why did you stop drinking alcohol?

Financial reasons

Health reasons

Addictive reasons

Prefer not to say

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

--Click Here-- ▼

- NA
- NA
- NA
- NA
- NA
- NA
- NA
- NA
- NA
- NA
- NA
- NA
- NA
- NA
- NA
- NA
- NA
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- 31
- 32
- 33
- 34
- 35
- 36
- 37
- 38
- 39
- 40
- 41
- 42
- 43
- 44
- 45
- 46
- 47
- 48
- 49
- 50

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

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

Q4.15 How often do you have a drink containing alcohol?

- Monthly or less
- Two to four times a month
- Two or three times a week
- Four or five times a week
- Daily or almost daily

In the last seven days how many drinks have you had of each of the following?

Please remember that a drink poured at home could be equivalent to 2 or 3 pub measures.
One bottle of wine is equivalent to six small glasses.

Q4.16 Red wine

Glasses (small 125ml)

--Click Here-- ▼

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

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

--Click Here-- ▼

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

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

Glasses (small 125ml)

--Click Here-- ▼
0
1
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+

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

--Click Here-- ▼

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

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

Pints

--Click Here-- ▼

0
1/2
1
1 1/2
2
2 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+


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

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

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

--Click Here-- ▼


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

Moderate exercise

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

Moderate physical activity makes you breathe somewhat harder than normal and may include carrying light loads, cycling at a slow pace or slow jogging. Do not include walking. Again, think only about those activities that you did **for at least 10 minutes**.

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

 
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

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

--Click Here-- ▼

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

Now think about the time you spent walking in the last 7 days.
This includes at work, and at home, walking to travel from place to place.

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

--Click Here-- ▼

0
1
2
3
4
5
6
7

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

--Click Here-- ▼

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

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

--Click Here-- ▼

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

Q4.30 Think about the total time you spent sitting on weekdays during the last 7 days. Include time spent at work, at home, and during leisure time.

--Click Here-- ▼

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

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

--Click Here-- ▼

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

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

--Click Here-- ▼

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

Q4.36 Do you consider yourself to be -

- Definitely a morning type
- More a morning type than an evening type
- More an evening type than a morning type
- Definitely an evening type
- I don't know
- Prefer not to answer

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

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

Q5.1 How often do you eat :-

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

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

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

Q5.3 How many days a week do you eat fruit and vegetables?
 Please include fresh, dried, frozen and tinned foods.

Vegetables

--Click Here-- ▼

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

Fruit

--Click Here-- ▼

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

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

Please include fresh, frozen, tinned and cooked vegetables.

--Click Here-- ▼

- 1
- 2
- 3
- 4
- 5
- 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.

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

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

Yes

No

Q5.8 Is your diet for

Losing weight

High blood pressure

Diabetes

Food allergy

High cholesterol

Other.

Q5.9 Is your diet gluten free?

Yes

No

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

Yes

No

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

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

Cups of tea. (1 cup = 150ml)

--Click Here-- ▼

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

Cups of coffee. (1 cup = 150 ml)

--Click Here--▼

Cans of fizzy drinks (1 can = 330ml)

--Click Here--▼

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

--Click Here--▼

Airwave Health Monitoring Study

Section 6: Female health

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

Q6.1 Is this correct?

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

Please tell us how this pregnancy ended.

Q6.2 When did it end?

Month

--Click Here-- ▾
January
February
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September
October
November
December

Year {Year_of_screen}

--Click Here-- ▼

- 2020
- 2019
- 2018
- 2017
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- 1971

Year {Year_of_screen}

pre 1970

Q6.4 Reason for end of pregnancy.

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

Q6.5 Outcome

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

Q6.6 Sex of baby

- Male
- Female

Q6.7 For how long did this pregnancy last?

--Click Here-- ▼

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

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

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

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

Yes

Go to Q6.11

No

Go to Q6.70

Airwave Health Monitoring Study
Section 7: Female health

The following questions ask about your pregnancies.
Do not include deliberate terminations of pregnancy.

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

Yes

No

Go to Q6.70

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

Include any current pregnancy.

Do not include deliberate terminations of pregnancy

--Click Here-- ▼
1
2
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7
8
more than 8

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

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

When did the first one end?

Q6.12 Month

--Click Here-- ▼
January
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October
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December

Q6.13 Year

--Click Here-- ▼

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Q6.13 Year

pre 1970

Q6.14 Year

--Click Here-- ▼

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Q6.14 Year

pre 1970

Q6.15 Year

--Click Here-- ▼

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Q6.15 Year

pre 1970

Q6.16 Reason for end of pregnancy.

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

Q6.17 Reason for end of pregnancy.

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

Q6.18 Outcome

- Single baby?
- Twins?
- Multiple birth?

Q6.19 Sex of baby

- Male
- Female

Q6.20 For how long did this pregnancy last?

--Click Here-- ▼

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

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

Please tell us when the second pregnancy ended.

Q6.21 Month

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Q6.22 Year

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Q6.22 Year

pre1970

Q6.23 Reason for end of pregnancy.

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

Go to Q6.74

Go to Q6.27

Go to Q6.27

Go to Q6.27

Q6.24 Reason for end of pregnancy.

- Born alive
- Miscarriage
- Still-born
- Other

Go to Q6.27

Go to Q6.27

Go to Q6.27

Q6.25 Outcome

- Single baby?
- Twins?
- Multiple birth?

Q6.26 Sex of baby

- Male
- Female

Q6.27 For how long did this pregnancy last?

--Click Here-- ▼

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

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

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

Q6.28 Month

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Q6.29 Year

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Q6.29 Year

pre1970

Q6.30 Reason for end of pregnancy.

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

Q6.31 Reason for end of pregnancy.

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

Q6.32 Outcome

- Single baby?
- Twins?
- Multiple birth?

Q6.33 Sex of baby

- Male
- Female

Q6.34 For how long did this pregnancy last?

--Click Here-- ▼

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

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

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

Q6.35 Month

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Q6.36 Year

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Q6.36 Year

pre1970

Q6.37 Reason for end of pregnancy.

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

Q6.38 Reason for end of pregnancy.

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

Q6.39 Outcome

- Single baby?
- Twins?
- Multiple birth?

Q6.40 Sex of baby

- Male
- Female

Q6.41 For how long did this pregnancy last?

--Click Here-- ▼

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

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

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

Q6.42 Month

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Q6.43 Year

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Q6.43 Year

pre1970

Q6.44 Reason for end of pregnancy.

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

Q6.45 Reason for end of pregnancy.

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

Q6.46 Outcome

- Single baby?
- Twins?
- Multiple birth?

Q6.47 Sex of baby

- Male
- Female

Q6.48 For how long did this pregnancy last?

--Click Here-- ▼

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

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

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

Q6.49 Month

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Q6.50 Year

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Q6.50 Year

pre1970

Q6.51 Reason for end of pregnancy.

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

Q6.52 Reason for end of pregnancy.

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

Q6.53 Outcome

- Single baby?
- Twins?
- Multiple birth?

Q6.54 Sex of baby

- Male
- Female

Q6.55 For how long did this pregnancy last?

--Click Here-- ▼

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

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

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

Q6.56 Month

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December

Q6.57 Year

--Click Here-- ▼

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Q6.57 Year

pre1970

Q6.58 Reason for end of pregnancy.

- Still pregnant Go to Q7.1
- Born alive
- Miscarriage Go to Q6.62
- Still-born Go to Q6.62
- Other Go to Q6.62

Q6.59 Reason for end of pregnancy.

- Born alive
- Miscarriage Go to Q6.62
- Still-born Go to Q6.62
- Other Go to Q6.62

Q6.60 Outcome

- Single baby?
- Twins?
- Multiple birth?

Q6.61 Sex of baby

- Male
- Female

Q6.62 For how long did this pregnancy last?

--Click Here-- ▼

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

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

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

Q6.63 Month

--Click Here-- ▼
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October
November
December

Q6.64 Year

--Click Here-- ▼

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1971

Q6.64 Year

pre1970

Q6.65 Reason for end of pregnancy.

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

Q6.66 Reason for end of pregnancy.

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

Q6.67 Outcome

- Single baby?
- Twins?
- Multiple birth?

Q6.68 Sex of baby

- Male
- Female

Q6.69 For how long did this pregnancy last?

--Click Here-- ▼

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

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

Yes

No

Go to Q6.74

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

Yes

No

Go to Q6.74

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

Yes

No

Go to Q6.74

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

You

Your husband/partner

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

--Click Here--



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

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

--Click Here-- ▼

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

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

--Click Here-- ▼

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

Q6.77 Why did your menstrual periods stop?

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

Q6.78 Have you ever taken the contraceptive pill?

- Yes
- No

Go to Q6.90

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

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

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

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?

--Click Here-- ▾

- na
- na
- na
- na
- na
- na
- na
- na
- na
- na
- na
- na
- Less than 13
- 13
- 14
- 15
- 16
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- 18
- 19
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- 49
- 50

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

52
53
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59
60
Over 60

Q6.87 Are you still taking the pill?

- Yes
- No

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

--Click Here-- ▼

na

na

na

na

na

na

na

na

na

na

na

Less than 13

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

52

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Over 60

Q6.89 For how many years in total have you taken the contraceptive pill?

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

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

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

Yes

No

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

--Click Here-- ▼

- Don't remember
- less than 1 year
- 1 year
- 2 years
- 3 years
- 4 years
- 5 years
- 6 years
- 7 years
- 8 years
- 9 years
- 10 years
- 11 years
- 12 years
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- 31 years
- 32 years
- 33 years
- 34 years
- 35 years
- 36 years
- 37 years
- 38 years
- 39 years
- 40 years
- more than 40 years

Q6.92 Have you ever used a contraceptive implant

Yes

No

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

--Click Here-- ▼

- Don't remember
- less than 1 year
- 1 year
- 2 years
- 3 years
- 4 years
- 5 years
- 6 years
- 8 years
- 9 years
- 10 years
- 11 years
- 12 years
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- 34years
- 35 years
- 36 years
- 37 years
- 38 years
- 39 years
- 40 years
- more than 40 years

Q6.94 Have you ever used hormone replacement treatment?

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

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

--Click Here-- ▼

na

na

na

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Less than 13

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42

43

44

45

46

47

48

49

50

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

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

Q6.96 Are you using HRT now?

- Yes
- No

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

--Click Here-- ▼

na

na

na

na

na

na

na

na

na

na

na

less than 13

13

14

15

16

17

18

19

20

21

22

23

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

52

53

54

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56

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65

66

67

68

69

70

More than 70

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

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

--Click Here--
less than 1 year
1 year
2 years
3 years
4 years
5 years
6 years
8 years
9 years
10 years
11 years
12 years
13 years
14 years
15 years
16 years
17 years
18 years
19 years
20 years
21 years
22 years
23 years
24 years
25 years
26 years
27 years
28 years
29 years
30 years
more than 30 years

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

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


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

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


Please tell us for how long you used these brands.

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


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

--Click Here-- 


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

--Click Here-- 


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

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


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

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

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

{Q6.100}

--Click Here--



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

{Q6.101}

--Click Here--



Don't remember

Not used

Less than 1 year

1 year

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}

--Click Here--



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

{Q6.103}

--Click Here--



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

{Q6.104}

--Click Here--



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

Airwave Health Monitoring Study

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

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

- I use Airwave
- I used Airwave in the past but not any more
- I have never used Airwave

Go to 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?

--Click Here-- ▼

- 2020
- 2019
- 2018
- 2017
- 2016
- 2015
- 2014
- 2013
- 2012
- 2011
- 2010
- 2009
- 2008
- 2007
- 2006
- 2005
- 2004
- 2003
- 2002
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- 1987
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- 1982
- 1981
- 1980
- 1979
- 1978
- 1977
- 1976
- 1975
- 1974
- 1973
- 1972
- 1971

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

- 1969
- 1968
- 1967
- 1966
- 1965
- 1964
- 1963
- 1962
- 1961
- 1960
- 1959
- 1958
- 1957
- 1956
- 1955
- 1954
- 1953
- 1952
- 1951
- 1950
- 1949
- 1948
- 1947
- 1946
- 1945
- 1944
- 1943
- 1942
- 1941
- 1940
- 1939
- 1938
- 1937
- 1936
- 1935

Q7.4 Please provide information on the usual location of your Airwave radio.
When you used it in **Press-to-talk (PTT)/transmit mode or PSTN/mobile phone mode**

	A lot of the time	some of the time	none of the time
Personal radio with earpiece/microphone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal radio without earpiece/microphone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Desk mounted radio including operation/control room use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motorcycle mounted radio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Car mounted radio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Body mounted radio(covert usage)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal radio without earpiece/microphone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Desk mounted radio including operation/control room use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motorcycle mounted radio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Car mounted radio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Body mounted radio(covert usage)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

No

Yes

Q7.10 Please enter the ISSI/ITSI number

Q7.11 What proportion of your total radio use is with a pool radio?

0%

10%

20%

30%

40%

50%

60%

70%

80%

90%

100%

Don't remember

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



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

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

Start time (The hour in which the shift started)

--Click Here-- ▼

- midnight
- 1am
- 2am
- 3am
- 4am
- 5am
- 6am
- 7am
- 8am
- 9am
- 10am
- 11am
- mid-day
- 1pm
- 2pm
- 3pm
- 4pm
- 5pm
- 6pm
- 7pm
- 8pm
- 9pm
- 10pm
- 11pm

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

--Click Here-- ▾

- midnight
- 1am
- 2am
- 3am
- 4am
- 5am
- 6am
- 7am
- 8am
- 9am
- 10am
- 11am
- mid-day
- 1pm
- 2pm
- 3pm
- 4pm
- 5pm
- 6pm
- 7pm
- 8pm
- 9pm
- 10pm
- 11pm

This means that your last shift started at {Q7.13} on {Q7.12}
and ended at {Q7.14} on {Shiftend}
and was {Shiftlength1} hours long.

If so please continue, otherwise go back and change.

Was your last shift {Shiftlength2} hours long?

If so please continue, otherwise go back and change.

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

Q7.15 **Number** of outgoing transmissions

--Click Here-- ▼
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+

Duration of outgoing transmissions (mins)

--Click Here--▼

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+

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

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

Q8.13 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.

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.