

Airwave Follow-up Survey v1.7.1

Confirm date of birth	1
Your contact information.....	1
Current Situation - all.....	2
Current Situation - still in force.....	5
Shift Work	6
Health1 - PHQ9 and HADS	8
Health2 - TSQ.....	10
Health3 - Conditions	12
Lifestyle1 - Smoking	17
Lifestyle2 - Alcohol.....	18
Lifestyle3 - Activities	19
Female health1 - Pregnancies.....	21
Female health2 - Contraception and HRT.....	24
Airwave use.....	25
EPQ-R	25
BRS	28
TBI	28
Finish	32

Confirm date of birth

DOB_CONFIRMED

Date of birth? (please make sure you have selected the right year)

Your contact information

CONTACT_POSTCODE_CONFIRM_YN

Is this your current postcode?

CONTACT_ADDRESS_ID_NEW

Please enter your current postcode and then select your address:

CONTACT_MOBILE_CONFIRM_YN

Is this your current mobile phone number?

CONTACT_MOBILE_NEW

Please enter your current mobile phone number:

CONTACT_EMAIL_CONFIRM_YN

Is this your current email address?

CONTACT_EMAIL_NEW

Please enter your current email address:

Current Situation - all

WORK_FORCE_STATUS

Are you:

FORCE_ID_TYPE

Please select the type of ID you can provide

FORCE_ID_TYPE_TXT

Please enter your ID

LEFT_FORCE_MONTH

What date did you leave the police force? Month

LEFT_FORCE_YEAR

What date did you leave the police force? Year

LEFT_FORCE_NAME

What was your force when you left?

LEFT_FORCE_NAME_OTHER_TXT

Please specify other activity

LEFT_FORCE_NEIGHBOURHOOD

Which neighbourhood did you mostly work within?

LEFT_FORCE_STATION

Which station did you mostly work at?

EMPLOYMENT_STATUS

How would you describe your current status?

JOB_TITLE_TXT

Please enter your job title.

CURRENT_FORCE

What is your current force?

CURRENT_FORCE_NEIGHBOURHOOD

Which neighbourhood do you mostly work within?

CURRENT_FORCE_STATION

Which station do you mostly work at?

CURRENT_RANK

What is your current rank and role within the force? Rank

CURRENT_ROLE

Role

ROLE_MAIN_ACTIVITIES

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

ROLE_MAIN_ACTIVITIES_OTHER_TXT

Please specify other activity

RELATIONSHIP_STATUS

Presently, are you

GENDER_DESCRIPTION

Which of the following describes how you think of yourself?

- Female
- Male
- Prefer to self-describe
- Prefer not to say

GENDER_ALIGNED_TO_SEX_AT_BIRTH

Is your gender identity the same as the sex you were assigned at birth?

- No
- Yes
- Prefer not to say

SEXUAL_ORIENTATION

Which of the following options best describes how you think of yourself?

- Heterosexual
- Bisexual
- Gay or lesbian

- Prefer to self-describe
- Prefer not to say

Current Situation - still in force

WORK_HAVE_TO_WORK_VERY_HARD

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

You have to work very hard

WORK_EXCESSIVE_AMOUNT_OF_WORK

You have an excessive amount of work to do

WORK_LOT_TO_SAY_ABOUT_WHAT_HAPPENS

You have a lot of say about what happens on the job

WORK_HIGH_LEVEL_OF_SKILL

You have a high level of skill

WORK_FREEDOM_TO_DECIDE_HOW_TO_WORK

You have the freedom to decide how you do your work

WORK_CHANCE_TO_BE_CREATIVE

You have the chance to be creative

DIFFICULTIES_FREQ_SUPPORT

When you are having difficulties at work ...

How often do you get help and support from your colleagues?

DIFFICULTIES_FREQ_LISTENED_TO

How often are your colleagues willing to listen to your work-related problems?

DIFFICULTIES_FREQ_HELP_FROM_SUPERVISOR

How often do you get help and support from your immediate superior?

DIFFICULTIES_FREQ_LISTENED_TO_BY_SUPERVISOR

How often is your immediate superior willing to listen to your work-related problems?

JOB_SATISFACTION

Taking all things into consideration ...

How satisfied are you with your job as a whole?

WITHIN_ROLE_DIFFERENT_GROUPS_HARD_TO_COMBINE

Within your role ...

Do different groups at work demand things from you that you think are hard to combine?

WITHIN_ROLE_GET_SUFFICIENT_INFO_FROM_MANAGEMENT

Do you get sufficient information and instruction from line management (your supervisors)?

WITHIN_ROLE_GET_CONSISTENT_INFO_FROM_MANAGEMENT

Do you get consistent information and instruction from line management (your supervisors)?

Shift Work

SHIFT_WORKER

Are you a shift worker? (i.e. do you work outside the regular daytime hours of approximately 7 a.m. and 6 p.m.)

SHIFT_WORKER_TYPE

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)

SHIFT_WORKER_TYPE_NOTA

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)

SHIFT_NIGHTS_PER_MONTH

How many night shifts do you usually work per month?

SHIFT_NIGHTS_IN_A_ROW

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

SHIFT_CONSECUTIVE_REST_DAYS

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

SHIFT_PATTERN_PAST_YEAR

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

HOURS_FLEXIBILITY

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

HOURS_PER_TYPICAL_WEEK_EXCLUDING_OT

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

HOURS_PER_TYPICAL_WEEK_OT

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

SICK_DAYS_PAST_YEAR

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

CONSULTED_GP_PAST_YEAR

In the past year how many times have you consulted your GP for your health problems

CONSULTED_GP_PAST_YEAR_WORK_RELATED_ISSUES

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

USED_FORCE_SUPPORT

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

USED_FORCE_SUPPORT_NOTA

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

CURRENT_ANNUAL_INCOME

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.

WORKED_SHIFTS_TOTAL

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

Health1 - PHQ9 and HADS

H_HEALTH_RATING

How would you rate your overall health?

H_HAPPINESS_RATING

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)

PHQ9_LITTLE_INTEREST_OR_PLEASURE_DOING_THINGS

These questions refer to any emotional symptoms you may have had, such as feeling depressed or anxious. We are interested in symptoms that may or may not be connected to your work.

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

Little interest or pleasure in doing things

PHQ9_FEELING_DOWN_DEPRESSED_OR_HOPELESS

Feeling down, depressed or hopeless

PHQ9_TROUBLE_SLEEPING

Trouble falling or staying asleep or sleeping too much

PHQ9_TIRED_OR_HAVING_LITTLE_ENERGY

Feeling tired or having little energy

PHQ9_POOR_APPETITE_OR_OVER_EATING

Poor appetite or overeating

PHQ9_FEELING_BAD_ABOUT_YOURSELF

Feeling bad about yourself, that you are a failure or have let yourself or your family down

PHQ9_TROUBLE_CONCENTRATING

Trouble concentrating on things such as reading the newspaper or watching television

PHQ9_MOVING_OR_SPEAKING_SLOWER_OR_FASTER

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

PHQ9_THOUGHTS_BETTER_OFF_DEAD

Thoughts that you would be better off dead or of hurting yourself in some way

HADS_FEEL_TENSE_OR_WOUND_UP

Do you feel tense or "wound up"?

HADS_FRIGHTENED_FEELING_SOMETHING_AWFUL

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

HADS_WORRYING_THOUGHTS

Do worrying thoughts go through your mind?

HADS_ABLE_TO_SIT_AND_RELAX

Can you sit at ease and feel relaxed?

HADS_FRIGHTENED_FEELING_BUTTERFLIES

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

HADS_FEEL_RESTLESS_HAVE_TO_MOVE

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

HADS_SUDDEN_FEELINGS_OF_PANIC

Do you get sudden feelings of panic?

Health2 - TSQ

TSQ_BOTHERING_INCIDENT_SINCE_YOS

Can you think of any incident which is bothering you and which has occurred since we last saw you in

TSQ_BOTHERING_INCIDENT_SINCE_YOS_TXT

Can you please briefly describe the event

TSQ_AFFECT_UPSETTING_MEMORIES

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.

Upsetting thoughts or memories about the event that have come to your mind against your will

TSQ_AFFECT_UPSETTING_DREAMS

Upsetting dreams about the event

TSQ_AFFECT_DEJA_VU

Acting or feeling as though the event were happening again

TSQ_AFFECT_UPSETTING_REMINDERS

Feeling upset by reminders of the event

TSQ_AFFECT_PHYSICAL_REACTION_TO_REMINDERS

Bodily reactions (such as fast heartbeat, stomach churning, sweatiness, dizziness) when reminded of the event.

TSQ_AFFECT_DIFFICULTY_FALLING_ASLEEP

Difficulty falling or staying asleep

TSQ_AFFECT_IRRITABILITY_OR_OUTBURSTS

Irritability or outbursts of anger

TSQ_AFFECT_DIFFICULTY_CONCENTRATING

Difficulty concentrating

TSQ_AFFECT_INCREASED_HAZARD_AWARENESS

Heightened awareness of potential dangers to yourself and others

TSQ_AFFECT_BEING_JUMPY

Being jumpy or being startled at something unexpected.

TSQ_SOUGHT_MEDICAL_HELP

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

H_NOW_DEAFNESS_OR_PARTIAL_HEARING_LOSS

Do you suffer from Deafness or partial hearing loss?

H_NOW_TINNITUS_OR_RINGING

Do you suffer from Tinnitus or ringing sound?

Health3 - Conditions

H_SUFFERED

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

H_SUFFERED_NOTA

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

H_SUFFERED_ALLERGY_DIAGNOSED

Year of diagnosis: Allergy (eczema, hay fever, rhinitis)

H_SUFFERED_ALZHEIMERS_DIAGNOSED

Year of diagnosis: Alzheimer's disease

H_SUFFERED_ANGINA_DIAGNOSED

Year of diagnosis: Angina

H_SUFFERED_ANXIETY_DISORDER_DIAGNOSED

Year of diagnosis: Anxiety disorder

H_SUFFERED_ASTHMA_DIAGNOSED

Year of diagnosis: Asthma

H_SUFFERED_CANCER_DIAGNOSED

Year of diagnosis: Cancer

H_SUFFERED_CANCER_TYPE_TXT

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

H_SUFFERED_CATARACT_DIAGNOSED

Year of diagnosis: Cataract

H_SUFFERED_CHRONIC_FATIGUE_ME_DIAGNOSED

Year of diagnosis: Chronic Fatigue Syndrome/ME

H_SUFFERED_CHRONIC_LIVER_DISEASE_DIAGNOSED

Year of diagnosis: Chronic liver disease

H_SUFFERED_COPD_DIAGNOSED

Year of diagnosis: Chronic Obstructive Pulmonary Disease (COPD)

H_SUFFERED_CROHNS_DIAGNOSED

Year of diagnosis: Crohn's disease

H_SUFFERED_DEMENTIA_DIAGNOSED

Year of diagnosis: Dementia

H_SUFFERED_DEPRESSION_DIAGNOSED

Year of diagnosis: Depression

H_SUFFERED_DIABETES_DIAGNOSED

Year of diagnosis: Diabetes

H_SUFFERED_DIABETES_TYPE

What type of diabetes do you have?

H_SUFFERED_EPILEPSY_DIAGNOSED

Year of diagnosis: Epilepsy

H_SUFFERED_GLAUCOMA_DIAGNOSED

Year of diagnosis: Glaucoma or high eye pressure

H_SUFFERED_HEART_ATTACK_DIAGNOSED

Year of diagnosis: Heart attack (MI)

H_SUFFERED_HIGH_BP_DIAGNOSED

Year of diagnosis: High blood pressure

H_SUFFERED_HIGH_CHOLESTEROL_DIAGNOSED

Year of diagnosis: High cholesterol

H_SUFFERED_LACTOSE_INTOLERANCE_DIAGNOSED

Year of diagnosis: Lactose intolerance

H_SUFFERED_MCI_DIAGNOSED

Year of diagnosis: Mild cognitive impairment (MCI)

H_SUFFERED_MIGRAINE_DIAGNOSED

Year of diagnosis: Migraine

H_SUFFERED_MOTOR_NEURON_DIAGNOSED

Year of diagnosis: Motor Neuron disease

H_SUFFERED_MS_DIAGNOSED

Year of diagnosis: Multiple Sclerosis

H_SUFFERED_OSTEOARTHRITIS_DIAGNOSED

Year of diagnosis: Osteoarthritis

H_SUFFERED_OTHER_HEART_CONDITIONS_DIAGNOSED

Year of diagnosis: Other heart conditions

H_SUFFERED_PARKINSONS_DIAGNOSED

Year of diagnosis: Parkinson's disease

H_SUFFERED_RHEUMATOID_ARTHRTIS_DIAGNOSED

Year of diagnosis: Rheumatoid arthritis

H_SUFFERED_STROKE_DIAGNOSED

Year of diagnosis: Stroke / transient ischaemic attack (TIA)

H_SUFFERED_THYROID_DISORDERS_DIAGNOSED

Year of diagnosis: Thyroid-related disorders

H_SUFFERED_ULCERATIVE_COLITIS_DIAGNOSED

Year of diagnosis: Ulcerative colitis

H_SUFFERED_MCI_CAUSE

What, if known, is the underlying cause of your dementia or MCI?

H_SUFFERED_MCI_CAUSE_OTHER_TXT

Please provide details of the other type of dementia

H_SUFFERED_MCI_CAUSE_ALZHEIMERS_DIAGNOSED

Year of diagnosis: Alzheimer's disease

H_SUFFERED_MCI_CAUSE_DEMENTIA_FRONTOTEMPORAL_DIAGNOSED

Year of diagnosis: Frontotemporal dementia

H_SUFFERED_MCI_CAUSE_DEMENTIA_LEWY_BODIES_DIAGNOSED

Year of diagnosis: Dementia with Lewy bodies

H_SUFFERED_MCI_CAUSE_DEMENTIA_VASCULAR_DIAGNOSED

Year of diagnosis: Vascular dementia

H_SUFFERED_MCI_CAUSE_DEMENTIA_MIXED_DIAGNOSED

Year of diagnosis: Mixed dementia

H_SUFFERED_MCI_CAUSE_TES_OR_CTE_DIAGNOSED

Year of diagnosis: Traumatic encephalopathy syndrome (TES) or Chronic traumatic encephalopathy (CTE)

H_SUFFERED_MCI_CAUSE_DEMENTIA_OTHER_DIAGNOSED

Year of diagnosis: Other dementia

H_FAMILY_HISTORY_DEMENTIA

Is there a family history of dementia? (Please only include history of first-degree relatives i.e. parents, siblings, children)

H_CHEST_PAIN_PAST_YEAR

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

H_CHEST_PAIN_WHILST_WALKING_FLAT

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

H_CHEST_PAIN_WHILST_WALKING_INTENSE

Do you get it when you walk uphill or hurry?

H_CHEST_PAIN_ACTION

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

H_CHEST_PAIN_GOES_WHEN_STILL

Does it go away when you stand still?

H_CHEST_PAIN_GOES_WHEN_STILL_AFTER

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

H_CHEST_PAIN_FRONT_SEVERE_30MINS_PLUS

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

H_CHEST_PAIN_CONSULT_DOCTOR

Did you consult a doctor for your chest pain?

H_CHEST_PAIN_DIAGNOSIS

What was the diagnosis for your chest pain?

H_BP_IN_LAST_FIVE_YEARS

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

H_BP_LAST_READING

Were you told it was

Lifestyle1 - Smoking

SMOKER_NOW

Do you currently smoke cigarettes?

SMOKER_NOW_TYPE

What kind of cigarettes do you currently smoke?

SMOKER_NOW_FREQ

How many cigarettes do you smoke?

SMOKER_PAST

Did you smoke cigarettes in the past?

SMOKER_PAST_QUIT_AGE

How old were you when you quit smoking?

SMOKER_PAST_TYPE

What kind of cigarettes did you smoke?

SMOKER_PAST_FREQ

How many cigarettes did you smoke?

SMOKED_TYPE

Have you ever smoked any of the following? (Please tick as many options as appropriate)

SMOKED_TYPE_NOTA

Have you ever smoked any of the following? (Please tick as many options as appropriate)

PASSIVE_SMOKING_PAST_12_MONTHS_YN

During the past 12 months, in the daytime or at night, do you frequently stay in rooms where people smoke tobacco?

Lifestyle2 - Alcohol

DRINKER_NOW

Do you currently drink alcohol?

DRINKER_PAST

Did you ever drink alcohol?

DRINKER_PAST_QUIT_REASON

Why did you stop drinking alcohol?

DRINKER_PAST_QUIT_AGE

How old were you when you stopped drinking alcohol?

DRINKER_AUDIT_01_FREQ

How often do you have a drink containing alcohol?

DRINKER_AUDIT_02_UNITS_PER_TYPICAL_DRINKING_DAY

How many units of alcohol do you drink on a typical day when you are drinking?

DRINKER_AUDIT_03_BINGE

How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?

Lifestyle3 - Activities

VIGOROUS_EXERCISE_ON_HOW_MANY_DAYS

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**.

Vigorous exercise: During the last 7 days on how many days did you do vigorous physical exercise?

VIGOROUS_EXERCISE_TOTAL_DURATION

Vigorous exercise: How much total time did you spend over these day(s) doing vigorous physical activity?

MODERATE_EXERCISE_ON_HOW_MANY_DAYS

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**.

Moderate exercise: During the last 7 days on how many days did you do moderate physical exercise?

MODERATE_EXERCISE_TOTAL_DURATION

Moderate exercise: How much total time did you spend over these day(s) doing moderate physical activity?

WALKING_ON_HOW_MANY_DAYS

Walking

Think about the time you spent **walking** in the last 7 days..

This includes walking at work, at home, and walking to travel from place to place.

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

WALKING_TOTAL_DURATION

Walking: How much total time did you spend over these day(s) walking?

SITTING_TOTAL_DURATION_WEEKDAYS

Sitting: 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.

SLEEPING_HOURS_PER_24HR

How much sleep do you usually get over a 24-hour period?

SLEEP_LAST_4WEEKS_RESTLESS

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

feel that your sleep was not quiet (moving restlessly, feeling tense, speaking, etc., while sleeping)?

SLEEP_LAST_4WEEKS FELT RESTED

get enough sleep to feel rested upon waking in the morning?

SLEEP_LAST_4WEEKS_TROUBLE_FALLING_ASLEEP

have trouble falling asleep?

SLEEP_LAST_4WEEKS_INTERRUPTED

awaken during your sleep and have trouble falling asleep again?

SLEEP_LAST_4WEEKS_TAKE_NAPS

take naps (5 minutes or longer) during the day?

EARLY_BIRD_OR_NIGHT_OWL

Do you consider yourself to be ...

Female health1 - Pregnancies

PREGNANT_YOS_CONFIRM

From our records we believe that when we last saw you, you reported being pregnant.

PREGNANCY_YOS_ENDED_MONTH

Please tell us when this pregnancy ended: Month

PREGNANCY_YOS_ENDED_YEAR

Pregnancy ended: Year

PREGNANCY_YOS_ENDED_REASON

Reason for end of pregnancy.

PREGNANCY_YOS_OUTCOME

Outcome of pregnancy.

PREGNANCY_YOS_DURATION

For how long did this pregnancy last?

PREGNANT_AGAIN_SINCE_YOS

Have you been pregnant since we last saw you or are you currently pregnant?

PREGNANT_AGAIN_SINCE_YOS_TIMES

How many times have you been pregnant again since we last saw you. (Do not include deliberate terminations of pregnancy).

PREGNANT_AGAIN_SINCE_YOS_1END_MONTH

1. Please tell us when this pregnancy ended: Month

PREGNANT_AGAIN_SINCE_YOS_1END_YEAR

1. Pregnancy ended: Year

PREGNANT_AGAIN_SINCE_YOS_1END_REASON

1. Reason for end of pregnancy.

PREGNANT_AGAIN_SINCE_YOS_1OUTCOME

1. Outcome of pregnancy.

PREGNANT_AGAIN_SINCE_YOS_1DURATION

1. For how long did this pregnancy last?

PREGNANT_AGAIN_SINCE_YOS_2END_MONTH

2. Please tell us when this pregnancy ended: Month

PREGNANT_AGAIN_SINCE_YOS_2END_YEAR

2. Pregnancy ended: Year

PREGNANT_AGAIN_SINCE_YOS_2END_REASON

2. Reason for end of pregnancy.

PREGNANT_AGAIN_SINCE_YOS_2OUTCOME

2. Outcome of pregnancy.

PREGNANT_AGAIN_SINCE_YOS_2DURATION

2. For how long did this pregnancy last?

PREGNANT_AGAIN_SINCE_YOS_3END_MONTH

3. Please tell us when this pregnancy ended: Month

PREGNANT_AGAIN_SINCE_YOS_3END_YEAR

3. Pregnancy ended: Year

PREGNANT_AGAIN_SINCE_YOS_3END_REASON

3. Reason for end of pregnancy.

PREGNANT_AGAIN_SINCE_YOS_3OUTCOME

3. Outcome of pregnancy.

PREGNANT_AGAIN_SINCE_YOS_3DURATION

3. For how long did this pregnancy last?

SINCE_YOS_UNSUCCESSFUL_PREG_GT1YEAR

Since we last saw you have you tried to become pregnant for more than one year without success?

SOUGHT_MEDICAL_HELP_WITH_CONCEIVING

Have you or your spouse/partner ever sought any medical help because of problems with conceiving?

INFERTILITY_TREATMENT

Did either of you receive any treatment for infertility?

INFERTILITY_TREATMENT_WHO

Please tell us which of you was affected.

BREASTFEEDING_TOTAL_TIME

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

MENSTRUAL_CYCLE_DAYS

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

PERIODS_STOPPED_AT_AGE

How old were you when your periods stopped?

PERIODS_STOPPED_REASON

Why did your menstrual periods stop?

Female health2 - Contraception and HRT

USED_HRT

Have you ever used hormone replacement treatment?

USED_HRT_AGE_START

How old were you when you first used HRT ?

USING_HRT_NOW

Are you using HRT now?

USED_HRT_AGE_STOP

How old were you when you stopped using HRT ?

USED_HRT_TOTAL_YEARS

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)

Airwave use

AIR_USAGE

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

AIR_USAGE_START

Which year did you first start using Airwave radios?

AIR_USAGE_STOP

Which year did you stop using Airwave radios?

EPQ-R

EPQR_UNSTABLE_MOOD

Does your mood often go up and down?

EPQR_TAKE_NOTICE_OF_WHAT_PEOPLE_THINK

Do you take much notice of what people think?

EPQR_TALKATIVE_PERSON

Are you a talkative person?

EPQR_FEEL_MISERABLE_NO_REASON

Do you ever feel 'just miserable' for no reason?

EPQR_RATHER_LIVELY

Are you rather lively?

EPQR_IRRITABLE_PERSON

Are you an irritable person?

EPQR_ENJOY_MEETING_NEW_PEOPLE

Do you enjoy meeting new people?

EPQR_FEELINGS_EASILY_HURT

Are your feelings easily hurt?

EPQR_LET_YOURSELF_GO_AND_PARTY

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

EPQR_OFTEN_FEEL_FED_UP

Do you often feel 'fed-up'?

EPQR_TAKE_INITIATIVE_MAKING_FRIENDS

Do you usually take the initiative in making new friends?

EPQR_NERVOUS_PERSON

Would you call yourself a nervous person?

EPQR_BREATHE_LIFE_INTO_DULL_PARTY

Can you easily get some life into a rather dull party?

EPQR_WORRIER

Are you a worrier?

EPQR_SOCIALY_SHY

Do you tend to keep in the background on social occasions?

EPQR_HIGHLY_STRUNG

Would you call yourself tense or 'highly-strung'?

EPQR_LIKE_MIXING_WITH_PEOPLE

Do you like mixing with people?

EPQR_DWELL_ON_EMBARRASSING_EXP

Do you worry too long after an embarrassing experience?

EPQR_LIKE_PLENTY_OF_BUSTLE

Do you like plenty of bustle and excitement around you?

EPQR_SUFFER_FROM_NERVES

Do you suffer from 'nerves'?

EPQR_MOSTLY_QUIET_WITH_OTHERS

Are you mostly quiet when you are with other people?

EPQR_OFTEN_FEEL_LONELY

Do you often feel lonely?

EPQR_OTHER_PEOPLE_CONSIDER_YOU_LIVELY

Do other people think of you as being very lively?

EPQR_TROUBLED_WITH_GUILT

Are you often troubled about feelings of guilt?

EPQR_GET_PARTY_GOING

Can you get a party going?

BRS

BRS_BOUNCE_BACK_QUICKLY

I tend to bounce back quickly after hard times

BRS_STRESSFUL_EVENT_HARD_TIME_ENDURING

I have a hard time making it through stressful events

BRS_STRESSFUL_EVENT_QUICK_TO_RECOVER

It does not take me long to recover from a stressful event

BRS_BAD_HARD_SNAPPING_BACK

It is hard for me to snap back when something bad happens

BRS_DIFFICULT_TIMES_LITTLE_TROUBLE

I usually come through difficult times with little trouble

BRS_SET_BACKS_LONG_RECOVERY_TIME

I tend to take a long time to get over set-backs in my life

TBI

TBI_STEP1_1_HOSPITALISED_YN

In your lifetime, have you ever been hospitalised or treated in an emergency room following an injury to your head or neck? Also think about any childhood injuries you remember or were told about.

TBI_STEP1_2_VEHICLE_INJURY_YN

In your lifetime, have you ever injured your head or neck in a car accident or from crashing some other moving vehicle like a bicycle, motorcycle or other motorised or non-motorised vehicle?

TBI_STEP1_3_FALL_OR_PROJECTILE_INJURY_YN

In your lifetime, have you ever injured your head or neck in a fall or from being hit by something (for example, falling from a bike or horse, rollerblading, falling on ice, being hit by a rock); or have you ever injured your head or neck playing sports or on the playground?

TBI_STEP1_4_PERSON_INFLICTED_INJURY_YN

In your lifetime, have you ever injured your head or neck in a fight, from being hit by someone, or from being shaken violently; or have you ever been shot in the head?

TBI_STEP1_5_EXPLOSION_INJURY_YN

In your lifetime, have you ever been nearby when an explosion or a blast occurred? If you served in the military, think about any combat or training related incidents.

TBI_STEP2_1_HOSPITALISED_CAUSE_NN

What was the cause?

TBI_STEP2_1_HOSPITALISED_LOC_NN

Were you knocked out or did you lose consciousness?

TBI_STEP2_1_HOSPITALISED_DAZE_YN_NN

Dazed/memory gap

TBI_STEP2_1_HOSPITALISED_AGE_NN

How old were you?

TBI_STEP2_2_VEHICLE_INJURY_CAUSE_NN

What was the cause?

TBI_STEP2_2_VEHICLE_INJURY_LOC_NN

Were you knocked out or did you lose consciousness?

TBI_STEP2_2_VEHICLE_INJURY_DAZE_YN_NN

Dazed/memory gap

TBI_STEP2_2_VEHICLE_INJURY_AGE_NN

How old were you?

TBI_STEP2_3_FALL_OR_PROJECTILE_INJURY_CAUSE_NN

What was the cause?

TBI_STEP2_3_FALL_OR_PROJECTILE_INJURY_LOC_NN

Were you knocked out or did you lose consciousness?

TBI_STEP2_3_FALL_OR_PROJECTILE_INJURY_DAZE_YN_NN

Dazed/memory gap

TBI_STEP2_3_FALL_OR_PROJECTILE_INJURY_AGE_NN

How old were you?

TBI_STEP2_4_PERSON_INFLICTED_INJURY_CAUSE_NN

What was the cause?

TBI_STEP2_4_PERSON_INFLICTED_INJURY_LOC_NN

Were you knocked out or did you lose consciousness?

TBI_STEP2_4_PERSON_INFLICTED_INJURY_DAZE_YN_NN

Dazed/memory gap

TBI_STEP2_4_PERSON_INFLICTED_INJURY_AGE_NN

How old were you?

TBI_STEP2_5_EXPLOSION_INJURY_CAUSE_NN

What was the cause?

TBI_STEP2_5_EXPLOSION_INJURY_LOC_NN

Were you knocked out or did you lose consciousness?

TBI_STEP2_5_EXPLOSION_INJURY_DAZE_YN_NN

Dazed/memory gap

TBI_STEP2_5_EXPLOSION_INJURY_AGE_NN

How old were you?

TBI_STEP3_MULTIPLE_IMPACTS_YN

Have you ever had a period of time in which you experienced multiple, repeated impacts to your head (e.g. history of abuse, contact sports, military duty)?

TBI_STEP3_MULTIPLE_IMPACTS_CAUSE_NN

Cause of repeated injury

TBI_STEP3_MULTIPLE_IMPACTS_TYPICAL_EFFECT_NN

Typical effect

TBI_STEP3_MULTIPLE_IMPACTS_SEVERE_EFFECT_NN

Most severe effect

TBI_STEP3_MULTIPLE_IMPACTS_AGE_START_NN

Age began

TBI_STEP3_MULTIPLE_IMPACTS_AGE_END_NN

Age ended

Finish

FB_QUESTIONS_APPROPRIATE

Did you find that:

FB_SURVEY_LENGTH

Did you find the questionnaire

FB_OTHER_ISSUES_TXT

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