UKCCS EMF Questionnaire:	Page	1
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	Region	 Case N	o		
Identifying Number					

EMF Questionnaire

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Residential Measurements

Please complete the Preliminary Sheet (before the interview if possible), and Sections I to VI inclusive.

Non-Residential Measurements

Measurements should be made at the school / pre-school establishment identified in Section IV. Sections VII to IX inclusive should be completed at this location, and Section IV taken for information.

Please take a metric tape measure (at least 1 metre long) with you when making measurements.

Please enter Child's ID number at the top of all pages.

UKCCS EMF Questionnaire: Page 3 Identifying No		gion	Case N	40.		\neg
			<u></u>			<u> </u>
Preliminary Sheet						:
Child' s Name:					Date of	f Ridl
		Day		Month	Year	
Address:	_					<u> </u>
	<u> </u>					
	_ Da	te Mov			rent Ac	dres
Postcode:			. [Month	Year	Т
r Osicode.	_ `		l			
	Providence					
Date of (pseudo)diagnosis Month of Interest Day Month Year	Ag _{Year}	e of ch			h of int	
Day Month Year February / Other:	real		ĺ	Years	Month	*
			L			<u> — </u>
		, ,				
1 a) Is there central heating installed in the family room?				1=yes; 2=	=no; 9=NK	
Date of installation if after month of interest	\Box					
Date of installation in after month of interest		. •				
b) Is there central heating installed in the child's bedroom?				1=yes; 2=	:no; 9=NK	
Day Month Year						
Date of installation if after month of interest						
			1			
2) Did the child attend any individual pre-school establishment (day no	_		oup	1=yes; 2=	:no; 9=NK	
or nursery school) or school for 15 hours per week or more (5 sess	· ·	the		÷.	-	
October to March period immediately preceding (pseudo)diagnosis	?		·. ,		33	
If yes: Please enter date first attended:						
Day Month Year		Day		Month	Year	
Pre-School Full-Tir	ne Sch	001	<u> </u>			
(i.e. day nursery / play group / nursery school)						

 -	Residential Room Identification					• • •			
We'	re interested in rooms in the house where		••••••		spent ti		during _{ars}	g the m	
Fe	bruary / Other:	This wa	as when	(s)he wa	as age	d [
Enter	year of month of interest					Er	iter age	of child i	n that mor
Obv	iously, (s)he spent time in the family room, and	d we're al	so intere	sted in	making	mea	asure	ments	in the
roon	n where (s)he usually slept.						4 V		
1)	Sleeping Room							,	
1)	Sleeping Room In which room did	norma	ally spen	d most	of the r	night,	durii	ng that	month
1)		norma	ally spen	d most	of the r	night,	durii	ng that	: month
1)		norma	ally spen	d most	of the r	night,	durii	ng that	month
)	In which room did	 :				night,	durii	ng that	
)	On average, how long did usually	 :				night,		<u>-</u> 1	
)	In which room did	 :				night,		<u>-</u> 1	
, ,	On average, how long did usually	 :	the room	1 where		night,	Hour	M	in
1)	On average, how long did usually	spend in				night,		<u>-</u> 1	in
) 2)	On average, how long did usually normally slept, apart from at night?	spend in	the room	1 where	(s)he		Hour	M	in

. [19]

11	Residential Appliance Questionnaire	
Aga	February / Other: Enter year of month of interest	This was w
· · · · · · · · · · · · · · · · · · ·	Years Months Was Enter age of child in that month	
1)	During that month, was a CENTRAL HEATING SYSTEM used at all?	1=yes; 2=no; 9=NK
	If yes:	
•	Did it blow hot air into the rooms?	1=yes; 2=no; 9=NK
	If yes: Did it blow hot air into's usual sleeping room?	1≖yes; 2=no; 9≖NK
•	If no: Was there a central heating pump < 1m from 's bed?	1=yes; 2=no; 9=NK
v.		
2)	Did you use an "ECONOMY 7" or "WHITE METER" (when electricity is cheaper at n	ight)?
	Economy 7 1=yes; 2=no; 9=NK White Meter	1=yes; 2=no; 9=NK
3)	During that month, was's bed situated < 1m from an	1=yes; 2=no; 9=NK
	ELECTRICITY METER? (This could include meters on the other side of	L
	the wall against which the bed was located.)	
4)	Diduse a HAIRDRYER for more than 1 hour per week?	1=yes; 2=no; 9=NK
4)	Diduse a HAIRDRYER for more than 1 hour per week?	1=yes; 2=no; 9=NK
)		.
)		1=yes; 2=no; 9=NK 1=yes; 2=no; 9=NK
)	Didspend more than 3 hours per week < 1m from an	.
5)	Didspend more than 3 hours per week < 1m from an operating MICROWAVE OVEN?	.
4) 5)	Didspend more than 3 hours per week < 1m from an operating MICROWAVE OVEN?	1=yes; 2=no; 9=NK
5)	Didspend more than 3 hours per week < 1m from an operating MICROWAVE OVEN? During that month, was UNDERFLOOR HEATING ever used in the house? If yes: Can I see the control box?	1=yes; 2=no; 9=NK
5)	Didspend more than 3 hours per week < 1m from an operating MICROWAVE OVEN? During that month, was UNDERFLOOR HEATING ever used in the house? If yes:	1=yes; 2=no; 9=NK 1=yes; 2=no; 9=NK 1=yes; 2=no; 9=NK

UKC	CS EMF Questionnaire: Page 9 Identifying Number Region Case No.
11	Residential Appliance Questionnaire (Continued)
. :	
7)	If yes to UNDERFLOOR HEATING in the house:
	During that month, was UNDERFLOOR HEATING ever used in's 1=yes; 2=no; 9=NK usual sleeping room?
	If yes:
1	Which side(s) of's bed are against the wall? Unable to Ascertain
	Both sides?
	Where is's mattress located? Unable to Ascertain
	On the floor? in a normal bed/bottom bunk? or in a top bunk?
8)	During that month, was a NIGHT STORAGE HEATER (NSH) ever used in 1=yes; 2=no; 9=NK
	Please record the usual control settings, and the description found next to each dial:
	What is the distance from centre of the NSH to a position 20cm below the pillow, on the midline, in cm?
	What is the thickness of the NSH casing from front to back in cm?
	Is the NSH charging now? (e.g. is the red light on the wall switch to which the heater is connected on?)
	What is the make and model of the NSH?
9)	During that month, did ever sleep with an ELECTRIC BLANKET 1=yes; 2=no; 9=Nk switched on?
	If yes: On average, during that month, how long would
1	spend in bed per night with the blanket switched on?

or an underblanket?

or not known?

Is it an overblanket?

What was the usual overnight setting for the blanket?

What was the blanket's electrical rating in Watts?

EMF Questionnaire: Page 11
Residential Measurement Record
EMEMBER THE EMDEX II INSTRUMENT WILL ONLY TAKE AND HOLD 20 DATA SETS INCLUDING 'IGNORES' - ANY MORE WILL CORRUPT DATA!
Region Day Month Year Emdex No. Initial Check Reading (mG) Final Check Reading (mG) Initial Che
Start of Index Home Data Please use 24-hour clock Hour Min
Trment Measurement Description Fluorescent Operating Electrical Appliances or Wall < 1 m from Emdex Comments Tube Light Appliance 1 Appliance 2 Appliance 3 (Include description of "other" appliances)
lance ON (1=v, Appliance Distance ON (1=v, Appliance Distance ON (1=v, 1=v, 1=v, 1=v, 1=v, 1=v, 1=v, 1=v,
ement Codes: ch=check, sr=sleeping room, pl=pillow*, bd=centre of bed*, fr=family room, ig=ignore * Remember to ask whether appliances < 1m from Emdex were usually on at night, and switch ON/OFF accordingly.
<u>ice Codes:</u> 1=WALL, 2=NSH, 3=electric room heater, 4=washing machine, 5=dishwasher, 6=tumble drier, 7=cooker, 8=immersion_heater,9=clock/radio, 10=TV, 11=microwaye oven 12=extractor fan 13=electricity meter 14=burder alarm control hox 15=other
* Remember to as 1=WALL, 2=NSH,

·						Regio	on	Case N	o	
UKC	CS EMF Questionnaire: Page 13				Identifying Numbe	r	<u> </u>			
	Residential Measurement	Record	(Continu	ed)						· · ·
2)	Operating Appliances									
	Were any large appliances op spot or family room measuren	_	•		ouse while an	,			1=yes; 2=no	o; 9≃NK
	If yes: Indicate below the off, please enter earliest									ned on ar
	Appliance	V.	Room				rom		То	
	Washing Machine				erit	[sur	Min	Hour	Min
	Dishwasher								_] [
	Tumble Drier								ī 🗆	
	Electric Cooker	-								
	Spin Drier		4.						- -	
	Microwave Oven								J 🖂	
	Central Heating					Ē				
	Other								- 	
	Other					Ē				
•	Other									

Other

Other

Other

/ !	Non-Residential Establishment	Identifi	cation	•						
				Year					Ye	ar
Here,	, we're interested in the period betw		October			and		larch		
		Year	Enter October to		ediately pre	ceding (ps	eudo)dia	gnosis <u>Ise</u> Years		ions] nths
īhat's	s from when		age of child in t	hat Oct.	until (s)he w	as	Enter age	of child i	n that Ma
) [Did travel at least 4 days	/week on	a tube, ra	ilway or	tram <u>(r</u>	ot bu	<u>s)</u> ?	1=yes	; 2=no; 9:	=NK
1	f yes, please complete the following) :								L
N	Mode From		To	25			Lengt Journ			Journ er W
	Tube / RW / Tram						Hour	Min	¬	
								1	_	
Т	Tube / RW / Tram		<u> </u>			 !			لـ	Ш
T	Tube / RW / Tram				· .	·				
										_
s	Did attend any playgro school, or similar establishment, for	at least 1	5 hours pe	er week	during	this tin	ne?		?=no; 9=N	_
	<i>t vas</i> niegse indicate the type of i	establishi	ment(s) /	Alea rac	ord hov	∧ man	y mor	nths of	the s	six m
	f yes, please indicate the type of period were spent there, and number						nose r	nonths	3:	
		r of hour	s per week	k spent 1	there du		nose r	nonths 	S:	:
	period were spent there, and number	r of hour. ary / Middle	s per week	c spent t y / Other :	there du	uring th				
	Est. 1: Playgroup / Nursery / Prima No. months out of six mor	r of hour ary / Middle th period ary / Middle	s per week	<pre>c spent f y / Other :</pre>	here du	urin g th week du	ring the	ose mon	nths	
	Est. 1: Playgroup / Nursery / Prima No. months out of six mor	r of hour ary / Middle th period ary / Middle	s per week	<pre>c spent f y / Other :</pre>	here du	urin g th week du	ring the	ose mon	nths	
	Est. 1: Playgroup / Nursery / Prima No. months out of six mor Est. 2: Playgroup / Nursery / Prima No. months out of six mor	r of hour ary / Middle th period ary / Middle th period	s per week A / Secondary A / Secondary	x spent to y / Other : No / / Other : No / / Other :	b. hours/	urin g th week du week du	ring the	ose mon	nths	
	Est. 1: Playgroup / Nursery / Prima No. months out of six mor Est. 2: Playgroup / Nursery / Prima No. months out of six mor	r of hour ary / Middle th period ary / Middle th period	s per week A / Secondary A / Secondary	x spent to y / Other : No / / Other : No / / Other :	b. hours/	urin g th week du week du	ring the	ose mon	nths	
p	Est. 1: Playgroup / Nursery / Prima No. months out of six mor Est. 2: Playgroup / Nursery / Prima No. months out of six mor Est. 3: Playgroup / Nursery / Prima No. months out of six mor	r of hour ary / Middle th period ary / Middle th period ary / Middle th period	s per week / Secondary / Secondary / Secondary	x spent f y / Other : No / / Other : No / / Other : No	b. hours/v	veek du	ring the	ose mon	nths nths	
p	Est. 1: Playgroup / Nursery / Prima No. months out of six mor Est. 2: Playgroup / Nursery / Prima No. months out of six mor No. months out of six mor Est. 3: Playgroup / Nursery / Prima No. months out of six mor No. months out of six mor fa a school or pre-school (day nurser)	r of hour ary / Middle th period ary / Middle th period th period	s per week / Secondary / Secondary / Secondary	x spent f y / Other : No / / Other : No / / Other : No / / Other :	b. hours/v	veek du	ring the	ose mon	nths nths	s/we
p	Est. 1: Playgroup / Nursery / Prima No. months out of six more Est. 2: Playgroup / Nursery / Prima No. months out of six more Est. 3: Playgroup / Nursery / Prima No. months out of six more Est. 3: Playgroup / Nursery / Prima No. months out of six more far school or pre-school (day nurse Enter the Main School / Pre	r of hour ary / Middle th period ary / Middle th period ary / Middle th period	s per week / Secondary / Secondary / Secondary / Secondary / Secondary	x spent f y / Other : No / / Other : No / / Other : No	o. hours/	week du	ring the	ose mon	nths nths	
p	Est. 1: Playgroup / Nursery / Prima No. months out of six mor Est. 2: Playgroup / Nursery / Prima No. months out of six mor No. months out of six mor Est. 3: Playgroup / Nursery / Prima No. months out of six mor No. months out of six mor fa a school or pre-school (day nurser)	r of hour ary / Middle th period ary / Middle th period ary / Middle th period sery/play	s per week / Secondary	x spent to y / Other : No / Other : No / Other : No / Other : No / Other sery sery sery sery sery sery sery se	b. hours/v	week du week du week du	ring the	ose monose 15 h	nths hours	er w
p	Est. 1: Playgroup / Nursery / Prima No. months out of six more Set. 2: Playgroup / Nursery / Prima No. months out of six more No. months out of six more Set. 3: Playgroup / Nursery / Prima No. months out of six more No. months out of six more Set. 3: Playgroup / Nursery / Prima No. months out of six more No. months out of six more Set. 3: Playgroup / Nursery / Prima No. months out of six more No. months out of six more Set. 3: Playgroup / Nursery / Prima No. months out of six more No. months out of six more Set. 3: Playgroup / Nursery / Prima No. months out of six more No. more No. months out of six more No.	r of hour ary / Middle th period ary / Middle th period ary / Middle th period sery/play -School e-school s of the e	s per week / Secondary	y / Other : No / / Other sery sery sery sery sery sery sery se	hours/on hours/onis periodhich the	week du week du week du attend	ring the	ose monose mono	nths hours	er w
p	Est. 1: Playgroup / Nursery / Prima No. months out of six more Est. 2: Playgroup / Nursery / Prima No. months out of six more Est. 3: Playgroup / Nursery / Prima No. months out of six more No. months out of six more far a school or pre-school (day nurse Enter the Main School / Pre If more than one school or pron average, then enter detail Establishment Head:	r of hour ary / Middle th period ary / Middle th period ary / Middle th period sery/play -School e-school s of the e	s per week / Secondary / Secondary	y / Other : No / / O	b. hours/vo. hours/vo. hours/vo. hours/vo. hours/vo. his period hich the	week du week du week du attend	ring the	ose monose mono	nths hours ours p	er w
p	Est. 1: Playgroup / Nursery / Prima No. months out of six more Est. 2: Playgroup / Nursery / Prima No. months out of six more Est. 3: Playgroup / Nursery / Prima No. months out of six more No. months out of six more Est. 3: Playgroup / Nursery / Prima No. months out of six more Est. 3: Playgroup / Nursery / Prima No. months out of six more Enter the Main School / Pre If more than one school or pron average, then enter detail Establishment Head: Establishment Name:	r of hour ary / Middle th period ary / Middle th period ary / Middle th period sery/play -School e-school s of the e	s per week / Secondary	y / Other : No / / O	b. hours/v	week du week du week du attend	ring the	ose mon ose mon or≥15 st 15 h e was	nths hours ours p	er w
p	Est. 1: Playgroup / Nursery / Prima No. months out of six more Est. 2: Playgroup / Nursery / Prima No. months out of six more Est. 3: Playgroup / Nursery / Prima No. months out of six more No. months out of six more far a school or pre-school (day nurse Enter the Main School / Pre If more than one school or pron average, then enter detail Establishment Head:	r of hour ary / Middle th period ary / Middle th period ary / Middle th period sery/play -School e-school s of the e	s per week / Secondary	x spent f y / Other: No / / Ot	b. hours/v	week du week du week du attend	ring the	ose mon ose mon or≥15 st 15 h e was	nths hours ours p	er w
p	Est. 1: Playgroup / Nursery / Prima No. months out of six more Est. 2: Playgroup / Nursery / Prima No. months out of six more Est. 3: Playgroup / Nursery / Prima No. months out of six more No. months out of six more Est. 3: Playgroup / Nursery / Prima No. months out of six more Est. 3: Playgroup / Nursery / Prima No. months out of six more Enter the Main School / Pre If more than one school or pron average, then enter detail Establishment Head: Establishment Name:	r of hour ary / Middle th period ary / Middle th period ary / Middle th period sery/play -School e-school s of the e	s per week A / Secondary A / Secondary Attended: was attended: establishme	x spent f y / Other: No / / Ot	b. hours/vo. hours/vo. hours/vo. hours/vo. hours/vo. his period hich the	week du week du week du attend	ring the	ose mon ose mon or≥15 st 15 h e was	nths hours ours p	per w
p	Est. 1: Playgroup / Nursery / Prima No. months out of six more Est. 2: Playgroup / Nursery / Prima No. months out of six more Est. 3: Playgroup / Nursery / Prima No. months out of six more No. months out of six more Set. 3: Playgroup / Nursery / Prima No. months out of six more Ist. 3: Playgroup / Prima No. months out of six more Ist. 3: Playgroup / Nursery / Prima No. months out of six more Ist. 3: Playgroup / Prima No. months out of six more Ist. 3: Playgroup / Prima No. months out of six more Ist. 3: Playgroup / Prima No. months out of six more Ist. 3: Playgroup / Prima No. months out of six more Ist. 3: Playgroup / Prima No. more Ist.	r of hour ary / Middle th period ary / Middle th period ary / Middle th period sery/play -School e-school s of the e	s per week / Secondary / Secondary / Secondary / Secondary / Secondary / Tel. How	y / Other: No / /	b. hours/vo. hours/vo. hours/vo. hours/vo. hours/vo. his period hich the	week du week du week du attend	ring the	ose monose monose monor≥15 st 15 h e was	nths hours ours p	per w
p	Est. 1: Playgroup / Nursery / Prima No. months out of six more Est. 2: Playgroup / Nursery / Prima No. months out of six more Est. 3: Playgroup / Nursery / Prima No. months out of six more No. months out of six more Set. 3: Playgroup / Nursery / Prima No. months out of six more Ist. 3: Playgroup / Prima No. months out of six more Ist. 3: Playgroup / Prima No. months out of six more Ist. 3: Playgroup / Prima No. months out of six more Ist. 3: Playgroup / Prima No. months out of six more Ist. 3: Playgroup / Prima No. months out of six more Ist. 3: Playgroup / Prima No. months out of six more Ist. 3: Playgroup / Prima No. months out of six more Ist. 3: Playgroup / Prima No. months out of six more Ist. 3: Playgroup /	r of hour ary / Middle th period ary / Middle th period ary / Middle th period sery/play -School e-school s of the e	s per week / Secondary / Secondary / Secondary / Secondary / Secondary / Tel. From	y / Other: No / /	b. hours/v. b. hours/v. c. hours/v. c. hours/v. c. hours/v. din	week du week du week du attend od for a	ring the	ose monose monose monor≥15 st 15 h e was	nths hours ours p	er w

UK	CCS EMF Questionnaire: Page 17 Identifying Number	ase No.
v	Permission to Re-approach	
1)	Has your home been rewired since Day Month Year ?	1=yes; 2=no; 9=NK
	If yes: When was this rewiring carried out?	Month Year
	Was the rewiring (please tick)	
	A full house rewire? a small addition to existing circuits?	r not known?
(2)	In order to provide more complete information, we're hoping to make a second se measurements on a sample of the houses we've measured so far.	ries of more detailed
	Are you willing to be re-approached to take part in this second phase, if necessary	? 1=yes; 2=no; 9=NK
	If yes: Are you intending to move house in the next eighteen months?	1=yes; 2≄no; 9=NK
	If yes: When are you planning to move?	Month Year
	(If this is not yet known, enter date as 99:99)	
3)	Did the participants request details of the results of the measurements?	1=yes; 2=no; 9=NK

	CCS EMF Questionnaire: Page 19 Identifying Number
VI	Residential Neighbouring Power Sources
35,350 (37%)	s part of the questionnaire is separate from the rest. You should collect the information in this section ne, from observation, and <u>not</u> from information given to you by the respondents.
1)	Determine whether there are any OVERHEAD ELECTRICITY LINES on METAL PYLONS or WOODEN SUPPORTS nearby (less than 150 metres away). IF IN DOUBT RECORD ALL POSSIBLE LINES.
	Metal Pylons 1=yes; 2=no; 9=NK Wooden Supports 1=yes; 2=no; 9=NK
	If yes to either metal pylons/wooden supports:
	Ascertain distance along the ground from residence to nearest line in metres. Unable to Ascertain
	Ascertain no. of transmission lines on 1 arm of the pylon/support:
	Indicate the length of the insulator, in terms of pots/segments (please tick):
	Long (9 or more pots/segments) Short (3 or less pots/segments)
	OtherUnable to Ascertain
	Comments:
2)	
	Establish whether there is an ELECTRICITY SUBSTATION close to the residence (less than 50 metres away).
	residence (less than 50 metres away). **If yes: Ascertain distance from residence to nearest part of the Ascertain Ascertai
	residence (less than 50 metres away). If yes: Ascertain distance from residence to nearest part of the substation in metres. Unable to Ascertain
	residence (less than 50 metres away). If yes: Ascertain distance from residence to nearest part of the substation in metres. Indicate the type of substation (please tick):
	residence (less than 50 metres away). If yes: Ascertain distance from residence to nearest part of the substation in metres. Indicate the type of substation (please tick): Fence surrounding metal equipment in the open
	residence (less than 50 metres away). If yes: Ascertain distance from residence to nearest part of the substation in metres. Indicate the type of substation (please tick): Fence surrounding metal equipment in the open Brick building(s) without fencing and overhead wires/apparatus
	residence (less than 50 metres away). If yes: Ascertain distance from residence to nearest part of the substation in metres. Indicate the type of substation (please tick): Fence surrounding metal equipment in the open Brick building(s) without fencing and overhead wires/apparatus Brick building(s) with fencing and overhead wires/apparatus Other
3)	residence (less than 50 metres away). If yes: Ascertain distance from residence to nearest part of the substation in metres. Indicate the type of substation (please tick): Fence surrounding metal equipment in the open Brick building(s) without fencing and overhead wires/apparatus Brick building(s) with fencing and overhead wires/apparatus Other
3)	residence (less than 50 metres away). If yes: Ascertain distance from residence to nearest part of the substation in metres. Indicate the type of substation (please tick): Fence surrounding metal equipment in the open Brick building(s) without fencing and overhead wires/apparatus Brick building(s) with fencing and overhead wires/apparatus Other
3)	residence (less than 50 metres away). If yes: Ascertain distance from residence to nearest part of the substation in metres. Indicate the type of substation (please tick): Fence surrounding metal equipment in the open Brick building(s) without fencing and overhead wires/apparatus Brick building(s) with fencing and overhead wires/apparatus Other

	CCS EMF Questionnaire: Page 21		Identifying Number	Region	Case No.		
	Non-Residential Questionnaire					<u>.</u>	<u> </u>
)	Establishment Name:		Hea				
•	Address:						
			F	ostcode	e:		
Λ.	Type of Location (please tick):						
2)	1. Playgroup 2. Nursery		3. Primai	y Scho	ol .		
	1. Flaygroup 2. Nursery		O. Fillia	y Ocho	o,		L
	4. Middle School 5. Secondary S	chool	6. Other:				_[
							L.,
3)	When did		this school / e	stablish	ment?		
	From to			7			
		<u></u>		J			
)	Wolfe interested in the period between		Year	and	March	Year	
F)	•	October	rch immediately before	and (oseudo)dia	March	ction IV page	15
	If no: Please identify the classrooms where during that period: Room Number [C1]: Room Number [C2]: Room Number [C3]:	_ Teach	ner:				
	Room Number [C4]:	_			· · · · · · · · · · · · · · · · · · ·		
. •	Room Number [C5]:	_ Teach	ner:				
)	Could you please tell me what type of happroximately which months the heating was Type of Heating:			rooms	s you've	mentione	d ar
	1=Underfloor Heating 3=Convector Heaters 2=Radiant Fires 4=Central Heating - Rad		5=Central Heati 6=Storage Heat	-	Blowers	7=Other 9=Not Kr	nown
	Room C1 (or single room)	Room C	3 R	om C4		Room C	5
	, , , , , , , , , , , , , , , , , , , ,						
	Heating On:			÷ 9	· · · · · · · · · · · · · · · · · · ·		
		to) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	(month).		
;)	Heating On: From (month) Has the school been rewired since Octob	Year	?			es; 2≖no; 9=Nk	·
)	Heating On: From (month) Has the school been rewired since Octob	Year er of interest	?				·

Region Case No.
Non-Residential Measurement Record
REMEMBER THE EMDEX II INSTRUMENT WILL ONLY TAKE AND HOLD 20 DATA SETS INCLUDING 'IGNORES'- ANY MORE WILL CORRUPT DATA!
rer Day Month Year The Date of Measurement Hour Min Day Month Year Initial Check Reading (mG) Final Check Reading (mG)
is I
Mirment Measurement Description Comments (Remember: the measurements should be taken at least 1 metre away from any mains operating appliances.)
rement Codes: ch=check, ig=ignore;

UKC	CCS EMF Questionnaire: Page 25 Identifying Number	
IX	Non-Residential Neighbouring Power Sources	
199	should collect the information in this section alone, from observation, and not from information gives by the respondents.	n t
1)	Determine whether there are any OVERHEAD ELECTRICITY LINES on METAL PYLONS or WOO SUPPORTS nearby (less than 150 metres away). IF IN DOUBT RECORD ALL POSSIBLE LINES	DΕ
	Metal Pylons 1=yes; 2=no; 9=NK Wooden Supports 1=yes; 2=no; 9=NK	
	If yes to either metal pylons/wooden supports:	
	Ascertain distance along the ground from establishment to to nearest line in metres. Unable to Ascertain	
	Ascertain no, of transmission lines on 1 arm of the pylon/support: Unable to Ascertain	
	Indicate the length of the insulator, in terms of pots/segments (please tick):	
	Long (9 or more pots/segments) Short (3 or less pots/segments)	
	Other Unable to Ascertain	
	Comments:] _
2)	Establish whether there is an ELECTRICITY SUBSTATION close to the 1=yes; 2=no; 9=NK	<u>-</u>
	school/establishment (less than 50 metres away).	
	If yes: Ascertain distance from establishment to nearest part of the substation in metres. Unable to Ascertain	
	Indicate the type of substation (please tick):	
	Fence surrounding metal equipment in the open	_
	Brick building(s) without fencing and overhead wires/apparatus	
	Brick building(s) with fencing and overhead wires/apparatus	
	OtherUnable to Ascertain	
3)	Determine if there is TRAIN or TRAM system nearby (less than 150 metres away).	
	Train 1=yes; 2≈no; 9=NK	
	If yes to train or tram:	
	Does it have overhead wires? 1=yes; 2=no; 9≈NK	
	If yes: Ascertain distance along the ground from establishment Unable to Ascertain	

UKCCS EMF Questionnaire Additional Sheets: Page	i
Repeated Residential Measurement	

	Region	 Case N	lo.		
Identifying Number					

EMF Questionnaire Additional Sheets Repeated Residential Measurement

When completed, please attach these additional sheets to the questionnaire from the first residential measurements.

Section		Page
A	Residential Measurement Record	iii
В	Permission to Re-approach	vii

Please take the questionnaire from the first residential measurements, and a metric tape measure (at least 1 metre long) with you when making measurements.

Please enter Child's ID number at the top of all pages.

		Region	Case No.	
MF Questionnaire Additional Sheets: Page iii tesidential Measurement		Identifying Number		
sidential Measurement Record				
EMBER THE EMDEX II INSTRUMENT WILL ONLY TAKE AND HOLD 20 DATA SETS INCLUDING 'IGNORES' - ANY MORE WILL CORRUPT DATA	SETS INCLUDING	'IGNORES' - ANY MORE	WILL CORRUPT DATA!	1
Day Month Year				

· · · · · · · · · · · · · · · · · · ·								Region	Case No.		
S EMF Questionnaire Add ed Residential Measurement	EMF Questionnaire Additional Sheets: Page iii Residential Measurement	e ≡			`. 		Identifying Number				
Residential M	Residential Measurement Record										
R THE	EMDEX II INSTRUMENT	TT ONTA	TAKE AND HOLD	20 DATA	SETS INCLU	INCLUDING VIG	'IGNORES' - A	ANY MORE	WILL COR	CORRUPT DATA!	'A!
rer Region	Date of Measurement	Month	Year Emdex No.		Initial Check Readin	Reading (mG)	•] Final Ct	Final Check Reading (mG)	g (mG)	
	Start of Index Home Data	Min			Initial Check BB Serial No.	3B Serial No.		Final CI	Final Check BB Serial No.	ai No.	
Wiment Measuren	Measurement Description	Fluorescent	Operating Elect	Electrical Appliances or Wall <	nces or Wall		n Emdex	Comments	v		
		Present ON (1=y,2=n,9=nk)	Appliance Distance ON (1=y, Code (cm) 2=n,9=nk)	Appliance Z V(1=y, Appliance Dist v,9=nk) Code (cm	Distance ON (1=y, (cm) 2=n,9=nk)		Appliance Sistance ON (1=y, Code (cm) 2=n,9=nk)	(include des	cription of c	(include description of other appliances)	nces)
								!			
								9 5			
									1		
ement Codes: c	ch=check, sr=sleeping room, pl=pillow*, bd=centre of bed*, fr=family room, ig=ignore *Remember to ask whether appliances < 1m from Emdex were usually on at night, and switch ON/QFF accordingly.	llow*, bd=centre	of bed*, fr =family roor -mdex were usually or	n, ig =ignore) at night, and sw	ritch ON/OFF ac	cordingly.					
ce Codes: 1	1=WALL, 2=NSH, 3=electric room heater, 4=washing machine, 5=dishwasher, 6=tumble drier, 7=cooker, 8=immersion heater,9=clock/radio, 10=TV, 11=microwave oven, 12=extractor fan, 13=electricity meter, 14=burgiar alarm control box, 15=other	heater, 4=washi an, 13=electricity	ng machine, 5=dishwa meter, 14=burglar ala	sher 6=tumble	drier, 7=cooker, I5=other	8=immersion h	eater,9=clock/	radio, 10=TV,			

	·		Region	Case No.	_ ₁
S EMF Questionnaire Additional Sheets: Page ted Residential Measurement	je v Iden	tifying Number			
Residential Measurement Record (Continued)				
Operating Appliances					
<u>Operating Applications</u>			. '''		
Were any large appliances operating an		while any		1=ye	s; 2=no; 9=NK
spot or family room measurements were	being made?				
If yes: Indicate below the rooms a	nd times (24 hour cl	ock). If the	appliance	e was s	witched or
off, please enter earliest time it wa					
· · · · · · · · · · · · · · · · · · ·		* * * * * * * * * * * * * * * * * * * *			
Appliance	Room		From		То
Washing Machine			Hour	Min	Hour Min
Dishwasher					
Tumble Drier					
Electric Cooker					
Spin Drier	<u></u>				
Microwave Oven					
Central Heating					
Other					
Other					
Other					
-	×				

3	Permission to Re-approach	
	Day Month Year	
1)	Has your home been rewired since ? 1=yes; 2=no; 9=NK	:[
	ENTER DATE 12 MONTHS PRIOR TO (PSEUDO)DIAGNOSIS Month Year	. :
	If yes: When was this rewiring carried out?	L
	Was the rewiring (please tick)	
	A full house rewire? a small addition to existing circuits? or not known?	
2)	As we asked before, in order to provide more complete information, we're hoping to make a se	ec
	series of more detailed measurements on a sample of the houses we've measured so far.	
	Are you willing to be re-approached to take part in this second phase, if necessary? 1=yes; 2=no; 9=NK	
		F
	If yes: Are you intending to move house in the next eighteen months? 1=yes; 2=no; 9≈NK Month Year	
	If yes: When are you planning to move?	
	If yes: When are you planning to move?	
	If yes: When are you planning to move? (If this is not yet known, enter date as 99:99)	
	If yes: When are you planning to move?	
)	If yes: When are you planning to move? (If this is not yet known, enter date as 99:99)	
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