

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.

I Residential Room Identification

We're interested in rooms in the house where spent time during the month of

February / Other: _____	Year	
Enter year of month of interest		

This was when (s)he was aged

Years		Months	
Enter age of child in that month			

Obviously, (s)he spent time in the family room, and we're also interested in making measurements in the room where (s)he usually slept.

1) Sleeping Room

In which room did normally spend most of the night, during that month?

2) On average, how long did usually spend in the room where (s)he normally slept, apart from at night?

Hour		Min	

3) What were 's normal bedtimes then?

Hour		Min	
(Please use 24-hour clock)			

to

Hour		Min	

4) How many days per week did usually spend time in the family room, on average?

On those days, how long did usually spend in the family room?

Hour		Min	

II Residential Appliance Questionnaire

Again, we're interested in the month of

February / Other: _____		
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 This was when
Enter year of month of interest
..... 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

2) Did you use an "ECONOMY 7" or "WHITE METER" (when electricity is cheaper at night)?
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 **ELECTRICITY METER**? (This could include meters on the other side of the wall against which the bed was located.) 1=yes; 2=no; 9=NK

4) Did use a **HAIRDRYER** for more than 1 hour per week? 1=yes; 2=no; 9=NK

5) Did spend more than 3 hours per week < 1m from an operating **MICROWAVE OVEN**? 1=yes; 2=no; 9=NK

6) During that month, was **UNDERFLOOR HEATING** ever used in the house ? 1=yes; 2=no; 9=NK

If yes:

Can I see the control box? 1=yes; 2=no; 9=NK

Make and Model _____

Rating in Watts (if available)

--	--	--	--

Operating Current in Amps (if available)

--	--	--

What was the usual control setting?

--	--	--

Is the underfloor heating system on now? 1=yes; 2=no; 9=NK

II 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:

Which side(s) of 's bed are against the wall? Unable to Ascertain

Both sides? long side only? short side only? or neither side?

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 's sleeping room, or on the other side of the wall against which 's bed was located? 1=yes; 2=no; 9=NK

If yes:

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?) 1=yes; 2=no; 9=NK

What is the make and model of the NSH? _____

9) During that month, did ever sleep with an **ELECTRIC BLANKET** switched on? 1=yes; 2=no; 9=NK

If yes:

On average, during that month, how long would spend in bed per night with the blanket switched on? Hour Min

Is it an overblanket? or an underblanket? or not known?

What was the usual overnight setting for the blanket?

What was the blanket's electrical rating in Watts?

What was the make and model of the blanket?

Region Case No.

Residential Measurement Record

REMEMBER THE EMDX II INSTRUMENT WILL ONLY TAKE AND HOLD 20 DATA SETS INCLUDING 'IGNORES' - ANY MORE WILL CORRUPT DATA!

Region Date of Measurement Day Month Year Emdx No. Initial Check Reading (mG) Final Check Reading (mG)

Start of Index Home Data Hour Min Initial Check BB Serial No. Final Check BB Serial No.

Please use 24-hour clock

Instrument Code	Measurement Description	Fluorescent Tube Light		Operating Electrical Appliances or Wall < 1 m from Emdex		Comments		
		Present ON (1=Y, 2=N, 8=NK)	Distance (cm) (1=Y, 2=N, 8=NK)	Appliance Code	Distance ON (1=Y, 2=N, 8=NK)	Appliance Code	Distance ON (1=Y, 2=N, 8=NK)	(Include description of "other" appliances)
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Element Codes: ch=check, sr=sleeping room, pl=pillow, bd=centre of bed, fr=family room, lg=ignore
* Remember to ask whether appliances < 1m from Emdex were usually on at night, and switch ON/OFF accordingly.

ice Codes: 1=WALL, 2=NSH, 3=electric room heater, 4=washing machine, 5=dishwasher, 6=lumbe drier, 7=cooker, 8=immersion heater, 9=clock/radio, 10=TV,
11=microwave oven, 12=extractor fan, 13=electricity meter, 14=burglar alarm control box, 15=other

IV Non-Residential Establishment Identification

Here, we're interested in the period between

October		
---------	--	--

^{Year} and

March		
-------	--	--

^{Year}
Enter October to March immediately preceding (pseudo)diagnosis [see instructions]

That's from when was

--	--	--	--

^{Years Months} until (s)he was

--	--	--	--

^{Years Months}
Enter age of child in that Oct. Enter age of child in that Mar.

1) Did travel at least 4 days/week on a tube, railway or tram (not bus)? 1=yes; 2=no; 9=NK

If yes, please complete the following:

Mode	From	To	Length of Journey		No. Journeys per Week
			Hour	Min	
Tube / RW / Tram	_____	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tube / RW / Tram	_____	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tube / RW / Tram	_____	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>

2) Did attend any playgroup, nursery, primary, middle or secondary school, or similar establishment, for at least 15 hours per week during this time? 1=yes; 2=no; 9=NK

If yes, please indicate the type of establishment(s). Also record how many months of the six month period were spent there, and number of hours per week spent there during those months:

- Est. 1: Playgroup / Nursery / Primary / Middle / Secondary / Other : _____
 No. months out of six month period No. hours/week during those months
- Est. 2: Playgroup / Nursery / Primary / Middle / Secondary / Other : _____
 No. months out of six month period No. hours/week during those months
- Est. 3: Playgroup / Nursery / Primary / Middle / Secondary / Other : _____
 No. months out of six month period No. hours/week during those months

3) *If a school or pre-school (day nursery/playgroup/nursery school) attended for ≥ 15 hours/week:*

Enter the Main School / Pre-School Attended:

If more than one school or pre-school was attended in this period for at least 15 hours per week, on average, then enter details of the establishment at which the longest time was spent.

Establishment Head: _____

Establishment Name: _____

Address: _____

Postcode: _____ Tel. No.: _____

Attendance: From

--	--	--	--

^{Hour Min} to

--	--	--	--

^{Hour Min}
Please use 24-hour clock

On days (please circle): Mon Tue Wed Thu Fri Sat Sun

For weeks in the period of interest.

V Permission to Re-approach

1) Has your home been rewired since

--	--	--	--	--	--

 ? 1=yes; 2=no; 9=NK
ENTER DATE 12 MONTHS PRIOR TO (PSEUDO)DIAGNOSIS

If yes: When was this rewiring carried out?

--	--	--	--

Was the rewiring ... (please tick)

A full house rewire? a small addition to existing circuits? or not known?

2) In order to provide more complete information, we're hoping to make a second 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

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?

--	--	--	--

(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

VI Residential Neighbouring Power Sources

This part of the questionnaire is separate from the rest. You should collect the information in this section alone, from observation, and not 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:

--	--

 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

Please read label on pylon/pole (if possible), and record as many details as you can. If the label is inaccessible on one pylon, pylons on either side may give the data needed.

 _____ Unable to Ascertain

Comments: _____

2) Establish whether there is an **ELECTRICITY SUBSTATION** close to the residence (less than 50 metres away). 1=yes; 2=no; 9=NK

If yes: Ascertain distance from residence 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

Other _____ Unable to Ascertain

3) Determine if there is **TRAIN** or **TRAM** system nearby (less than 150 metres away).

Train 1=yes; 2=no; 9=NK Tram 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 residence

--	--	--

 Unable to Ascertain

VII Non-Residential Questionnaire

1) Establishment Name: _____ Head: _____
 Address: _____
 Postcode: _____

2) Type of Location (please tick):

1. Playgroup 2. Nursery 3. Primary School
 4. Middle School 5. Secondary School 6. Other: _____

3) When did attend this school / establishment?

From

Day	Month	Year

 to

Day	Month	Year

4) We're interested in the period between

Year		
October		

 and

Year		
March		

Enter October to March immediately before (pseudo)diagnosis from Section IV, page 15

For this period, was 's average day spent mainly in one room? 1=yes; 2=no; 9=NK

(e.g. a year classroom)

If yes: Please identify the single classroom:

Room Number: _____ Teacher: _____

If no: Please identify the classrooms where spent most time on average during that period:

- Room Number [C1]: _____ Teacher: _____
 Room Number [C2]: _____ Teacher: _____
 Room Number [C3]: _____ Teacher: _____
 Room Number [C4]: _____ Teacher: _____
 Room Number [C5]: _____ Teacher: _____

5) Could you please tell me what type of heating was used in the rooms you've mentioned and approximately which months the heating was on, i.e. from and until?

Type of Heating:

- 1=Underfloor Heating 3=Convector Heaters 5=Central Heating - Air Blowers 7=Other
 2=Radiant Fires 4=Central Heating - Radiators 6=Storage Heaters 9=Not Known

Room C1 (or single room) Room C2 Room C3 Room C4 Room C5

Heating On:

From _____ (month) to _____ (month).

6) Has the school been rewired since

Year		
October		

 ? 1=yes; 2=no; 9=NK

Enter October of interest

If yes: When was this rewiring carried out?

Month	Year

Was the rewiring ... (please tick) a full rewire? a small addition to existing circuits? or not known?

IX Non-Residential Neighbouring Power Sources

You should collect the information in this section alone, from observation, and not 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 establishment 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

Please read label on pylon/pole (if possible), and record as many details as you can. If the label is inaccessible on one pylon, pylons on either side may give the data needed.

 _____ Unable to Ascertain

Comments: _____

- 2) Establish whether there is an **ELECTRICITY SUBSTATION** close to the school/establishment (less than 50 metres away). 1=yes; 2=no; 9=NK

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

Other _____ Unable to Ascertain

- 3) Determine if there is **TRAIN** or **TRAM** system nearby (less than 150 metres away).

Train 1=yes; 2=no; 9=NK Tram 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

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 Unable to Ascertain

Identifying Number	Region		Case No.			

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
B 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.

B Permission to Re-approach

1) Has your home been rewired since

--	--	--	--	--	--

 ? 1=yes; 2=no; 9=NK
ENTER DATE 12 MONTHS PRIOR TO (PSEUDO)DIAGNOSIS

If yes: When was this rewiring carried out?

--	--	--	--

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 second 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

If yes: Are you intending to move house in the next eighteen months?

--	--

If yes: When are you planning to move?

--	--	--	--

(If this is not yet known, enter date as 99:99)

3) Did the participants request the results of these repeat measurements? 1=yes; 2=no; 9=NK