
OMB 0925-XXXX

Expires: XX/XX/XXXX

Liquidator's identification number: |_| |_|_|_|

STUDY OF THE HEALTH STATUS OF LIQUIDATORS

Subject Questionnaire

Revised 08/2001

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Information on the liquidator from the Chornobyl Registry

	Chornobyl Registry	Corrections, if applicable
0.1 Last name	_____	_____
0.2 First name	_____	_____
0.3 Patronymic name	_____	_____
0.4 Date of birth	day __ __ month __ __ 19 __ __	day __ __ month __ __ 19 __ __
0.5 Type of document used for proof of identity		
	1 <input type="checkbox"/> passport	1 <input type="checkbox"/> passport
	2 <input type="checkbox"/> military passport	2 <input type="checkbox"/> military passport
	3 <input type="checkbox"/> other, specify _____	3 <input type="checkbox"/> other, specify _____
	_____	_____
Serial number	_____	_____
Number	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
0.6 Home address		
ZIP code	_ _ _ _ _ _ _	_ _ _ _ _ _ _
oblast, region	_____	_____
raion	_____	_____
<i>if in city:</i>		
city	_____	_____
street	_____	_____
street #	_ _ _	_ _ _
apartment #	_ _ _	_ _ _
<i>if in countryside:</i>		
agricultural sovet	_____	_____
settlement	_____	_____
0.7 telephone number:		
	at work _ _ _ _ _ _ _ _	at work _ _ _ _ _ _ _ _
	at home _ _ _ _ _ _ _ _	at home _ _ _ _ _ _ _ _

Last, first and patronymic names of interviewer _____

Date of interview:

day |_|_| month |_|_| year 20|_|_|

Time interview began:

hours |_|_| minutes |_|_|

2.6 Please tell me the name of the organization to which you were subordinated during your mission to the 30-km zone (if not indicated before).

2.7 Could you show me an official document indicating the radiation dose that you received (check one)?

- 1 yes
- 2 no

If "no" please indicate why:

- 1 lost
- 2 forgotten at home
- 3 other, specify _____

If "yes" please show it to me. (If the document was shown, or if the liquidator remembers the contents of the document, please write down the following information):

Type of document, organization	Serial number, number, date of issue	Period of exposure, dose, unit	Is it a cumulative dose?
_____	_ _ _ -	from _ _ / _ _ / 19 _ _	1 <input type="checkbox"/> yes
_____	_ _ _ _ _ _ _ _ _	to _ _ / _ _ / 19 _ _	2 <input type="checkbox"/> no
_____	_ _ / _ _ /19 _ _	dose _ _ _ _ _	9 <input type="checkbox"/> don't know
_____	_ _ _ -	from _ _ / _ _ / 19 _ _	1 <input type="checkbox"/> yes
_____	_ _ _ _ _ _ _ _ _	to _ _ / _ _ / 19 _ _	2 <input type="checkbox"/> no
_____	_ _ / _ _ /19 _ _	dose _ _ _ _ _	9 <input type="checkbox"/> don't know
_____	_ _ _ -	from _ _ / _ _ / 19 _ _	1 <input type="checkbox"/> yes
_____	_ _ _ _ _ _ _ _ _	to _ _ / _ _ / 19 _ _	2 <input type="checkbox"/> no
_____	_ _ / _ _ /19 _ _	dose _ _ _ _ _	9 <input type="checkbox"/> don't know

2.8 Did you work shifts (check one)?

- 1 yes
- 2 no
- 3 both, indicate dates when worked shifts from |_|_| / |_|_| / 19|_|_|
to |_|_| / |_|_| / 19|_|_|
- 9 don't know

2.9 Please tell me where you usually worked in the 30-km zone and what proportion of your time (percentage) you spent in the following conditions (check all that apply)

- 1 outside buildings and vehicles (outdoor)
 - 1 yes, specify proportion of time _____%
 - 2 no
 - 9 don't remember
- 2 inside buildings
 - 1 yes, specify proportion of time _____%
 - 2 no
 - 9 don't remember
- 3 inside a vehicle (for example, car)

- 1 yes, specify proportion of time _____%
- 2 no
- 9 don't remember
- 4 other, specify _____
- 1 yes, specify proportion of time _____%
- 2 no
- 9 don't remember
- 9 don't remember where worked

2.10

Please tell me – using the list of settlements – the main areas where you worked, as well as the following information (*interviewer should write down all the main settlements, one on each line*).

Settlement, raion	Date when started day/month/year	Duration (days)	Average number of hours per day
a _____	_ _ / _ _ /19 _ _	_ _	_
b _____	_ _ / _ _ /19 _ _	_ _	_
c _____	_ _ / _ _ /19 _ _	_ _	_
d _____	_ _ / _ _ /19 _ _	_ _	_
e _____	_ _ / _ _ /19 _ _	_ _	_

2.11

Please tell me – using the list of settlements – the main areas where you lived or the settlements closest to your place of stay, as well as the following information (*interviewer should write down all the main settlements, one per line*).

Settlement, raion	Date when started to live there, duration (days) and average number of hours per day	What was the type of dwelling where you mainly lived?
a _____	_ _ / _ _ / 19 _ _	1 <input type="checkbox"/> tent
_____	_ _ days	2 <input type="checkbox"/> wooden
_____	_ _ hours / day	3 <input type="checkbox"/> brick or concrete block
		4 <input type="checkbox"/> other, specify _____
		9 <input type="checkbox"/> don't remember
b _____	_ _ / _ _ / 19 _ _	1 <input type="checkbox"/> tent
_____	_ _ days	2 <input type="checkbox"/> wooden
_____	_ _ hours / day	3 <input type="checkbox"/> brick or concrete block
		4 <input type="checkbox"/> other, specify _____
		9 <input type="checkbox"/> don't remember
c _____	_ _ / _ _ / 19 _ _	1 <input type="checkbox"/> tent
_____	_ _ days	2 <input type="checkbox"/> wooden
_____	_ _ hours / day	3 <input type="checkbox"/> brick or concrete block
		4 <input type="checkbox"/> other, specify _____
		9 <input type="checkbox"/> don't remember

Settlement, raion	Date when started to live there, duration (days) and average number of hours per day	What was the type of dwelling where you mainly lived?
d _____ _____	_ _ / _ _ / 19 _ _ _ _ _ days _ _ hours / day	1 <input type="checkbox"/> tent 2 <input type="checkbox"/> wooden 3 <input type="checkbox"/> brick or concrete block 4 <input type="checkbox"/> other, specify _____ 9 <input type="checkbox"/> don't remember
e _____ _____	_ _ / _ _ / 19 _ _ _ _ _ days _ _ hours / day	1 <input type="checkbox"/> tent 2 <input type="checkbox"/> wooden 3 <input type="checkbox"/> brick or concrete block 4 <input type="checkbox"/> other, specify _____ 9 <input type="checkbox"/> don't remember

2.12 Please tell me the reason why you left the 30-km zone after the mission (*check one*).

- 1 your dose was higher than the permissible level
- 2 your dose was equal to the permissible level
- 3 your mission was over
- 4 illness
- 5 other, specify _____
- 6 have not left, still working there
- 9 don't remember

3. Conditions of work in the 30-km zone during the first mission

The following questions concern the methods used for dosimetry, radiation protection measures (if applicable) and type of work undertaken during your mission to the 30-km zone.

3.1 Was your dose estimated (*check one*)?

- 1 yes
- 2 no
- 9 don't know

If "yes" please indicate the method and approximate time period when it was applied (check one - "yes", "no" or "don't remember" for each method; if "yes" indicate requested information). If your dose was estimated with a personal dosimeter, please indicate for each time period the number corresponding to the dosimeter you wore (see photographs from the booklet).

Method of estimation		Period	Number of dosimeter
With a personal dosimeter (see photographs from the booklet)	1 <input type="checkbox"/> yes	from _ _ / _ _ /19 _ _ to _ _ / _ _ /19 _ _	_ _
		from _ _ / _ _ /19 _ _ to _ _ / _ _ /19 _ _	_ _
		from _ _ / _ _ /19 _ _ to _ _ / _ _ /19 _ _	_ _
		from _ _ / _ _ /19 _ _ to _ _ / _ _ /19 _ _	_ _
	2 <input type="checkbox"/> no		
	9 <input type="checkbox"/> don't remember		
By group dosimetry	1 <input type="checkbox"/> yes	from _ _ / _ _ /19 _ _ to _ _ / _ _ /19 _ _	

Method of estimation	Period	Number of dosimeter
	from _ _ / _ _ /19 _ _ to _ _ / _ _ /19 _ _	
	from _ _ / _ _ /19 _ _ to _ _ / _ _ /19 _ _	
	2 <input type="checkbox"/> no	
	9 <input type="checkbox"/> don't remember	
By itinerary	1 <input type="checkbox"/> yes	from _ _ / _ _ /19 _ _ to _ _ / _ _ /19 _ _
		from _ _ / _ _ /19 _ _ to _ _ / _ _ /19 _ _
		from _ _ / _ _ /19 _ _ to _ _ / _ _ /19 _ _
	2 <input type="checkbox"/> no	
	9 <input type="checkbox"/> don't remember	

3.2 If you had a personal dosimeter, how often did you wear it (*check one*)?

- 1 all the time 3 sometimes at work
2 only at work 9 don't remember

3.3 Was the dosimeter regularly returned to the dosimetry service (*check one*)?

- 1 yes
2 no
9 don't remember

If "yes", please tell me how often (*check one*)?

- 1 daily 5 always when dosimetry service asked to return it
2 once a week 9 don't remember
3 every two weeks
4 once a month

3.4 Did you estimate your own radiation dose while working (*check one*)?

- 1 yes
2 no
9 don't remember

If "yes", what was your estimated dose?

|_|_|_|_|_|_|_|

Indicate unit of estimated dose (*check one*):

- 1 rem 4 other, specify _____
2 rad 9 unknown
3 R (Roentgen)

What was your attitude to radiation exposure while staying in the 30-km zone? If you believe that your dose was higher than that received by your colleagues, explain why you think so.

3.5 Did you participate in any of the following activities (*check one of the boxes on each line*)?

Type of activity	Yes	No	Don't remember
Construction of sarcophagus on the industrial site of the ChNPP	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
Removal of the radioactive fragments and pieces of graphite from the roofs or places close to the ventilation chimney	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
Decontamination of the rooms and equipment inside ChNPP buildings	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
Decontamination of industrial site and neighbourhood, including equipment outside ChNPP buildings	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
Dosimetry service (razvedka)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
Decontamination of vehicles in PUSO (Points for strict sanitary clean-up)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
Repair and servicing of ChNPP equipment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
Other types of activity on the industrial site, specify _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
—			
Decontamination activities and burial of radioactive waste outside the industrial site	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
Construction of roads inside the 30-km zone	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
Working as a driver	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
Guarding of objects of ChNPP or inside the 30-km zone	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
Other types of activities outside the industrial site, specify _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
—			

3.6 Did you ever use any of the following protective measures while working in the 30-km zone (*check one of the boxes on each line*)?

Type of protective measure	Yes	No	Don't remember
Respirator or gas mask	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
Gloves	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
Protective glasses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
Protective clothes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
Lead apron	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
Vehicles with protective covering (armoured cars, lead sheets in helicopters)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
Other, specify _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>

3.7 Did you work on the industrial site of ChNPP (*check one*)?

- 1 yes
- 2 no
- 9 don't remember

3.8 Did you take preparations of stable iodine during the time of your mission in the 30-km zone (*check one*)?

- 1 yes
- 2 no

9 don't remember

If "yes", please specify the time period

from |_|_|/|_|_|19|_|_| to |_|_|/|_|_|19|_|_|

and number of tablets per day

|_|_|

3.9 Please list the people who worked with you.

Last, first and patronymic names	Title

4. Description of the first episode of work during the first participation in the 30-km zone

In the following section I would like to ask you to remember in detail the work that you did. If you worked in the 30-km zone during the first days after the accident - at the end of April and beginning of May - please start from the episodes when you were most exposed to radiation.

4.1 Please tell me where you worked (*use the photographs, schemes and maps from Booklet - part B- as well as explanation of abbreviations- pp. 16-19 -, list of rooms - pp. 20-23- and of settlements -pp. 24-57 - from Booklet - part A. Check all that apply*):

- 1 on the industrial site of the ChNPP inside buildings (*complete section a*)
- 2 on the industrial site of the ChNPP on the roof of buildings (*complete section b*)
- 3 outside buildings at other locations of the industrial site of the CNPP (*complete section c*)
- 4 outside buildings and outside the industrial site of the CNPP (*complete section c*)
- 5 inside vehicles - in the 30-km zone, including the industrial site -(*complete section d*)
- 9 don't remember (*go to question 4.2*)

a. On the industrial site of the ChNPP inside buildings (*if no, go to paragraph b. and c.*):

a.1 Show me the building where you worked in (*use the schemes and photos from Booklet - part B -, and also explanation of abbreviations- pp. 16-19 - and list of rooms - pp. 20-23 - from Booklet - part A. Select one number and enter it*). |_|_|_|_|_|_|_|_|

a.2 How long did it take you to walk to the place where you worked after entering the building (*enter duration in minutes*)? |_|_|_|_|

a.3 Did you pass more than two staircases on the way?

- 1 yes
- 2 no
- 9 don't remember

a.4 What was the size of the room you worked in (*enter in m²*)? |_|_|_|_|

a.5 Were there any windows?

- 1 yes
- 2 no
- 9 don't remember

a.6 If "yes", were they covered with lead?

- 1 yes
- 2 no
- 9 don't remember

a.7 What was the colour of the walls (*check one*)?

- 1 white
- 2 grey
- 3 gold
- 4 silver

- 5 green
- 6 brown
- 7 other, specify _____
- 9 don't remember

a.8 Was the door thick (*check one*)?

- 1 yes
- 2 no
- 9 don't remember

a.9 What was the floor covered with (*check one*)?

- 1 plastic
- 2 concrete
- 3 tiles
- 4 wood
- 5 other, specify _____
- 9 don't remember

a.10 Was there large machinery in the room (*check one*)?

- 1 yes
- 2 no
- 9 don't remember

a.11 Give more details describing your working place in the building:

b. On the industrial site of the ChNPP on the roof of buildings:

b.1 On the roof of which building did you work (*use the schemes and photos from Booklet - part B -, select one number from the scheme or map - pp. 2-3 - and enter it*)? |_|_|_|_|

b.2 Were there other buildings nearby (*check one*)?

- 1 yes
- 2 no
- 9 don't remember

If "yes" please enter the numbers of buildings from scheme-map of buildings and structures on the CHNPP plant grounds from booklet:

|_|_|_|_| / |_|_|_|_|_| / |_|_|_|_|_|

b.3 Was the roof you worked on (*check one*):

- 1 higher than other buildings?
- 2 lower than other buildings?
- 9 don't remember?

b.4 Did the roof have different levels (*check one*)?

- 1 yes
- 2 no
- 9 don't remember

b.5 What was the size of the roof? (*enter in m²*)

|_|_|_|_|

b.6 What material was the roof covered with (*check one*)?

- 1 concrete
- 2 asbestos sheets
- 3 wood
- 4 asphalt
- 5 other, specify _____
- 9 don't remember

b.7 Was the roof damaged near the place you worked (*check one*)?

- 1 yes
- 2 no
- 9 don't remember

b.8 Were there debris or waste materials near the place you worked (*check one*)?

- 1 yes
2 no
9 don't remember

b.9 Were was the staircase leading to the roof (*check one*)?

- 1 outside the building
2 in the building
9 don't remember

b.10 Give more details describing your working place on the roof:

c. Outside buildings:

c.1 If you worked on the industrial site of the ChNPP, but not on the roof of buildings, please indicate the number of building you worked nearby (*use the schemes and photos from Booklet and enter a number*)

□ □ □ □ □

c.2 If you worked outside on the industrial site of the ChNPP, please indicate the name of settlement (raion, oblast, etc.) were (or nearby) you worked (*use the maps and lists of settlements*):

c.3 Were there any of the following landmarks near the place you worked (*check all that apply*)?

- 1 buildings
2 electricity pylons
3 other, specify _____
9 don't remember

c.4 What kind of machinery was nearby (*check all that apply*)?

- | | |
|--|---|
| 1 <input type="checkbox"/> bulldozers | 4 <input type="checkbox"/> cranes |
| 2 <input type="checkbox"/> dump trucks | 5 <input type="checkbox"/> other machinery, specify _____ |
| 3 <input type="checkbox"/> excavators | 9 <input type="checkbox"/> don't remember |

c.5 What was under your feet (*check one*)?

- | | |
|-------------------------------------|---|
| 1 <input type="checkbox"/> earth | 5 <input type="checkbox"/> sand |
| 2 <input type="checkbox"/> gravel | 6 <input type="checkbox"/> other, specify _____ |
| 3 <input type="checkbox"/> concrete | 9 <input type="checkbox"/> don't remember |
| 4 <input type="checkbox"/> asphalt | |

c.6 Were there procedures to reduce the dust level (*check one*)?

- 1 yes
2 no
9 don't remember

c.7 Give more details describing your working place:

d. In vehicles (in the 30-km zone, including the industrial site):

d.1 Indicate the type of vehicle you worked in (*check one*):

- | | |
|--------------------------------------|------------------------------------|
| 1 <input type="checkbox"/> bulldozer | 5 <input type="checkbox"/> tractor |
| 2 <input type="checkbox"/> bus | 6 <input type="checkbox"/> crane |

3 dump truck

7 other, specify _____

4 car

9 don't remember

d.2 Did the vehicle have any protective covering (*check one*)?

1 yes

2 no

9 don't remember

If "yes" describe it: _____

d.3 Describe the routes that were followed: roads, settlements, production sites (*use the maps and lists of settlements*):

4.2 Type of activities in the episode:

a. Please describe in detail the work that you did, and indicate what tools and devices were used:

b. How did you work (*check one*)?

1 in a group

2 alone

9 don't remember

c. Did you work in "mogilnik" (places where radioactive waste was buried) (*check one*)?

1 yes

2 no

9 don't remember

4.3 Commuting to the place of work in the episode:

a. What type of transportation did you use to commute back and forth to your working place (*check one*)?

1 BTR (armoured car)

5 car

2 bus

6 lorry

3 tractor

7 other, specify _____

4 helicopter

9 don't remember

b. Please describe the route you followed to get to your working place (*use the maps and lists of settlements*):

From where you started _____

to where you went _____

landmarks along the route _____

c. Did you change vehicles while commuting (*check one*)?

1 yes

2 no

9 don't remember

If "yes" specify where you did it _____

d. How long did it take to get from the place where you lived to the place where you worked and back (*enter in minutes*)?

e. Did you walk to your working place after getting out of the vehicle (*check one*)?

- 1 yes
2 no
9 don't remember

If "yes" please enter duration in minutes |_|_|_|

f. Please describe the route you followed to get back from your working place to the place you lived:

from where you started _____

to where you went _____

landmarks along the route _____

4.4 Meals and leisure in the episode

a. Where did you take your meals during working hours (*use maps and photos from Booklet - part B*):

- 1 outside a building (*enter number of closest building from the map or scheme or enter name of settlement*): _____
2 in a building (*enter number of building from the map or scheme or enter name of settlement*): _____
3 in a vehicle (*specify which*) _____
9 don't remember

b. How did you get to the place where you ate (*check one*)?

- 1 on foot
2 by transport
9 don't remember

If by transport, please indicate how long it took (*enter duration in minutes*)? |_|_|_|

and route _____

c. How long was your lunch break (*enter duration in minutes*)? |_|_|_|

d. Where did you rest during breaks (*use the maps and photos from Booklet and check on answer*)?

- 1 outside a building (*enter number of closest building from the map and scheme 2-3 or enter name of settlement*): _____
2 in a building (*enter number of building from the map or scheme 2-3 or enter name of settlement*): _____
3 in a vehicle (*specify which*) _____
9 don't remember

e. How did you get to the place where you rested (*check one*)?

- 1 on foot
2 by transport
9 don't remember

If by transport, please indicate how long it took (*enter duration in minutes*)? |_|_|_|

and route _____

f. How long did you rest during your working day (*enter duration in minutes*)? |_|_|_|

4.5 Time period of the episode: from |_|_|/|_|_|/19|_|_| to |_|_|/|_|_|/19|_|_|

Working days during the episode: (circle the days that apply if the liquidator worked in April-May-June 1986, and circle the months if he worked later - starting from July 1986 until the end of 1987)

April / May 1986						
M	T	W	Th	F	S	S
21	22	23	24	25	26	27
28	29	30	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	31	

June 1986						
M	T	W	Th	F	S	S
						1
2	3	4	5	6	8	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

1986	1987	
Jul	Jan	Jul
Aug	Feb	Aug
Sep	Mar	Sep
Oct	Apr	Oct
Nov	May	Nov
Dec	Jun	Dec

4.6 Number of working days during the episode (on average) |_|_|

4.7 Dosimetric control during the episode:

a. Did you change your clothes before work (check one)?

- 1 yes
- 2 no
- 9 don't remember

b. Did you start to work immediately upon arrival (check one)?

- 1 yes
- 2 no
- 9 don't remember

If "no" please enter duration of time before you started your work in minutes |_|_|_|

c. Did you pass through control points for checking radioactive contamination (check one)?

- 1 yes
- 2 no
- 9 don't remember

d. Did you pass through containers filled with potassium permanganate (check one)?

- 1 yes
- 2 no
- 9 don't remember

e. Did a dosimetrist control the radiation situation during your work or was there one nearby (check one)?

- 1 yes
- 2 no
- 9 don't remember

f. Did your supervisor communicate with the dosimetrist (check one)?

- 1 yes
- 2 no
- 9 don't remember

g. Was the dosimetrist from the military (check one)?

- 1 yes
- 2 no
- 9 don't remember

4.8 Your comments concerning the episode:

a. Do you think that the activities described above were well organised and under the control of a supervisor, dosimetrist, etc. (*check one*)?

- 1 yes
2 no
9 don't remember

b. What surprised you during your work?

c. Please give any comments concerning your activities during the episode.

5. General information on occupational history

I would like to ask you now several questions about your occupational history and possible hazardous working conditions if applicable.

5.1 What is your current occupational group (*check one*)?

- | | |
|--|---|
| 1 <input type="checkbox"/> student | 5 <input type="checkbox"/> self employed |
| 2 <input type="checkbox"/> agricultural worker | 6 <input type="checkbox"/> unemployed |
| 3 <input type="checkbox"/> industrial worker | 7 <input type="checkbox"/> not work due to disability or retirement |
| 4 <input type="checkbox"/> office worker | 9 <input type="checkbox"/> other, specify _____ |

5.2 What was your occupational group before the Chernobyl accident (*check one*)?

- | | |
|--|---|
| 1 <input type="checkbox"/> student | 5 <input type="checkbox"/> self employed |
| 2 <input type="checkbox"/> agricultural worker | 6 <input type="checkbox"/> unemployed |
| 3 <input type="checkbox"/> industrial worker | 7 <input type="checkbox"/> not work due to disability or retirement |
| 4 <input type="checkbox"/> office worker | 9 <input type="checkbox"/> other, specify _____ |

5.3 Have you ever worked with radiation (other than the time you spent in the Chernobyl area) (*check one*)?

- 1 yes
2 no
9 don't remember

if yes, please indicate the professional activity, dates of employment, and name and location of organization where you worked (check "no" or "yes" for each type of professional activity).

Professional activity	Period of employment, month/year	Organization (name, location)
Medicine	1 <input type="checkbox"/> yes from _ _ / _ _ to _ _ / _ _	_____
	from _ _ / _ _ to _ _ / _ _	_____
	from _ _ / _ _ to _ _ / _ _	_____
	2 <input type="checkbox"/> no	
Nuclear industry (including NPP)	1 <input type="checkbox"/> yes from _ _ / _ _ to _ _ / _ _	_____
	from _ _ / _ _ to _ _ / _ _	_____
	from _ _ / _ _ to _ _ / _ _	_____
	2 <input type="checkbox"/> no	
Industrial radiography	1 <input type="checkbox"/> yes from _ _ / _ _ to _ _ / _ _	_____
	from _ _ / _ _ to _ _ / _ _	_____
	from _ _ / _ _ to _ _ / _ _	_____
	2 <input type="checkbox"/> no	
Army service, other than above	1 <input type="checkbox"/> yes from _ _ / _ _ to _ _ / _ _	_____
	from _ _ / _ _ to _ _ / _ _	_____
	from _ _ / _ _ to _ _ / _ _	_____
	2 <input type="checkbox"/> no	
Other, specify _____ _____	1 <input type="checkbox"/> yes from _ _ / _ _ to _ _ / _ _	_____
	from _ _ / _ _ to _ _ / _ _	_____
	from _ _ / _ _ to _ _ / _ _	_____
	2 <input type="checkbox"/> no	

5.4 Have you ever worked in one of the following hazardous industries (show the list of hazardous industries to the liquidator), including army service (check one)?

- 1 yes
- 2 no
- 9 don't remember

if yes, please indicate the type of industry, dates of employment, position, and name and location of organization where you worked.

Type of industry	Period of employment, month/year	Organization (name, location)
_____	from _ _ / _ _ to _ _ / _ _	_____
_____	_____	_____

Type of industry	Period of employment, month/year	Organization (name, location)
_____	from _ _ / _ _ to _ _ / _ _	_____
_____	_____	_____
_____	from _ _ / _ _ to _ _ / _ _	_____
_____	_____	_____
_____	from _ _ / _ _ to _ _ / _ _	_____
_____	_____	_____

5.5 Did you ever work with hazardous chemicals (show the list of hazardous chemicals to the liquidator and check one)?

- 1 yes
- 2 no
- 9 don't remember

if yes, please indicate chemical, dates of employment, name and location of organization where you worked.

Chemical	Period of employment, month/year	Organization (name, location)
_____	from _ _ / _ _ to _ _ / _ _	_____
_____	_____	_____
_____	from _ _ / _ _ to _ _ / _ _	_____
_____	_____	_____
_____	from _ _ / _ _ to _ _ / _ _	_____
_____	_____	_____
_____	from _ _ / _ _ to _ _ / _ _	_____
_____	_____	_____

6. Medical history

Please try to remember if you ever had the following diseases.

6.1 Have you ever had a thyroid disease?

- 1 yes
- 2 no
- 9 don't remember

If "yes", please indicate the following:

Diagnosis	Year of diagnosis	Name of hospital, address (oblast, raion)
_____	_____	_____

Goiter	19 _ _	_____
Thyroid nodules	19 _ _	_____
Hypothyroidism	19 _ _	_____
Hyperthyroidism	19 _ _	_____
Thyroiditis	19 _ _	_____
Other, specify	19 _ _	_____

6.2 Has a doctor ever told you that you had a tumour (benign or malignant) or leukemia (*check one*)?

- 1 yes
 2 no
 9 don't remember

If "yes", please specify (*indicate for each of them separately: primary localisation, hospital of diagnosis, year of diagnosis and check type of treatment received*).

a. First tumour

Localisation	_____		
Hospital	_____		
Year of diagnosis	19 _ _		
Treatment	Yes	No	Don't know
Radiotherapy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
Chemotherapy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
Surgery	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
Other, specify _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>

b. Second tumour

Localisation	_____		
Hospital	_____		
Year of diagnosis	19 _ _		
Treatment	Yes	No	Don't know
Radiotherapy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
Chemotherapy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
Surgery	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
Other, specify _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>

6.3 Have you ever received radiotherapy for medical conditions other than those listed in question 6.1 (*check one*)?

- 1 yes
 2 no
 9 don't remember

If "yes", please specify:

disease	_____
hospital, where radiotherapy was received	_____
year of treatment	19 _ _

6.4 Have you ever had any of the following radiodiagnostic procedures (check "yes", "no" or "don't know" for each procedure; if "yes" enter number of times)?

Radio-diagnostic procedure		Number of times
Dental X-ray	1 <input type="checkbox"/> Yes, specify number of times	_ _
	2 <input type="checkbox"/> No	
	9 <input type="checkbox"/> Don't know	
Chest X-ray (except fluoroscopy)	1 <input type="checkbox"/> Yes, specify number of times	_ _
	2 <input type="checkbox"/> No	
	9 <input type="checkbox"/> Don't know	
X-ray of bone	1 <input type="checkbox"/> Yes, specify number of times	_ _
	2 <input type="checkbox"/> No	
	9 <input type="checkbox"/> Don't know	
Other, specify _____ _____	1 <input type="checkbox"/> Yes, specify number of times	_ _
	2 <input type="checkbox"/> No	
	9 <input type="checkbox"/> Don't know	

7. Family information

Please answer the following questions on your family and relatives

7.1 How many brothers and sisters do you have? |_|_|

7.2 Have any of your first degree blood relatives (parents, brothers, sisters and children) and second degree blood relatives (grand parents, aunts, uncles and grand children) had any of the following thyroid diseases: thyroiditis, goiter, hypothyroidism, hyperthyroidism, thyroid nodules (benign), etc.?

Relationship to the liquidator		Disease	Year of diagnosis
Mother	1 <input type="checkbox"/> Yes, specify	_____	19 _ _
	2 <input type="checkbox"/> No	_____	19 _ _
	9 <input type="checkbox"/> Don't know		
Father	1 <input type="checkbox"/> Yes, specify	_____	19 _ _
	2 <input type="checkbox"/> No	_____	19 _ _
	9 <input type="checkbox"/> Don't know		
Other relative, specify _____ _____	1 <input type="checkbox"/> Yes, specify	_____	19 _ _
	2 <input type="checkbox"/> No	_____	19 _ _
	9 <input type="checkbox"/> Don't know		
Other relative, specify _____ _____	1 <input type="checkbox"/> Yes, specify	_____	19 _ _
	2 <input type="checkbox"/> No	_____	19 _ _
	9 <input type="checkbox"/> Don't know		

Relationship to the liquidator	Disease	Year of diagnosis
	2 <input type="checkbox"/> No	
	9 <input type="checkbox"/> Don't know	

7.3 Have any of your first degree blood relatives (parents, brothers, sisters and children) and second degree blood relatives (grand parents, aunts, uncles and grand children) ever had any type of cancer: solid cancer or leukemia (check "yes", "no", or "don't know" for each of the relatives. If "yes", indicate the primary localization and the year of diagnosis; enter "don't remember" if the respondent does not remember localization)?

Relationship to the liquidator	Localization	Year of diagnosis
Mother	1 <input type="checkbox"/> Yes, specify _____ 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Don't know	19 _ _
Father	1 <input type="checkbox"/> Yes, specify _____ 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Don't know	19 _ _
Other relative, specify _____	1 <input type="checkbox"/> Yes, specify _____ 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Don't know	19 _ _
Other relative, specify _____	1 <input type="checkbox"/> Yes, specify _____ 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Don't know	19 _ _

8. Smoking habits

The questions in the following two sections concern your smoking and drinking habits (if applicable) and have only scientific interest. The answers will be kept confidentially and used only for research.

8.1 Have you ever smoked regularly (check one)?

- 1 yes
2 no (go to question 9.1)

8.2 How old were you when you started smoking regularly? _____

8.3 Do you currently smoke cigarettes regularly (check one)?

- 1 yes
2 no (go to question 8.5)

8.4 How old were you when you stopped smoking regularly? _____

8.5 How many total years have you smoked cigarettes regularly in your lifetime, not counting any periods when you stopped smoking

8.6 How many cigarettes (papirosy) do you smoke (or did you smoke if you have stopped) in a typical day?

8.7 What do you usually smoke (or did smoke, if you have stopped) (*check all that apply*)?

- 1 cigarettes with filter
- 2 cigarettes without filter/paprosy
- 3 hand-rolled cigarettes
- 4 other, specify _____

9. Alcohol consumption habits

9.1 How often do you drink alcohol currently (*check one*)?

- 1 never
- 2 once a month or less
- 3 2-3 times a month
- 4 once a week
- 5 several times a week
- 6 every day

If you drink alcohol, please tell me whether you drink the following and the typical amount you drink per day?

Beverage		Quantity (ml)
Beer	1 <input type="checkbox"/> Yes, specify	_ _ _ _
	2 <input type="checkbox"/> No	
Vodka, including samogon ¹	1 <input type="checkbox"/> Yes, specify	_ _ _ _
	2 <input type="checkbox"/> No	
Wine	1 <input type="checkbox"/> Yes, specify	_ _ _ _
	2 <input type="checkbox"/> No	
Other, specify _____	1 <input type="checkbox"/> Yes, specify	_ _ _ _
	2 <input type="checkbox"/> No	

9.2 Have your alcohol habits changed since you were in the Chornobyl area (check one)?

- 1 didn't change
- 2 I now drink more
- 3 I now drink less
- 4 I started drinking after Chornobyl
- 5 I do not drink currently

10. Conclusion

10.1

Thank you very much for answering my questions. Please use the lines below for any additional comments you may have.

¹ Home-made spirit

Time interview ended:

hours |_|_| minutes |_|_|

11. Questions to the interviewer

11.1 Location of interview (*check one*).

- 1 polyclinic
2 other, specify _____

11.2 Was respondent responsive (*check one*)?

- 1 no (was uninterested, reticent)
2 fairly cooperative and responsive
3 very cooperative , helpful

11.3 How well did the liquidator seem to remember the details of his work in the 30-km zone (*check one*)?

- 1 very well
2 well
3 fairly well
4 not well
5 not at all

11.4 If the liquidator answered that he had worked on the industrial site of the ChNPP, how confident are you about his answers (*please take into consideration how he described his work, proposed maps, schemes and photographs*) ?

- 1 I am confident
2 I am not sure
3 I do not think that he worked on the industrial site of the ChNPP
8 liquidator answered that he didn't work on the industrial site
9 I don't know

explain, why do you think so _____

11.5 How well did the liquidator remember the details about his history of exposure to radiation - medical and occupational (*check one*)?

- 1 very well
2 well
3 fairly well
4 not well
5 not at all

11.6 How well did the liquidator remember the details about his history of exposure to chemicals - medical (chemotherapy) or occupational (*check one*)?

- 1 very well
2 well
3 fairly well
4 not well
5 not at all

