
OMB 0925-XXXX

Expires: XX/XX/XXXX

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

STUDY OF THE HEALTH STATUS OF LIQUIDATORS

Co-Worker Questionnaire

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 19|__|__|

Time interview began: hours |__|__| minutes |__|__|

Identity of respondent:

Please indicate last, first and patronymic name of respondent

Do you know the names and addresses of other colleagues of Mr. _____ , who worked together with him in the 30-km zone? If yes, please indicate their:

Last, first and patronymic names

Address, telephone number

9 don't remember where worked

1.7 Please tell me – using the list of settlements – the main areas where Mr. _____ worked, as well as the following information (*interviewer should write down all the main settlements, one per 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 _ _	_ _	_ _

1.8 Please tell me – using the list of settlements – the main areas where Mr. _____ lived or the settlements closest to his 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 a type of dwelling where Mr. _____ mainly lived?
a _____ _____	_ _ / _ _ / 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
B _____ _____	_ _ / _ _ / 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
c _____ _____	_ _ / _ _ / 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
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

Settlement, raion	Date when started to live there, duration (days) and average number of hours per day	What was a type of dwelling where Mr. _____ mainly lived?
e _____	_ _ / _ _ / 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

1.9 Please tell me the reason why Mr. _____ left the zone after the mission (*check one*).

- 1 his dose was higher than the permissible level
- 2 his dose was equal to the permissible level
- 3 his mission was over
- 4 illness
- 5 other, specify _____
- 9 don't remember

2. 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 his stay in the 30-km zone.

2.1 Was Mr. _____'s dose estimated (*check one*)?

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

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

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

Type of activity	Yes	No	Don't remember
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 activities 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"/>
—			

2.6 Did Mr. _____ 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"/>

2.7 Did Mr. _____ work on the industrial site of ChNPP (*check one*)?

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

2.8 Did Mr. _____ receive preparations of stable iodine during his participation in the activities in the 30-km zone (*check one*)?

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

If "yes", please specify period

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

and number of tablets per day

|_|_|

3. 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 Mr. _____ was usually doing. If Mr. _____ 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 Mr. _____ could have received the highest radiation doses.

3.1 Please tell me where Mr. _____ worked (use the photographs, schemes and maps from Booklet - part B- as well as the 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 a building (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 3.2)

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

a.1 Show me the building where Mr. _____ 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 for Mr. _____ to walk to the place where he worked after entering the building (enter duration in minutes)? |_|_|_|_|

a.3 Did Mr. _____ 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 Mr. _____ 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 <input type="checkbox"/> white | 5 <input type="checkbox"/> green |
| 2 <input type="checkbox"/> grey | 6 <input type="checkbox"/> brown |
| 3 <input type="checkbox"/> gold | 7 <input type="checkbox"/> other, specify _____ |
| 4 <input type="checkbox"/> silver | 9 <input type="checkbox"/> 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 <input type="checkbox"/> plastic | 4 <input type="checkbox"/> wood |
| 2 <input type="checkbox"/> concrete | 5 <input type="checkbox"/> other, specify _____ |
| 3 <input type="checkbox"/> tiles | 9 <input type="checkbox"/> 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 his working place inside building:

b. On the industrial site of the ChNPP on the roof of a building:

b.1 On the roof of which building did Mr. _____ 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 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 Mr. _____ 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 <input type="checkbox"/> concrete | 4 <input type="checkbox"/> asphalt |
| 2 <input type="checkbox"/> asbestos sheets | 5 <input type="checkbox"/> other, specify _____ |
| 3 <input type="checkbox"/> wood | 9 <input type="checkbox"/> don't remember |

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

- 1 yes
2 no
9 don't remember

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

- 1 yes
2 no
9 don't remember

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

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

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

- 1 yes
2 no
9 don't remember

If "yes" describe it: _____

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

3.2 Type of activities in the episode:

a. Please describe in detail the work that was done, including, if appropriate, the tools and devices that were used.

b. How did Mr. _____ work (*check one*)?

- 1 in a group
2 alone
9 don't remember

c. Did Mr. _____ work in "mogilnik" (places where radioactive wastes were buried) (*check one*)?

- 1 yes
2 no
9 don't remember

3.3 Commuting to the place of work in the episode:

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

- | | |
|---|---|
| 1 <input type="checkbox"/> BTR (armoured car) | 5 <input type="checkbox"/> car |
| 2 <input type="checkbox"/> bus | 6 <input type="checkbox"/> lorry |
| 3 <input type="checkbox"/> tractor | 7 <input type="checkbox"/> other, specify _____ |
| 4 <input type="checkbox"/> helicopter | 9 <input type="checkbox"/> don't remember |

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

from where he started _____

to where he went _____

landmarks along the route _____

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

- 1 yes
2 no
9 don't remember

If "yes" specify where he did it _____

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

e. Did Mr. _____ walk to his working place after getting out from the vehicle (*check one*)?

- 1 yes
2 no
9 don't remember

If "yes" please enter the duration of the walk in minutes |_|_|_|

f. Please describe the route Mr. _____ followed to get back from his working place:

from where he started _____

to where did he go _____

landmarks along the route _____

3.4 Meals and leisure in the episode

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

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

b. How did Mr. _____ get to the place where he 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 his lunch break (*enter duration in minutes*)? |_|_|_|

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

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

e. How did Mr. _____ get to the place where he 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 he rest during his working day (*enter duration in minutes*)? |_|_|_|

3.5 Working period in the episode: from |_|_|/|_|_|/19|_|_| to |_|_|/|_|_|/19|_|_|

Working days in 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

3.6 Number of working days in the episode (on average) |_|_|

3.7 Dosimetric control in the episode:

a. Did Mr. _____ change his clothes before work (check one)?

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

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

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

If "no" please enter the duration of time before he started his work in minutes |_|_|_|

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

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

d. Did Mr. _____ 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 Mr. _____'s work or was one nearby (check one)?

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

f. Did his supervisor communicate with a 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

3.8 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 activities in the episode.

4. Conclusion

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

Time interview ended:

hours |__|__| minutes |__|__|

5. Questions to the interviewer

5.1 Location of interview (*check one*).

- 1 polyclinic
- 2 other, specify _____

5.2 Was respondent responsive (*check one*)?

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

5.3 How well did the respondent seem to remember the details of his co-worker's work in the 30-km zone (*check one*)

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

5.4 If respondent answered that his co-worker had worked on the industrial site of the ChNPP, how confident are you about his answer (*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 co-worker answered that the liquidator didn't work on the industrial site
- 9 I don't know

explain why you think so _____

5.5 Please add any additional notes, comments on the respondent's answers and your general comments on the interview. In particular, please provide further details and information, not covered in the questionnaire but received from the respondent, if you find them to be relevant; please give all details about the respondent's state that might have affected the quality of his answers (such as: was he/she ill? did he/she have a problem? or was he/she in a hurry during the interview?).
