Appendix 3. Dosimetry questionnaire for residence at locations other than Pripyat

Study of parental irradiation of Ukrainian clean-up workers and evacuees and germline mutations in their off spring (trio study)
Dosimetry Questionnaire - Interview of father or mother for residential exposure

Subject’s ID

Bar Code Label

Date of interview __/__/201_ 

Interviewer’s last name ________________

Time of interview beginning: ____:____

Section I  General information on subject

1. What is your last name?

2. What is your first name?

3. What is your patronymic name?

4. Is your last name the same as it was at the time of the Chornobyl accident in 1986?
   1 ☐ yes (go to 5)  2 ☐ no (go to 4a)

4a. What was your last name at the time of the Chornobyl accident in 1986?

5. What is your date of birth?

   Day ______ Month ______ Year ______

   Day         Month      Year
Section II. My next questions are about the place where you were on 26 April, 1986 at the time of the Chornobyl accident. Tell me about the exact place where you were at that time, that was not your permanent residence.

6. In which settlement were you on April 26, 1986 at the time of the Chornobyl accident?

[________] (if respondent was in Pripyat-town or Janov, complete attachment-questionnaire for residents of Pripyat-town or Janov. After you complete questionnaire for residents of Pripyat-town or Janov (Appendix 2), continue with question 7)

(if respondent was in a city, other than Pripyat-town or Janov go to 15b)

9 □ do not remember

6a. In which selsovet was this settlement?

[________] (9 □ do not remember)

6b. In which rayon was this settlement?

[________] (9 □ do not remember)

6c. In which oblast was this settlement?

[________] (9 □ do not remember)

6d. Please tell me the name of the street

[________] (9 □ do not remember)

6e. Please tell me the building or house number, and the apartment number (if the dwelling was an apartment building)

House # [________] Building # [________] Apartment # [________]

9 □ do not remember
Section III. My next questions are about places where you lived during the time period between 26 April and date of birth of your child ___ / ___ / ___. Tell me please about the exact places where you did live or stay for more than ONE DAY between April 26 and June 30, 1986 and did live or stay for more than ONE MONTH during the time period between July 1, 1986 and ___ / ___ / ___ {date of childbirth}.

7. (Fill in the answers from “a” through “g” in the table below by asking all of the following questions for each place)
   a. Where did you live or stay for more than ONE DAY between April 26 and June 30, 1986 and did live or stay for more than ONE MONTH during the time period between July 1, 1986 and ___ / ___ / ___ {date of childbirth}?
   What was the name of the first (next) settlement where you lived or stayed? (Fill in the answers from “a” through “g” in table below for every settlement where you lived or stayed)
   b. In which rayon?
   c. In which oblast?
   d. What was the purpose of your staying in this settlement? Residence (1), evacuation (2), relocation (3); visit relatives (4); other (5) (if respondent does not remember insert code «9»)
   e. On what date did you arrive at this place? (Show calendar - Card #1)
   f. On what date did you depart from this place?
   g. In what type of building did you stay? wooden (1), brick or block single-storey (2), brick or concrete many-storeys (3), other material (4) (if respondent does not remember insert code «9»)
   {If the respondent does not remember the date of departure or arrival from/to a settlement, ask about month and year}

| # | a. Settlement | b. Rayon | c. Oblast | d. Purpose of stay | e. Arrival Date | f. Departure Date | g. Construction material |
|---|--------------|----------|-----------|-------------------|----------------|---------------------|-------------------------|
| 1 |              |          |           |                   | ___/___/___     | ___/___/___         |                         |
| 2 |              |          |           |                   | ___/___/___     | ___/___/___         |                         |
| 3 |              |          |           |                   | ___/___/___     | ___/___/___         |                         |
| 4 |              |          |           |                   | ___/___/___     | ___/___/___         |                         |
| 5 |              |          |           |                   | ___/___/___     | ___/___/___         |                         |
| 6 |              |          |           |                   | ___/___/___     | ___/___/___         |                         |
| 7 |              |          |           |                   | ___/___/___     | ___/___/___         |                         |
| 8 |              |          |           |                   | ___/___/___     | ___/___/___         |                         |
| 9 |              |          |           |                   | ___/___/___     | ___/___/___         |                         |
| 10|              |          |           |                   | ___/___/___     | ___/___/___         |                         |
Section IV. My next questions are about your consumption of milk, dairy products, potatoes, root vegetables, and meat.

8. Tell me about your consumption of milk, dairy products, root vegetables, and meat in all the settlements where you resided.

Enter the name of first settlement from the table 7 into column “a” and ask a question from the column “b”. In column “c” mark if respondent consumed milk (*cow*, *goat*), dairy products, meat (pork, poultry), potatoes and root vegetables in this settlement. Ask questions from columns “c”, “d”, and “e” separately for each type of milk and for entire amount of dairy products without specification. Milk consumption is measured in glasses and dairy products, meat, potatoes, and root vegetables — in grams.

| # | a. Settlement | b. Milk/Milk products | c. Did you consume (milk, dairy products, meat, potatoes) in (Settlement)? | d. How often did you consume (milk, dairy products, meat, potatoes)? | e. What amount of milk, dairy products, meat, potatoes or root vegetables did you typically consume per day (when you consumed it)? | Other quantity (glasses, g/day) | Do not remember |
|---|---|---|---|---|---|---|---|
| 1 | Private cow milk | 1 | 2 | 9 | 1 | 2 | 3 | 9 | 1 | 2 | 3 | 4 | 9 |
| | Shop milk | 1 | 2 | 9 | 1 | 2 | 3 | 9 | 1 | 2 | 3 | 4 | 9 |
| | Dairy products | 1 | 2 | 9 | 1 | 2 | 3 | 9 | 1 | 2 | 3 | 4 | 9 |
| | Meat (pork, poultry) | 1 | 2 | 9 | 1 | 2 | 3 | 9 | 1 | 2 | 3 | 4 | 9 |
| | Potatoes, root vegetables | 1 | 2 | 9 | 1 | 2 | 3 | 9 | 1 | 2 | 3 | 4 | 9 |
| 2 | Private cow milk | 1 | 2 | 9 | 1 | 2 | 3 | 9 | 1 | 2 | 3 | 4 | 9 |
| | Shop milk | 1 | 2 | 9 | 1 | 2 | 3 | 9 | 1 | 2 | 3 | 4 | 9 |
| | Dairy products | 1 | 2 | 9 | 1 | 2 | 3 | 9 | 1 | 2 | 3 | 4 | 9 |
| | Meat (pork, poultry) | 1 | 2 | 9 | 1 | 2 | 3 | 9 | 1 | 2 | 3 | 4 | 9 |
| | Potatoes, root vegetables | 1 | 2 | 9 | 1 | 2 | 3 | 9 | 1 | 2 | 3 | 4 | 9 |
| 3 | Private cow milk | 1 | 2 | 9 | 1 | 2 | 3 | 9 | 1 | 2 | 3 | 4 | 9 |
| | Shop milk | 1 | 2 | 9 | 1 | 2 | 3 | 9 | 1 | 2 | 3 | 4 | 9 |
| | Dairy products | 1 | 2 | 9 | 1 | 2 | 3 | 9 | 1 | 2 | 3 | 4 | 9 |
| | Meat (pork, poultry) | 1 | 2 | 9 | 1 | 2 | 3 | 9 | 1 | 2 | 3 | 4 | 9 |
| | Potatoes, root vegetables | 1 | 2 | 9 | 1 | 2 | 3 | 9 | 1 | 2 | 3 | 4 | 9 |
| 4 | Private cow milk | 1 | 2 | 9 | 1 | 2 | 3 | 9 | 1 | 2 | 3 | 4 | 9 |
| | Shop milk | 1 | 2 | 9 | 1 | 2 | 3 | 9 | 1 | 2 | 3 | 4 | 9 |
| | Dairy products | 1 | 2 | 9 | 1 | 2 | 3 | 9 | 1 | 2 | 3 | 4 | 9 |
| | Meat (pork, poultry) | 1 | 2 | 9 | 1 | 2 | 3 | 9 | 1 | 2 | 3 | 4 | 9 |
### Table:

|                | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|----------------|---|---|---|---|---|---|---|---|---|----|
| Potatoes, root vegetables | 1 | 2 | 9 | 1 | 2 | 3 | 9 | 1 | 2 | 3 |
| Private cow milk | 1 | 2 | 9 | 1 | 2 | 3 | 9 | 1 | 2 | 3 |
| Shop milk | 1 | 2 | 9 | 1 | 2 | 3 | 9 | 1 | 2 | 3 |
| Dairy products | 1 | 2 | 9 | 1 | 2 | 3 | 9 | 1 | 2 | 3 |
| Meat (pork, poultry) | 1 | 2 | 9 | 1 | 2 | 3 | 9 | 1 | 2 | 3 |
| Potatoes, root vegetables | 1 | 2 | 9 | 1 | 2 | 3 | 9 | 1 | 2 | 3 |
| Private cow milk | 1 | 2 | 9 | 1 | 2 | 3 | 9 | 1 | 2 | 3 |
| Shop milk | 1 | 2 | 9 | 1 | 2 | 3 | 9 | 1 | 2 | 3 |
| Dairy products | 1 | 2 | 9 | 1 | 2 | 3 | 9 | 1 | 2 | 3 |
| Meat (pork, poultry) | 1 | 2 | 9 | 1 | 2 | 3 | 9 | 1 | 2 | 3 |
| Potatoes, root vegetables | 1 | 2 | 9 | 1 | 2 | 3 | 9 | 1 | 2 | 3 |

#### 8f. Did you consumed fresh or dried mushrooms?

1 □ yes 2 □ no 9 □ do not remember
Section V. Assessment of the interview

The completeness and accuracy of answers given by the respondent as estimated by the interviewer is:

1  ☐ good  2  ☐ satisfactory  3  ☐ poor

Time of interview end: ____ : ____

Interviewer’s comments:
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________

☐ Questionnaire was entered to DB  Date: __ / __ /201_  Operator: ______________________________

Name of quality control expert: ______________________________  Date of control __ / __ /201_