

**Questionnaire S2**  
**Questionnaire for Workers at Scrap Dealerships**

**I. Identification Data**

1. Name:
2. Age:
3. Sex: M / F
4. Residence:
5. Educational Qualification:
6. Occupation: 2
7. Total Family Income:
8. Total number of family members living together:
9. Per-capita income:
10. Type of Family: Nuclear / Joint
11. Socioeconomic status (KS Score):

**II. Occupation-related questions:**

1. Total Duration of work:  
[If < 1 year, exclude ]  
Has any family member of yours been in this business? Y/N  
Has he/she ever suffered from any chronic medical condition? Y/N
2. Do you consider yourself competent to handle scrap? - Y/N  
Have you received any training for handling scrap? - Y/N  
If yes, from where?  
Rank your competency - Competent / Non competent / Don't know
3. Are regular preventive medical check ups being conducted for you? - Y/N  
If yes, how often? every 6 months / 1 year / more than one year

**III. Awareness about Radioactive Waste:**

1. Have you heard about radioactive waste? Y/N  
If yes, what was the source of information?  
If no, skip to part VI
2. What, in your opinion, are the potential sources of scrap waste contaminated with radioactive material?
  - a. Bio medical labs
  - b. Hospitals
  - c. Some scientific research centers
  - d. Mining and processing of Uranium
  - e. Naturally Occurring Radioactive Material (NORM) such as coal and oil gas
  - f. Industries
  - g. Any Other, Specify \_\_\_\_\_
  - h. All of the Above

3. Are you aware of these symbols: 1\* - Y/N, 2\* - Y/N  
 If yes, what do you think they mean?: 1\* -  
 2\* -  
 Have you seen it in & around your shop? Y/N  
 If yes, where? 1\* -  
 2\* -
4. Do you think exposure to radioactive waste can have a negative impact on health and/ or cause disease?  
 If yes, what do you think are effects of radioactive waste on human health and what specific diseases can it cause?
- Nausea
  - Burns
  - Hair loss
  - GI syndrome
  - Diarrhea
  - Weakness
  - Cancer
  - Diminished organ function
  - Pneumonitis
  - Cataract
  - Sterility
  - Teratogenic effect
  - Prenatal/ Neonatal death
  - Mental Retardation
  - Genetic mutations
  - All of the Above
  - Ill health/Non-specific
  - Death
  - Photosensitivity
  - Blackening
  - Decreased Cell Counts
5. Do you think your job entails a risk of accidental exposure to radioactive substances? Y/N  
 If yes, how?
6. Are you aware of any agency or regulatory body managing radioactive waste? Y/N  
 If yes, name –
7. Have you ever come across radioactive waste? Y/N  
 i) If yes, how did you detect it?  
 ii) What measures did you take?
8. Are you trained to deal with radiation hazard emergency? Y/N

#### **VI. Mayapuri Radiation Hazard Incident:**

- Have you heard about the accidental nuclear leak at Mayapuri in 2010? Y/N  
 If yes, what was the source of your information?
- Have any changes been taken after the incident in your area with respect to:
  - Training?
  - Safety equipment provided?
  - Radiation monitor installed?
  - Containment (containers provided / storage facility constructed)?
  - Emergency guidelines provided?
- Have you heard about any other such incident in the past (anywhere)?  
 If yes, please specify: