Questionnaire Paritutu Serum Dioxin Study

If you have difficulty completing the form, please call Floss Marriott on the toll free number, 0508 377 377 between 9am and 5pm Monday to Friday.
Or you can leave a message and she will return your call.

Please take your time to read these questions
If you lived in Paritutu for at least one year from 1960-1987, please could you take the time to answer the following questions?

A. Contact Details
Mr [ ] Mrs [ ] Ms [ ] Miss [ ] Dr [ ]
Surname [ ] First names
Current Address
Daytime telephone
Evening telephone
Mobile number
What time of day can we call you if we need to talk to you?

B. Background Information
1. Date of birth
2. Sex [ ] Male [ ] Female
3. Ethnicity
   - NZ European
   - Maori
   - Samoan
   - Cook Island Maori
   - Tongan
   - Niuean
   - Chinese
   - Indian
   - Other
4. Were you born in New Plymouth [ ] Yes [ ] No
5. When living in the Paritutu Area, were you known by any other name? (ie changed name by marriage)
   [ ] Yes [ ] No
6. If yes please list these names you were known by.

7. What were your parents full names
   Mother
   Father
8. What are your Children’s names
   
   
   Question 7 & 8 are to make sure we have accurate data for the study.
9. How did you find out about the study?
   [ ] Newspaper
   [ ] Radio
   [ ] Word of Mouth
   [ ] Flyer in letterbox
   [ ] Local Organisation
     (DIN, DIAG)
   [ ] Posters in shop windows
   [ ] Posters in Doctors Surgery
   [ ] Other
C. Residential History

Please give your full residential history, that is, everywhere you have lived, what year, and for how long.

A separate page is attached if you need more space. If you have lived outside of NZ, please state clearly when, where and how long you lived there.

<table>
<thead>
<tr>
<th>Area</th>
<th>Dates</th>
<th>Duration</th>
<th>Full Address if</th>
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<tbody>
<tr>
<td>Eg Wellington</td>
<td>Eg 1960-1964</td>
<td>years and/or months</td>
<td>New Plymouth</td>
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D. Work History
Starting with your first job, please give your full working history, that is, everywhere you have worked, what year, and for how long – a separate page is attached if you need more space.

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E. Other Factors

**Fruit**

10. When living in Paritutu, did you eat fruit grown on your property?
   - Yes [ ]
   - No [ ]

11. If Yes, please tick how often?
   - More than once a week [ ]
   - Once a week [ ]
   - Once or twice a month [ ]
   - Less than once a month [ ]

12. And over what time period?
   - Eg. 1970-76 [ ]

13. If yes, what sort of homegrown fruit did you eat?
   - [ ]

14. Was the fruit peeled?
   - Yes most of the time [ ]
   - Yes, sometimes [ ]
   - No, never [ ]

**Vegetables**

15. When living in Paritutu, did you eat vegetables grown on your property?
   - Yes [ ]
   - No [ ]

16. If Yes, please tick how often?
   - More than once a week [ ]
   - Once a week [ ]
   - Once or twice a month [ ]
   - Less than once a month [ ]

17. And over what time period?
   - Eg. 1970-76 [ ]

18. If yes, what sort of home grown vegetables did you eat?
   - [ ]

19. Were the vegetables peeled?
   - Yes most of the time [ ]
   - Yes, sometimes [ ]
   - No, never [ ]

**Poultry**

20. When living in Paritutu, did you eat **EGGS** from chickens or poultry raised at home?
   - Yes [ ]
   - No [ ]

21. If Yes, please tick how often?
   - More than once a week [ ]
   - Once a week [ ]
   - Once or twice a month [ ]
   - Less than once a month [ ]

22. If yes, over what time period?
   - Eg. 1970-76 [ ]

23. When living in Paritutu, did you eat **MEAT** from chickens or poultry raised at home?
   - Yes [ ]
   - No [ ]

24. If Yes, please tick how often?
   - More than once a week [ ]
   - Once a week [ ]
   - Once or twice a month [ ]
   - Less than once a month [ ]

25. If yes, over what time period?
   - Eg. 1970-76 [ ]

**Fish**

26. Have you ever eaten fish/shellfish collected from the Paritutu shoreline?
   - Yes [ ]
   - No [ ]
   - Unsure [ ]

27. If Yes, please tick how often?
   - More than once a week [ ]
   - Once a week [ ]
   - Once or twice a month [ ]
   - Less than once a month [ ]

28. If yes, over what time period?
   - Eg. 1970-76 [ ]
29. Finally, are there any other activities, events or lifestyle factors that you think may have increased your chances of exposure to dioxins whilst living in Paritutu?

Yes  
No   
Unsure

30. If Yes or Unsure, please list these.

Please place

- completed questionnaire
- consent to participate in study form

in the stamped self addressed envelope provided and post it to ESR as soon as possible.
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D. EXTRA SHEET: Work History

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PLEASE CHECK YOU HAVE ANSWERED EVERY QUESTION
Thankyou for your assistance.

Please place the completed questionnaire and the consent to participate in study form in the stamped self addressed envelope provided and post it to ESR as soon as possible.
CONSENT TO PARTICIPATE IN STUDY:
Serum Dioxin Testing for selected residents of Paritutu, New Plymouth

Lay Title: Serum Dioxin testing for selected residents of Paritutu, New Plymouth

Principal Investigator: Dr David Phillips, ESR

Participants Name

I have read and I understand the information sheet dated June 2003 for people taking part in the study designed to investigate possible exposure to dioxins for past and current residents of Paritutu. I have had the opportunity to discuss this study. I am satisfied with the answers I have been given.

I understand that taking part in this study is voluntary and that I may withdraw from the study at any time.

I understand that my participation in this study is confidential and that no material that could identify me will be used in any reports on this study.

This study has been given ethical approval by the Taranaki Health Ethics Committee. This means that the Committee may check at any time that the study is following appropriate ethical procedures.

Questions:

1. If you are selected for the study, can you give up to 200mls of blood?

   Yes ☐    No ☐

I agree that the information I supply for this study is, to the best of my knowledge and belief, accurate and truthful.

Date

Signature

Printed Name

Address for Results

Please could you place the completed questionnaire and the informed consent form in the stamped self addressed envelope provided and post it to ESR as soon as possible.