

# 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.

For ESR use only:

ID No:

Date received:

Date entered:

These questions are to help select people for testing for dioxins.

**Not everyone who completes this questionnaire will have blood taken.**

ID No:
Date received:
Date entered:

## PLEASE TAKE YOUR TIME TO READ AND ANSWER THESE QUESTIONS CAREFULLY

### A. Contact Details

Mr  Mrs  Ms  Miss  Dr

Surname

First names

Current Address

.....  
.....  
.....  
.....

### Phone Numbers

Hm..... Wk.....

What time of day can we call you if we need to talk to you?

.....  
.....

### B. Diet

1. Do you eat meat?

Yes

No

2. Do you usually eat the fat on the meat?

Always

Usually

Sometimes

Never

3. Do you eat chicken?

Yes

No

4. Do you eat fish?

Yes

No

5. Do you eat dairy products?

Yes

No

6. Are you a vegan? (never eat dairy, egg or meat products)

Yes

No

7. Are you or have you ever been a vegan?

Yes

No  Go to Q9

8. If Yes, over what time period? e.g 1970-1975.

9. When living in the Paritutu area, did you drink rainwater collected from the roof of your house?

Yes

No  Go to Q11

Don't know  Go to Q11

10. If Yes, over what time period? e.g 1970-1975.

.....  
.....

**C. Smoking**

11. Do you currently smoke cigarettes?

- Yes   
 No  Go to Q14

12. How many cigarettes per day?

13. How many years have you smoked?

14. If No, have you ever smoked regularly in the past?

- Yes   
 No  Go to Q17

15. For how many years did you smoke?

16. Approximately, how many cigarettes per day?

**D. Medication**

17. Are you currently taking, or have you ever taken medication to lower high blood cholesterol (fat)?

(Drug names include: Bezalip, Bezalip Retard, Fibalip -bezafibrate, Colestid – colestipol, Gemizol – gemfibrozil, Lescol – fluvastatin, Lipex – simvastatin, Lipitor – atorvastatin, Nicotinic acid S, Olbetam – acipimox, Questran Light – cholestyramine)

- Yes   
 No   
 Don't know

18. If Yes, please list the name of the medication you are taking or have taken for the treatment of high blood cholesterol and for how long you have taken it.

.....  
 .....  
 .....  
 .....

**E. Health**

19. Have you ever been diagnosed by your Doctor as having the following conditions?

- |                     |                          |                          |                               |                          |                          |
|---------------------|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|
|                     | Yes                      | No                       |                               | Yes                      | No                       |
| Soft tissue sarcoma | <input type="checkbox"/> | <input type="checkbox"/> | Non-Hodgkin's lymphoma        | <input type="checkbox"/> | <input type="checkbox"/> |
| Hodgkin's disease   | <input type="checkbox"/> | <input type="checkbox"/> | Chronic lymphocytic leukaemia | <input type="checkbox"/> | <input type="checkbox"/> |
| Chloracne           | <input type="checkbox"/> | <input type="checkbox"/> |                               |                          |                          |

**F. Women Only: Pregnancies, Children and breast feeding.**

20. How many children have you had?

21. Did you breast feed? Yes, all children  Yes, some children  No

Please fill out the table if you breast-fed.

	Child's name	Date of Birth	Length of time breast fed
1			
2			
3			
4			
5			
6			

22. Have you used oral contraceptives (the pill) ? Yes  No

Name of contraceptive pill	Number of years on it (e.g 4yrs)	Specific years on contraceptive (eg. 1982-85)

**G. Exposure pathways**

TCP (trichlorophenol) or the herbicide 2,4,5-T were chemicals used in garden products such as Aero 72, Scrub desiccant, Stantox 2,4,5-T, and Weedone).

23. Have any of your jobs involved the use or handling of TCP (trichlorophenol), 2,4,5-T or related products? (See list above)

- Yes
- No  Go to Q25
- Don't know  Go to Q25

24. If Yes, when and for how long did you use these products?

.....  
.....

25. Has the land/property where you have lived ever been sprayed with one of these chemicals? (see list above Q23)

- Yes
- No
- Don't know

26. Have you been an employee of Dow Agrosciences (formerly DowElanco or Ivon Watkins-Dow)?

- Yes
- No  Go to Q28

27. If Yes, when and for how long?

Job.....  
Years employed (1972-75).....  
Length of Employment.....

Go to Q28 ►

28. Have you worked on the Dow AgroSciences site in the past as a contractor or in some other role?

- Yes
- No  Go to Q30

29. If Yes, when and for how long?

Job.....  
Time employed (Oct 1972).....  
Length of Employment.....

30. Have you lived in the same house/residence with anyone who has worked at Dow Agrosciences or someone working with chemicals such as 2,4,5,T? (see list above Q23)

- Yes
- No

31. What years did you live in same residence? e.g. 1974-1983

.....

32. What work did they do?

.....  
.....  
.....  
.....

**H. Previous Dioxin Tests**

33. Have you been tested for dioxin in the past?

- Yes
- No  Go to Q35

34. If Yes, please attach a photocopy of the results.

Photocopy attached

35. Was the test done as part of a study?

- Yes
- No  Go to Q36

**I. Height and Weight**

36. What is your current height?  metres  feet *please circle*

37. What is your current weight?  kg  stone *please circle*

38. As an adult, which of the following best describes your weight?

A) I have gained weight Yes  No   
If Yes, how much weight gain  kg  stone *please circle*

B) My weight is stable Yes  No

C) I have lost weight Yes  No   
If Yes, how much weight loss  kg  stone *please circle*

39. If you have gained or lost weight has weight change been gradual over the years?  
Yes  No

40. Please explain the reason(s) for any major weight changes (eg. Through diet, physical activity, physical inactivity or illness.)

.....  
.....  
.....  
.....

**J. Other Activities**

42. Do you think there any other activities that may have increased your chances of exposure to dioxins? Yes  No  go to Q44

43. If Yes, please specify:

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.....  
.....  
.....

44. Is there any other information that you think we should consider in deciding whether you should be selected for the blood testing? Yes  No

45. If Yes, please specify.

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.....  
.....  
.....

**PLEASE READ INFORMATION FOR INFORMED CONSENT TO GIVE BLOOD (Blue form - to keep at home)**

**Extra page if required**

A large rectangular area with a dotted grid pattern, intended for handwritten responses. The grid consists of approximately 30 horizontal rows and 100 vertical columns of dots.

**PLEASE CHECK YOU HAVE ANSWERED EVERY QUESTION AND SIGNED THE CONSENT FORM**

**Thank you for your assistance.**

**Please place completed questionnaire in the stamped self-addressed envelope provided and post it to ESR as soon as possible.**

# INFORMED CONSENT FOR GIVING BLOOD

Please read the blue form carefully and then answer the following questions:

(Blood Collection staff may have other questions and forms for you to sign)

- 1) Could giving blood result in any physical or psychological reaction that you are aware of?  
Yes  No  Don't know

If Yes, please explain in the box below.

..... ..... .....
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- 2) Do you have any concerns (eg. cultural or spiritual) around the collection and disposal of blood?  
Yes  No

If Yes, please outline your concerns or requests and how you wish your blood to be handled.

..... ..... .....
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- 3) Are you on prescribed medication (such as aspirin or warfarin), that thins your blood.  
Yes  No  Don't know

Please write down the medication that thins your blood in the box below.

.....
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**PLEASE TICK THE BOXES AND SIGN THIS FORM FOR US TO CONSIDER INCLUDING YOU FOR BLOOD TESTING**

- I have read the information and questions carefully.
- I agree to give about 200mls of blood.
- I am in reasonable health and I am confident I can safely give this amount of blood.
- I am aware the blood I give will be sent to an overseas laboratory for dioxin testing.
- I am aware results will take up to 2 months, and I will only be given my own results and feedback on my own results.
- I understand my results will be used in a study, and that I will not be personally identified in any publication or discussion with regard to this subject.
- I agree to notify ESR if I am unable to participate, or wish pull out of the study.

**Please fill out the box below:**

Print full name..... <i>First name</i> <i>Surname</i>
Signature ..... Date .....

***Information for informed consent to give blood  
for the Paritutu serum dioxin study***

**PLEASE READ THE FOLLOWING CAREFULLY:**

If you are selected, you will need to give about 200mls of blood (a unit of blood for blood donation is 475mls). This means you must be in reasonable health, and able to safely give this amount of blood.

The blood will be collected by a qualified NZ blood collection professional. The blood sample will be prepared and sent to an overseas laboratory that specialises in dioxin testing. The laboratory will dispose of the blood sample according to standard, international laboratory protocols.

Each person will be given their own individual blood dioxin results. Your individual results are confidential to you. Your test result will be used to compare the levels of dioxin for the Paritutu group with levels for other New Zealanders. This study will be published, however no names will be mentioned in this or any other publication or discussion around this subject. The testing and analysis may take 2 months.

Participation is voluntary. If you have any questions or queries with regard to the study, please contact us on **0508 377 377**.

You are able to change your mind about being part of the study at any stage. If you do change your mind, please inform ESR as soon as possible so we can arrange for someone else to take your place in the study.

We will contact you in January to inform you if you have been selected to give blood for the dioxin study.

- ❖ **please keep this form for your own information**
- ❖ **for information or questions call: 0508 377 377**