

# 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.

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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

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<input type="checkbox"/>
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<input type="checkbox"/>

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





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

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.**



**D. EXTRA SHEET: Work History**

Name							

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.

Employer Name/ Company and Address	Job	Activities while at work	Duration years/months	Years of Employment
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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.**

**EXTRA PAGE**

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**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.**