

Appendix B – Questionnaire

Good morning/afternoon/evening, my name is and I am calling from the NSW Health Department. We are conducting a localised study on the health and wellbeing of people in your local area and we would like to interview someone in your household. The survey is used to let us know about current health issues.

We would greatly appreciate your household's participation in this study and I would like to introduce it to you briefly and explain how it works. Would it be convenient to talk to you now?

Your phone number has been chosen at random from all possible telephone numbers in your area. We would like to make a random selection of a person in your household to interview.

So that we can randomly select one person from your household can you please tell me, how many people, including yourself, live in your household over the age of 17?

We have done the random selection and we would like to interview the oldest person in your household.

Q1 Firstly can I just confirm that you live in the Canterbury, Rockdale or Marrickville local government area?

- 1 Yes - Canterbury, Rockdale or Marrickville
- 2 No
- R Refused

Q2 Could you please tell me how old you are today?

- Q3** Gender
- 1 Male
 - 2 Female

General health

Now I'm going to ask some questions about aspects of your health.

Q4 Overall, how would you rate your health during the past 4 weeks?

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair
- 5 Poor
- 6 Very Poor
- X Don't know
- R Refused

Q5 During the past 4 weeks how much difficulty did you have doing your daily work or activities?

- 1 No difficulty at all
- 2 A little bit of difficulty
- 3 Some difficulty
- 4 Much difficulty
- 5 Could not do work/activities
- X Don't know
- R Refused

Q6 During the past four weeks how much bodily pain have you generally had?

- 1 No pain
- 2 Very mild pain
- 3 Mild pain
- 4 Moderate pain
- 5 Severe pain
- X Don't know
- R Refused

Asthma

The next questions are about asthma.

Q7 Have you ever been told by a doctor or at a hospital that you have asthma?

- 1 Yes
- 2 No
- X Don't know
- R Refused

Q7A Have you had symptoms of asthma or taken treatment for asthma in the last 12 months?

- 1 Yes
- 2 No
- X Don't know
- R Refused

Q7B In the last four weeks how often have you used reliever medication?

- 1 Every day
- 2 Most days
- 3 About half the days
- 4 Less than half the days
- 5 Not at all
- X Don't know
- R Refused

Q7C In the last four weeks how often have you used preventer medication?

- 1 Every day
- 2 Most days
- 3 About half the days
- 4 Less than half the days
- 5 Not at all
- X Don't know
- R Refused

Q7D Have you visited a GP or local doctor for an attack of asthma in the last four weeks?

- 1 Yes
- 2 No
- X Don't know
- R Refused

Q7E Have you visited a hospital emergency department for an attack of asthma in the last four weeks?

- 1 Yes
- 2 No
- X Don't know
- R Refused

Q7F During the past four weeks, did your asthma interfere with your ability to manage your day-to-day activities?

- 1 Yes
- 2 No
- X Don't know
- R Refused

Q7Fa How much did it interfere with these activities?

- 1 A little bit
- 2 Moderately
- 3 Quite a lot
- 4 Extremely
- X Don't know
- R Refused

Eye, throat, nose and mouth

The next series of questions are about your eyes, nose, throat and mouth.

Q8 Do you regard your eyes as being unusually sensitive to cigarette smoke, smog, air conditioning or central heating?

- 1 Yes
- 2 No
- 3 Uncertain
- R Refused

Q9 Do your eyes easily become very red and irritated when swimming in chlorinated fresh water?

- 1 Yes
- 2 No
- 3 Uncertain
- 4 Not Applicable (do not swim in chlorinated water)
- R Refused

Q10 Are your eyes dry and irritated the day after drinking alcohol?

- 1 Yes
- 2 No
- 3 Sometimes
- 4 Not Applicable (do not drink alcohol)
- X Don't Know
- R Refused

Q11 Do you suffer from a thyroid abnormality?

- 1 Yes
- 2 No
- 3 Uncertain
- R Refused

Q12 Are you known to sleep with your eyes partly open?

- 1 Yes
- 2 No
- 3 Uncertain
- R Refused

Q13 Do you have eye irritation as you wake from sleep?

- 1 Yes
- 2 No
- 3 Uncertain
- R Refused

Q14 Do you currently wear contact lenses?

- 1 Yes
- 2 No
- 3 Uncertain
- R Refused

In the last four weeks have you had any of the following eye problems?

Q15 Eye soreness (Yes/No)

Q16 Eye scratchiness (Yes/No)

Q17 Eye dryness (Yes/No)

Q18 Eye grittiness (Yes/No)

Q19 Burning of your eyes (Yes/No)

Q20 Eye watering (Yes/No)

Q15a Did you have eye soreness...

- 1 Constantly
- 2 Often
- 3 Sometimes (in the last four weeks)
- X Don't Know
- R Refused

Q15b Was that...

- 1 Mild
- 2 Moderate
- 3 Severe
- X Don't Know
- R Refused

Q16a Did you have eye scratchiness...

- 1 Constantly
- 2 Often
- 3 Sometimes (in the last four weeks)
- X Don't Know
- R Refused

Q16b Was that...

- 1 Mild
- 2 Moderate
- 3 Severe
- X Don't Know
- R Refused

Q17a Did you have eye dryness...

- 1 Constantly
- 2 Often
- 3 Sometimes (in the last four weeks)
- X Don't Know
- R Refused

Q17b Was that...

- 1 Mild
- 2 Moderate
- 3 Severe
- X Don't Know
- R Refused

Q18a Did you have eye grittiness...

- 1 Constantly
- 2 Often
- 3 Sometimes (in the last four weeks)
- X Don't Know
- R Refused

Q18b Was that...

- 1 Mild
- 2 Moderate
- 3 Severe
- X Don't Know
- R Refused

Q19a Did you have a burning feeling in your eyes...

- 1 Constantly
- 2 Often
- 3 Sometimes (in the last four weeks)
- X Don't Know
- R Refused

Q19b Was that...

- 1 Mild
- 2 Moderate
- 3 Severe
- X Don't Know
- R Refused

Q20a Did you have eye watering...

- 1 Constantly
- 2 Often
- 3 Sometimes (in the last four weeks)
- X Don't Know
- R Refused

Q20b Was that...

- 1 Mild
- 2 Moderate
- 3 Severe
- X Don't Know
- R Refused

In the last 4 weeks have you had any of the following nasal problems?

Q21 Nasal itchiness (Yes/No)

Q22 Sneezing (Yes/No)

Q23 Nasal dryness (Yes/No)

Q24 Runny nose (Yes/No)

Q25 Nasal congestion/blocked nose (Yes/No)

Q21a Did you have nasal itchiness...

- 1 Constantly
- 2 Often
- 3 Sometimes (in the last four weeks)
- X Don't Know
- R Refused

Q21b Was that...

- 1 Mild
- 2 Moderate
- 3 Severe
- X Don't Know
- R Refused

Q22a Did you sneeze...

- 1 Constantly
- 2 Often
- 3 Sometimes (in the last four weeks)
- X Don't Know
- R Refused

Q22b Was that...

- 1 Mild
- 2 Moderate
- 3 Severe
- X Don't Know
- R Refused

Q23a Did you have nasal dryness...

- 1 Constantly
- 2 Often
- 3 Sometimes (in the last four weeks)
- X Don't Know
- R Refused

Q23b Was that...

- 1 Mild
- 2 Moderate
- 3 Severe
- X Don't Know
- R Refused

Q24a Did you have a runny nose...

- 1 Constantly
- 2 Often
- 3 Sometimes (in the last four weeks)
- X Don't Know
- R Refused

Q24b Was that...

- 1 Mild
- 2 Moderate
- 3 Severe
- X Don't Know
- R Refused

Q25a Did you have nasal congestion or a blocked nose...

- 1 Constantly
- 2 Often
- 3 Sometimes (in the last four weeks)
- X Don't Know
- R Refused

Q25b Was that...

- 1 Mild
- 2 Moderate
- 3 Severe
- X Don't Know
- R Refused

In the last four weeks have you had any of the following throat problems?

Q26 A sore throat (Yes/No)

Q27 A dry throat (Yes/No)

Q26a Did you have a sore throat...

- 1 Constantly
- 2 Often
- 3 Sometimes (in the last four weeks)
- X Don't Know
- R Refused

Q26b Was that...

- 1 Mild
- 2 Moderate
- 3 Severe
- X Don't Know
- R Refused

Q27a Did you have a dry throat...

- 1 Constantly
- 2 Often
- 3 Sometimes (in the last 4 weeks)
- X Don't Know
- R Refused

Q27b Was that...

Q28 In the last four weeks have you had any soreness of your teeth or gums?

- 1 Constantly
- 2 Often
- 3 Sometimes
- 4 Never (in the last four weeks)
- X Don't Know
- R Refused

Q28a Was that...

- 1 Mild
- 2 Moderate
- 3 Severe
- X Don't Know
- R Refused

Are you taking any of the following types of medication?

Q29 Anti depressants

- 1 Yes
- 2 No
- 3 Uncertain
- R Refused

Q30 Decongestants

- 1 Yes
- 2 No
- 3 Uncertain
- R Refused

Q31 Anti-histamines

- 1 Yes
- 2 No
- 3 Uncertain
- R Refused

Q32 Hormone replacement therapy (HRT)

- 1 Yes
- 2 No
- 3 Uncertain
- R Refused

Q33 Ulcer medication

- 1 Yes
- 2 No
- 3 Uncertain
- R Refused

Q34 Tranquillisers

- 1 Yes
- 2 No
- 3 Uncertain
- R Refused

Q35 Blood pressure medication

- 1 Yes
- 2 No
- 3 Uncertain
- R Refused

Q36 Diuretics

- 1 Yes
- 2 No
- 3 Uncertain
- R Refused

Q37 Beta blockers

- 1 Yes
- 2 No
- 3 Uncertain
- R Refused

Mental health

The next questions are about how you have been feeling in the past four weeks.

Q38 In the past four weeks, about how often did you feel nervous?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- X Don't know
- R Refused

Q39 In the past four weeks, about how often did you feel hopeless?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- X Don't know
- R Refused

Q40 In the past four weeks, about how often did you feel restless or fidgety?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- X Don't know
- R Refused

Q41 In the past four weeks, about how often did you feel that everything was an effort?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- X Don't know
- R Refused

Q42 In the past four weeks, about how often did you feel so sad that nothing could cheer you up?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- X Don't know
- R Refused

Q43 In the past four weeks, about how often did you feel worthless?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- X Don't know
- R Refused

Lifestyle and home environment

The following questions are about your general lifestyle and home environment

Q44 Which of the following best describes your smoking status?

- 1 I smoke daily
- 2 I smoke occasionally
- 3 I don't smoke now, but I used to
- 4 I've tried it a few times but never smoked regularly
- 5 I've never smoked
- X Don't know
- R Refused

Q45 Which of the following best describes your home situation?

- 1 My home is smoke free (includes smoking is allowed outside only)
- 2 People occasionally smoke in the house
- 3 People frequently smoke in the house
- X Don't know
- R Refused

Q46 What is the usual way you heat the living areas of your home?

- 1 A gas heater with flue (a pipe or vent to the outside)
- 2 A gas heater without a flue
- 3 An electric space heater - this includes oil column heaters.
- 4 Reverse cycle air conditioning
- 5 Slow burning combustion heater
- 6 An open fireplace
- 7 A kerosene heater
- 8 Other type of heater [SPECIFY]
- 9 Don't have heating
- X Don't know
- R Refused

Q47 Do you have a garage?

- 1 Yes
- 2 No
- X Don't Know
- R Refused

Q47a Which of the following best describes the access to your garage?

- 1 The garage can be accessed internally from the house
- 2 The garage is attached but there is no internal access from the house
- 3 The garage is separate
- X Don't Know
- R Refused

Q48 How worried or concerned are you about any environmental hazards in your neighbourhood?

- 1 Not at all
- 2 Somewhat worried
- 3 Very worried
- X Don't know
- R Refused

Q48a Do you think these environmental hazards have affected your health?

- 1 Yes
- 2 No
- X Don't know
- R Refused

Q49 Which of the following phrases best describes where you spend most of your time?

- 1 I live here and spend most of my time at this address
- 2 I live here but work or study elsewhere
- 3 I spend little time at this address
- X Don't know
- R Refused.

Q50 How often do you notice odours or smells from outside sources when you are at home or in your yard?

- 1 Every day
- 2 A few days a week
- 3 A few days a month
- 4 Never
- X Don't Know
- R Refused

Q50a What number between zero and ten shows how much you are annoyed by the ODOUR/SMELL, with 0 being not annoyed at all and ten being very much annoyed.

Q51 Do certain chemical odours or smells regularly make you unwell?

- 1 Yes
- 2 No
- X Don't Know
- R Refused

Q52 Have you ever been diagnosed with a chemical sensitivity?

- 1 Yes
- 2 No
- X Don't Know
- R Refused

Demographics

Now we are coming to the last section of the survey. I am going to ask some routine questions about your background.

Q53 In which country were you born?

- 1 Australia
- 2 Other [SPECIFY]
- X Don't know
- R Refused

Q54 Do you usually speak a language other than English at home?

- 1 Yes
- 2 No
- X Don't know
- R Refused

Q54a What language do you usually speak at home?

Q55 What is the level of the highest qualification you have completed?

- 1 Completed School Certificate/ Intermediate/ Year 10/4th Form
- 2 Completed HSC/Leaving/Year 12/ 6th Form
- 3 TAFE Certificate or Diploma
- 4 University, CAE or some other tertiary institute degree or higher
- 5 Other (Specify)
- 6 Completed primary school
- 7 Completed years 7–9
- X Don't know
- R Refused

Q56 In the last week, which of the following best describes your employment status?

- 1 Worked for payment or profit
- 2 Worked for payment/profit but absent on paid leave, holidays, on strike/stood down
- 3 Unpaid work in a family business
- 4 Other unpaid work
- 5 Did not have a job
- Don't know/Not sure
- R Refused

Q57 I would like to ask some questions about your housing arrangements.

Are you:

- 1 Paying rent or board
- 2 Paying off this dwelling
- 3 Outright owner/Fully owned
- 4 Living rent free
- 5 Purchasing under a rent/buy scheme
- 6 Occupying your dwelling under a life tenure scheme
- 7 Other
- Don't know
- R Refused

Q58 How long have you lived in your local area?

- 1 Answer in years
- Don't know
- R Refused

Q59 What is the name of the suburb where you live?

Q60 Could you please tell me your postcode?

Q61 As part of our quality control procedures our supervisors call back roughly 10 per cent of respondents to check 3 or 4 questions.

It would take no more than 1 minute of your time.

Would you be willing to be called back?

- 1 Yes
- 2 No
- Don't know
- R Refused

Q62 Would you be happy to participate in further research about the health of people in your area?

- 1 Yes
- 2 No
- Don't know
- R Refused

Q62a So that we know who to speak with when we call back could you please tell me your given name?

That completes the survey. Thank you for taking the time to help us.

<Interviewer> Did the participant mention the M5 study?

- 1 Yes
- 2 No

Appendix C – Crude and adjusted prevalence rate ratios of potential confounders

Crude Prevalence Rate Ratios of Potential Confounders by Eye Symptoms

	Eye Symptom		More Frequent &/or Severe Eye Symptoms	
	Crude prevalence rate ratio (95%CI)	Adjusted prevalence rate ratio (95%CI)	Crude prevalence rate ratio (95%CI)	Adjusted prevalence rate ratio (95%CI)
Age (1 yr)	1.00 (0.99–1.00)	1.00 (0.99–1.00)	1.01 (1.00–1.02)+	1.01 (1.00–1.02)+
Sex (female)	1.03 (0.87–1.21)	1.04 (0.88–1.22)	1.30 (0.92–1.84)	1.30 (0.92–1.84)
Exposure to cigarette smoke	1.16 (0.99–1.37)	1.17 (0.99–1.38)	1.37 (0.96–1.96)	1.51 (1.07–2.13)+
Internal garaging	0.98 (0.81–1.19)	0.98 (0.75–1.27)	0.79 (0.51–1.22)	0.80 (0.43–1.46)

Crude Prevalence Rate Ratios of Potential Confounders by Nose Symptoms

	Nose Symptom		More Frequent &/or Severe Nose Symptoms	
	Crude prevalence rate ratio (95%CI)	Adjusted prevalence rate ratio (95%CI)	Crude prevalence rate ratio (95%CI)	Adjusted prevalence rate ratio (95%CI)
Age (1 yr)	1.00 (1.00–1.00)	1.00 (1.00–1.00)	1.00 (0.99–1.01)	1.00 (0.99–1.01)
Sex (female)	1.02 (0.91–1.14)	1.02 (0.91–1.14)	1.23 (0.98–1.54)	1.22 (0.97–1.52)
Exposure to cigarette smoke	0.98 (0.87–1.11)	0.98 (0.87–1.11)	0.90 (0.71–1.15)	0.93 (0.73–1.20)
Internal garaging	0.93 (0.81–1.07)	0.89 (0.72–1.09)	0.78 (0.58–1.05)	0.71 (0.46–1.11)

Crude Prevalence Rate Ratios of Potential Confounders by Throat Symptoms

	Throat Symptom		More Frequent &/or Severe Throat Symptoms	
	Crude prevalence rate ratio (95%CI)	Adjusted prevalence rate ratio (95%CI)	Crude prevalence rate ratio (95%CI)	Adjusted prevalence rate ratio (95%CI)
Age (1 yr)	0.99 (0.98–1.00)+	0.99 (0.98–1.00)+	1.00 (0.99–1.01)	1.00 (0.99–1.01)
Sex (female)	1.16 (0.92–1.47)	1.19 (0.94–1.49)	1.38 (0.94–2.02)	1.39 (0.94–2.04)
Exposure to cigarette smoke	1.20 (0.94–1.52)	1.17 (0.92–1.48)	1.19 (0.81–1.76)	1.27 (0.85–1.89)
Internal garaging	1.08 (0.82–1.41)	1.10 (0.77–1.57)	0.83 (0.53–1.30)	0.86 (0.44–1.69)

+ P-value <0.05

Appendix D – Comparison of modelled period stack emissions with study period stack emissions

Emissions Data

In order to determine if M5 East stack emissions during our study period (August 2003 to November 2003) differed from the modelled period (February 2002 to January 2003), averaged hourly stack emissions data for the study period were compared against emissions data for the modelled period using SPSS v.11 statistical software package.

Eight thousand seven hundred and sixty (8760) observations were recorded for the modelled period (February 2002 to January 2003) to be compared against two thousand eight hundred and eighty nine (2889) for the study period (August 2003 to November 2003).

Flow Rate

The mean level of NO_x flow rate for the study period (5.8 g/s) was greater than the mean level of NO_x flow rate (4.5g/s) for the modelled period. The maximum NO_x flow rate for the study period (14.4g/s) was slightly lower than that of the modelled period (14.8g/s) (Table 1).

Table 1 Comparison of NO_x flow rates

	Modelled period (g/s)	Study period (g/s)
Mean	4.5	5.8
Median	4.1	5.2
Maximum	14.8	14.4

The mean level of PM₁₀ flow rate for the study period (0.32g/s) was lower than that for the modelled period (0.34 g/s). The maximum PM₁₀ flow rate for the interview period (1.47g/s) was slightly lower than that of the modelled period (1.48g/s) (Table 2).

Table 2 Comparison of PM10 flow rates

	Modelled period (g/s)	Study period (g/s)
Mean	0.34	0.32
Median	0.17	0.18
Maximum	1.48	1.47

Concentration

The mean NO_x concentration in stack emissions for the study period (3.4 ppm) was greater than the mean NO_x concentration (2.6 ppm) for the modelled period. The maximum concentration for the study period (8.5 ppm) was larger than that of the modelled period (7.6 ppm) (Table 3).

Table 3 Comparison of NO_x concentration levels

	Modelled period (ppm)	Study period (ppm)
Mean	2.6	3.4
Median	2.4	3.0
Maximum	7.6	8.5

The mean PM₁₀ concentration for the study period (370 ug/m³) was lower than the mean PM₁₀ concentration (390 ug/m³) for the modelled period. The maximum concentration for the study period (1609 ug/m³) was equal to that of the modelled period (1609 ug/m³) (Table 4).

Table 4 Comparison of PM10 concentration levels

	Modelled period (ug/m ³)	Study period (ug/m ³)
Mean	390	370
Median	220	226
Maximum	1609	1609

Discussion

The mean levels of NO_x over the study period were higher than over the modelled period while the levels of PM₁₀ were slightly lower over the study period when compared with the modelled period. Should the difference in NO_x levels between the periods have had an affect on population exposure levels, it would have made it more likely for the study to detect any association between stack emissions and population health. Although the PM₁₀ levels were slightly lower during the study period, a difference of this magnitude is unlikely to cause a biologically significant effect.

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