

Interviewer initials: _____	Date: _____ / _____ / 2017	Time: _____ am / pm
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## Asian and Pacific Islander Community Exposures (ACE) Project

### Introductory Script

*Instructions for the interviewer are in italics.*

Thank you for talking with me today. I'm working on the Asian/Pacific Islander Community Exposure Project, or ACE Project, to understand how Vietnamese people might be exposed to chemicals. I'd like to ask you some questions about yourself, the foods you eat, and the products you use. There are no right or wrong answers to any of these questions. Also, just because I ask you a question about something, that doesn't necessarily mean this is a source of chemical exposure for you. We're collecting this information to try to understand how you and other people in your community might be exposed to chemicals.

Some questions are about the past year, and some are about the past 30 days. We have a calendar here if you'd like to use it, but we don't expect you to remember everything you ate or did during these times *[show calendar]*.

We will also use a book of photos and this sheet of options to help you answer the questions *[show book of photos and frequency options]*.

You can skip any question you don't want to answer. You can also stop the interview at any time. Your responses will be kept confidential.

This interview will take about 30 minutes, and I will give you \$25 at the end to thank you for your help. You'll receive an additional \$75 after you provide a blood and urine sample, if you haven't done so already. The total incentive you will receive for your participation in the ACE Project is \$100.

Do you have any questions for me before we start?

#	Question	Response
1	<i>(Record language of interview)</i>	<input type="checkbox"/> Vietnamese <input type="checkbox"/> English
2	What languages do you speak at home? You can give more than one answer.	<input type="checkbox"/> Vietnamese <input type="checkbox"/> English <input type="checkbox"/> Cantonese <input type="checkbox"/> Other Please specify: _____ <input type="checkbox"/> Decline
3a	What is your ethnicity? You can give more than one answer.	<input type="checkbox"/> Vietnamese <input type="checkbox"/> Chinese <input type="checkbox"/> Other Please specify: _____
3b	What country were you born in?	<input type="checkbox"/> United States of America <input type="checkbox"/> Vietnam <input type="checkbox"/> Other Please specify: _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Decline
4	How many years have you lived in the United States?	_____ years <input type="checkbox"/> Don't know <input type="checkbox"/> Decline
5	What is your birthdate?	_____ (MM/DD/YYYY) <i>(Participant must answer this question in order to participate.)</i>
6	What is your sex?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other

## I. Fish and Seafood

The first part of the interview is about fish and seafood that you eat. First, I will ask you about fish and seafood that came from stores, restaurants, or street sellers. Later, I will ask you about fish and seafood that was caught by you or someone you know.

### Fish from stores, restaurants, or street sellers

1) In the past **year**, did you eat any **fish** from stores, restaurants, or street sellers? Please think about all fresh, frozen, or canned fish for these questions.

<input type="checkbox"/> Yes - <i>go to a</i>	<input type="checkbox"/> No - <i>go to 2</i>	<input type="checkbox"/> Don't know - <i>go to 2</i>	<input type="checkbox"/> Decline - <i>go to 2</i>
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a) Now, thinking about just the past **30 days**, how many times did you eat fish from stores, restaurants, or street sellers? *Point to calendar; if participant responds in different time unit (e.g. 1 time per week), repeat back the number of times in 30 days (e.g. 4 times in the past 30 days). If the participant provides a range, question should be asked again to elicit a number.*

\_\_\_\_\_ # times in the past **30 days** *(If zero, skip to 2)*      ☐ Don't know    ☐ Decline

b) In the past **30 days**, did the fish you ate come from any of the following places? *(Show pictures)*

An ethnic supermarket (such as Lion Market or Maxim Market)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Decline
Other supermarket (such as Safeway or Costco)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Decline
A small market (such as Mekong in Little Saigon or other ethnic store)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Decline
From a seller on the street or at an open-air market like a farmers market or flea market, or someone who has caught fish locally	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Decline
A restaurant, including fast food and take out	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Decline
Are there any other places you buy or get fish? Please specify:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Decline

c) Which of those places did you buy fish from most frequently? ☐ Don't know ☐ Decline

☐ Ethnic supermarket

☐ Other supermarket

☐ Small market

☐ Street seller/open-air market (like a farmers market or flea market)

☐ Restaurant

☐ Other

Please specify: \_\_\_\_\_

d) In the past **30 days**, what were the 3 types of fish you ate most frequently from stores, restaurants, or street sellers? ☐ Don't know ☐ Decline

1.

2.

3.

e) In the past **30 days**, did you eat any of the following types of fish from stores, restaurants, or street sellers? *(Show pictures)*

Shark	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Decline
Swordfish	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Decline
Tilefish	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Decline
King Mackerel (Not Atlantic, Pacific, Jack, or chub mackerel)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Decline
Chunk light tuna, which is canned or packaged.) This includes tuna fish sandwiches made with canned chunk light tuna.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Decline
All other forms of tuna, such as yellowfin or albacore/white tuna. These could be fresh, frozen, canned or packaged, or in sushi. This also includes tuna fish sandwiches made with canned albacore/white tuna.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Decline

**Shellfish from stores, restaurants, or street sellers**

Now I'll ask you about shellfish that came from stores, restaurants, or street sellers. For example, this includes shrimp, crab, lobster, clam, mussels, oysters, and abalone. Please think about all fresh, frozen, or canned shellfish for these questions. *(Show pictures)*

2) In the past **year**, did you eat any shellfish from stores, restaurants, or street sellers?

<input type="checkbox"/> Yes - <i>go to a</i>	<input type="checkbox"/> No - <i>go to 3</i>	<input type="checkbox"/> Don't know - <i>go to 3</i>	<input type="checkbox"/> Decline - <i>go to 3</i>
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a) In the past **30 days**, how often did you eat shellfish from stores, restaurants, or street sellers?

\_\_\_\_\_ # of times in the past **30 days** *(if zero, skip to 3)* ☐ Don't know ☐ Decline

b) In the past **30 days**, what were the 3 types of shellfish you ate most frequently from stores, restaurants, or street sellers? ☐ Don't know ☐ Decline

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Other seafood from stores, restaurants, or street sellers**

Now I'll ask you about other seafood that came from stores, restaurants, or street sellers. For example, this category includes squid, octopus, sea cucumber, and snails. Please think about all other seafood that is fresh, frozen, or canned. *(Show pictures)*

3) In the past **year**, did you eat other seafood from stores, restaurants, or street sellers?

<input type="checkbox"/> Yes - <i>go to a</i>	<input type="checkbox"/> No - <i>go to 4</i>	<input type="checkbox"/> Don't know - <i>go to 4</i>	<input type="checkbox"/> Decline - <i>go to 4</i>
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a) In the past **30 days**, how often did you eat other seafood that came from stores, restaurants, or street sellers?

\_\_\_\_\_ # of times in the past **30 days** ☐ Don't know ☐ Decline

**Seafood products**

Now I'll ask you about products you buy from stores that may contain seafood or fish

4) In the past **year**, did you eat any food made with sauces or flavorings containing shrimp or crab? Please see the example pictures. (*Show pictures*)

<input type="checkbox"/> Yes - <i>go to a</i>	<input type="checkbox"/> No - <i>go to 5</i>	<input type="checkbox"/> Don't know - <i>go to 5</i>	<input type="checkbox"/> Decline - <i>go to 5</i>
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a) In the past **30 days**, about how often did you eat food made with sauces or flavorings containing shrimp or crab? ☐ Don't know ☐ Decline

- ☐ 1 or more times per day
- ☐ 3-6 times per week
- ☐ 1-2 times per week
- ☐ 1-3 times per month
- ☐ Less than once per month

5) In the past **year**, did you eat fish paste, fish cakes, or fish balls? ☐ Don't know ☐ Decline

<input type="checkbox"/> Yes - <i>go to a</i>	<input type="checkbox"/> No - <i>go to 6</i>	<input type="checkbox"/> Don't know - <i>go to 6</i>	<input type="checkbox"/> Decline - <i>go to 6</i>
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a) In the past **30 days**, about how often did you eat fish paste, fish cakes, or fish balls?

☐ Don't know ☐ Decline

- ☐ 1 or more times per day
- ☐ 3-6 times per week
- ☐ 1-2 times per week
- ☐ 1-3 times per month
- ☐ Less than once per month

b) In the past **30 days**, about how often did you eat or cook with fish sauce?

☐ Don't know ☐ Decline

- ☐ 1 or more times per day
- ☐ 3-6 times per week
- ☐ 1-2 times per week
- ☐ 1-3 times per month
- ☐ Less than once per month

**Fish caught by you, family, or friends**

Now I will ask you about fish and seafood caught by you, family, or friends.

6) In the past **year**, did you eat any **fish** caught by you, family, or friends?

<input type="checkbox"/> Yes - <i>go to a</i>	<input type="checkbox"/> No - <i>go to 7</i>	<input type="checkbox"/> Don't know - <i>go to 7</i>	<input type="checkbox"/> Decline - <i>go to 7</i>
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a) In the past **year**, about how often did you eat fish caught by you, family, or friends?

☐ Don't know ☐ Decline

☐ 1 or more times per day

☐ 3-6 times per week

☐ 1-2 times per week

☐ 1-3 times per month

☐ Less than once per month

b) In the past **30 days**, how often did you eat fish caught by you, family, or friends?

\_\_\_\_\_ # of times in past **30 days** (*if zero, skip to 7*) ☐ Don't know ☐ Decline

c) In the past **30 days**, what were the 3 types of fish you ate most frequently caught by you, family, or friends? *If participant responds with bass, ask what type.* ☐ Don't know ☐ Decline

1.

2.

3.

d) In the past **30 days**, did you eat any of the following types of fish caught by you, family, or friends?

*(Show pictures)*

Shark	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Decline
White sturgeon	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Decline
Striped bass	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Decline
Largemouth, smallmouth, or spotted bass	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Decline
Carp	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Decline

7) When you eat fish, how often do you eat or cook with any of the following parts of the fish? For each part of the fish, please choose “often”, “sometimes”, or “never”.

Fish part	Often	Sometimes	Never
Fish skin			
Fish eyes			
Fish head			
Fish organs such as liver			

### Shellfish caught by you, family, or friends

Now I will ask you about shellfish that was caught or collected by you, family, or friends. For example, this includes shrimp, crab, lobster, clam, mussels, oysters, and abalone. *(Show pictures)*

8) In the past year, did you eat any shellfish collected by you, family, or friends?

<input type="checkbox"/> Yes - <i>go to a</i>	<input type="checkbox"/> No - <i>go to 8</i>	<input type="checkbox"/> Don't know - <i>go to 8</i>	<input type="checkbox"/> Decline - <i>go to 8</i>
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a) In the past year, about how often did you eat shellfish collected by you, family, or friends?

☐ Don't know ☐ Decline

☐ 1 or more times per day

☐ 3-6 times per week

☐ 1-2 times per week

☐ 1-3 times per month

☐ Less than once per month

b) In the past 30 days, how many times did you eat shellfish collected by you, family, or friends?

\_\_\_\_\_ # of times in the past 30 days *(if zero, skip to 8)* ☐ Don't know ☐ Decline

c) In the past 30 days, what were the 3 types of shellfish you ate most frequently that were collected by you, family, or friends? ☐ Don't know ☐ Decline

1.

2.

3.



d) In the past **30 days**, did you eat crab butter or tomalley from crab collected by you, family, or friends? *(Show pictures)*

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Decline
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## II. Rice and rice products

The next part is about rice and rice products. *Use rice frequency card for these questions.*

9) In the past **30 days**, how often did you eat white rice? *(Show picture)* ☐ Don't know ☐ Decline

- ☐ 2 or more times per day
- ☐ Once per day
- ☐ 3-6 times per week
- ☐ 1-2 times per week
- ☐ 1-3 times per month
- ☐ Less than once per month – *skip to 11*
- ☐ None – *skip to 11*

10) What type of white rice do you eat most frequently? *(Show pictures)* ☐ Don't know ☐ Decline

- ☐ Jasmine
- ☐ Basmati
- ☐ White – short grain
- ☐ White – unsure of type
- ☐ Other – Please specify: \_\_\_\_\_

11) What country does most of the white rice you eat come from? ☐ Don't know ☐ Decline

- ☐ China
- ☐ Thailand
- ☐ Vietnam
- ☐ USA – Please specify state: \_\_\_\_\_
- ☐ Other – Please specify (*country or brand*): \_\_\_\_\_

12) In the past **30 days**, how often did you eat brown rice? (*Show picture*) ☐ Don't know ☐ Decline

- ☐ 2 or more times per day
- ☐ Once per day
- ☐ 3-6 times per week
- ☐ 1-2 times per week
- ☐ 1-3 times per month
- ☐ Less than once per month
- ☐ None

13) In the past **30 days**, how often did you eat mixed brown and white rice? (*Show picture*)

☐ Don't know ☐ Decline

- ☐ 2 or more times per day
- ☐ Once per day
- ☐ 3-6 times per week
- ☐ 1-2 times per week
- ☐ 1-3 times per month
- ☐ Less than once per month
- ☐ None

14) In the past **30 days**, how often did you eat rice noodles? (*Show pictures*) ☐ Don't know ☐ Decline

- ☐ 2 or more times per day
- ☐ Once per day
- ☐ 3-6 times per week
- ☐ 1-2 times per week
- ☐ 1-3 times per month
- ☐ Less than once per month – *Skip to 15*
- ☐ None – *Skip to 15*

15) Please think about the rice noodles you most often eat. In which country are they made? ☐ Don't know ☐ Decline

- ☐ China
- ☐ Thailand
- ☐ Vietnam
- ☐ USA
- ☐ Other. Please specify: \_\_\_\_\_

16) In the past **30 days**, did you eat other rice products such as rice milk or other rice drinks, rice crackers, or sweet rice desserts 4 or more times?

<input type="checkbox"/> Yes - <i>go to a</i>	<input type="checkbox"/> No - <i>go to 16</i>	<input type="checkbox"/> Don't know - <i>go to 16</i>	<input type="checkbox"/> Decline - <i>go to 16</i>
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a) What were they and how often did you eat them in the past **30 days**?

Item name	How often?
1.	<input type="checkbox"/> Don't know <input type="checkbox"/> Decline
2.	<input type="checkbox"/> Don't know <input type="checkbox"/> Decline
3.	<input type="checkbox"/> Don't know <input type="checkbox"/> Decline
4.	<input type="checkbox"/> Don't know <input type="checkbox"/> Decline

17) Do you use a rice cooker at home?

<input type="checkbox"/> Yes - <i>go to a</i>	<input type="checkbox"/> No - <i>go to 17</i>	<input type="checkbox"/> Don't know - <i>go to 17</i>	<input type="checkbox"/> Decline - <i>go to 17</i>
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a) What kind of surface in your rice cooker touches the rice? If you use more than one pot to cook rice, you can choose more than one answer. (*Show pictures*) ☐ Don't know ☐ Decline

- ☐ Nonstick surface
- ☐ Stainless steel or aluminum
- ☐ Other. Please specify: \_\_\_\_\_

b) (If participant chose more than one answer for 16a). Which one of these pots do you use most frequently to cook rice?

- ☐ Nonstick surface
- ☐ Stainless steel or aluminum
- ☐ Other. Please specify: \_\_\_\_\_

c) In general, how long is the rice left in the rice cooker? ☐ Don't know ☐ Decline

- ☐ 1 day or more – Please specify how many days: \_\_\_\_\_
- ☐ 5 hours to 23 hours
- ☐ 2 to 4 hours
- ☐ Less than 2 hours
- ☐ I eat the rice as soon as it is done cooking.

### III. Take-out food and food from bakeries

Now I will ask you about take-out food and food from bakeries.

18) In the past **30 days**, how often did you eat “take-out” or pre-prepared food from a store or restaurant?

☐ Don't know ☐ Decline

- ☐ 1 or more times per day
- ☐ 3-6 times per week
- ☐ 1-2 times per week
- ☐ 1-3 times per month
- ☐ Less than once per month – *go to 18*

a) What types of containers did the food usually come in? Choose all of the types of containers that you have eaten food from in the past 30 days. We're only interested in the container or wrapping that touches the food. (*Show pictures*)

☐ Don't know ☐ Decline

- ☐ Take out box
- ☐ Grease resistant paper wrapping
- ☐ Plastic container
- ☐ Styrofoam container
- ☐ Other

Please specify: \_\_\_\_\_

b) (If participant chooses more than one type of container for 17a). Which type of container do you think you have eaten from most frequently in the past 30 days?

☐ Don't know ☐ Decline

- ☐ Take out box
- ☐ Grease resistant paper wrapping
- ☐ Plastic container
- ☐ Styrofoam container
- ☐ Other

Please specify: \_\_\_\_\_

19) In the past **30 days**, how often did you eat food from a bakery? This includes pastries, baked goods, and Chinese buns. (*Show pictures*)

- ☐ 1 or more times per day
- ☐ 3-6 times per week
- ☐ 1-2 times per week
- ☐ 1-3 times per month
- ☐ Less than once per month

## IV. Seaweed

Now I will ask you about different types of seaweed that you might eat.

20) In the past **year**, did you eat any kelp? *(Show picture)*

<input type="checkbox"/> Yes - <i>go to a</i>	<input type="checkbox"/> No - <i>go to 20</i>	<input type="checkbox"/> Don't know - <i>go to 20</i>	<input type="checkbox"/> Decline - <i>go to 20</i>
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a) About how often in the past **30 days**? ☐ Don't know ☐ Decline

- ☐ 1 or more times per day
- ☐ 3-6 times per week
- ☐ 1-2 times per week
- ☐ 1-3 times per month
- ☐ Less than once per month

21) In the past **year**, did you eat any hijiki seaweed? *(Show picture)*

<input type="checkbox"/> Yes - <i>go to a</i>	<input type="checkbox"/> No - <i>go to 21</i>	<input type="checkbox"/> Don't know - <i>go to 21</i>	<input type="checkbox"/> Decline - <i>go to 21</i>
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a) About how often in the past **30 days**? ☐ Don't know ☐ Decline

- ☐ 1 or more times per day
- ☐ 3-6 times per week
- ☐ 1-2 times per week
- ☐ 1-3 times per month
- ☐ Less than once per month

22) In the past **year**, did you eat or drink any other seaweed as a food, soup, or supplement? *(Show picture)*

<input type="checkbox"/> Yes - <i>go to a</i>	<input type="checkbox"/> No - <i>go to 22</i>	<input type="checkbox"/> Don't know - <i>go to 22</i>	<input type="checkbox"/> Decline - <i>go to 22</i>
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a) About how often in the past **30 days**? ☐ Don't know ☐ Decline

- ☐ 1 or more times per day
- ☐ 3-6 times per week
- ☐ 1-2 times per week
- ☐ 1-3 times per month
- ☐ Less than once per month

## V. Candies

Now I will ask you about candy or other sweets imported from other countries. For example, hard candies, chocolates, dried fruit, and gummy candies.

23) In the past **year**, did you eat any candies imported from the following countries?

Country	Yes/No	If yes, about how often in the past <b>30 days</b> ?					
Mexico	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Decline	<input type="checkbox"/> 1 or more times per week	<input type="checkbox"/> 3-6 times per month	<input type="checkbox"/> 1-2 times per week	<input type="checkbox"/> 1-3 times per month	<input type="checkbox"/> Less than once per month	<input type="checkbox"/> Don't know <input type="checkbox"/> Decline
China	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Decline	<input type="checkbox"/> 1 or more times per week	<input type="checkbox"/> 3-6 times per month	<input type="checkbox"/> 1-2 times per week	<input type="checkbox"/> 1-3 times per month	<input type="checkbox"/> Less than once per month	<input type="checkbox"/> Don't know <input type="checkbox"/> Decline
Taiwan	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Decline	<input type="checkbox"/> 1 or more times per week	<input type="checkbox"/> 3-6 times per month	<input type="checkbox"/> 1-2 times per week	<input type="checkbox"/> 1-3 times per month	<input type="checkbox"/> Less than once per month	<input type="checkbox"/> Don't know <input type="checkbox"/> Decline
Thailand	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Decline	<input type="checkbox"/> 1 or more times per week	<input type="checkbox"/> 3-6 times per month	<input type="checkbox"/> 1-2 times per week	<input type="checkbox"/> 1-3 times per month	<input type="checkbox"/> Less than once per month	<input type="checkbox"/> Don't know <input type="checkbox"/> Decline
Vietnam	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Decline	<input type="checkbox"/> 1 or more times per week	<input type="checkbox"/> 3-6 times per month	<input type="checkbox"/> 1-2 times per week	<input type="checkbox"/> 1-3 times per month	<input type="checkbox"/> Less than once per month	<input type="checkbox"/> Don't know <input type="checkbox"/> Decline

Country	Yes/No	If yes, about how often in the past <u>30 days</u> ?					
India	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Decline	<input type="checkbox"/> 1 or more times per week	<input type="checkbox"/> 3-6 times per month	<input type="checkbox"/> 1-2 times per week	<input type="checkbox"/> 1-3 times per month	<input type="checkbox"/> Less than once per month	<input type="checkbox"/> Don't know <input type="checkbox"/> Decline
Other countries? Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Decline	<input type="checkbox"/> 1 or more times per week	<input type="checkbox"/> 3-6 times per month	<input type="checkbox"/> 1-2 times per week	<input type="checkbox"/> 1-3 times per month	<input type="checkbox"/> Less than once per month	<input type="checkbox"/> Don't know <input type="checkbox"/> Decline

24) In the past year, did you eat any tamarind candy?

<input type="checkbox"/> Yes - <i>go to a</i>	<input type="checkbox"/> No - <i>go to 24</i>	<input type="checkbox"/> Don't know - <i>go to 24</i>	<input type="checkbox"/> Decline - <i>go to 24</i>
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a) About how often in the past 30 days? ☐ Don't know ☐ Decline

- ☐ 1 or more times per day  
☐ 3-6 times per week  
☐ 1-2 times per week  
☐ 1-3 times per month  
☐ Less than once per month

## VI. Other foods, spices, and supplements

Now I will ask you about other foods, spices, and supplements.

25) In the past **year**, did you eat turmeric as a powder, fresh root, and/or supplement?

<input type="checkbox"/> Yes – <i>go to a</i>	<input type="checkbox"/> No - <i>go to 25</i>	<input type="checkbox"/> Don't know - <i>go to 25</i>	<input type="checkbox"/> Decline - <i>go to 25</i>
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a) About how often in the past **30 days**? ☐ Don't know ☐ Decline

- ☐ 1 or more times per day
- ☐ 3-6 times per week
- ☐ 1-2 times per week
- ☐ 1-3 times per month
- ☐ Less than once per month

26) In the past **year**, did you use any herbal remedies or herbal products, such as Traditional Chinese Medicine, dietary supplements, or teas?

<input type="checkbox"/> Yes – <i>go to a</i>	<input type="checkbox"/> No - <i>go to 26</i>	<input type="checkbox"/> Don't know - <i>go to 26</i>	<input type="checkbox"/> Decline - <i>go to 26</i>
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a) About how often in the past **30 days**? ☐ Don't know ☐ Decline

- ☐ 1 or more times per day
- ☐ 3-6 times per week
- ☐ 1-2 times per week
- ☐ 1-3 times per month
- ☐ Less than once per month

b) What herbal remedies or products did you use most often? Please list the top three. *Have participant write the Chinese name if needed.*



27) In the past **year**, did you eat popcorn that came in a microwavable bag? (*Show picture*)

<input type="checkbox"/> Yes – <i>go to a</i>	<input type="checkbox"/> No – <i>go to 27</i>	<input type="checkbox"/> Don't know – <i>go to 27</i>	<input type="checkbox"/> Decline – <i>go to 27</i>
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a) About how often in the past **30 days**? ☐ Don't know ☐ Decline

- ☐ 1 or more times per day
- ☐ 3-6 times per week
- ☐ 1-2 times per week
- ☐ 1-3 times per month
- ☐ Less than once per month

## VII. Change in diet and/or supplements

Now I will ask you about any changes in your diet. This is the last question I have for you about what you eat. We are a little over halfway done.

28a) In the past **year**, has your diet changed significantly? For example, you eat much more or much less rice than you used to; you eat more, less, or different fish than you used to; or you changed the spices that you eat or prepare food with.

<input type="checkbox"/> Yes – <i>go to i</i>	<input type="checkbox"/> No – <i>go to 27b</i>	<input type="checkbox"/> Don't know – <i>go to 27b</i>	<input type="checkbox"/> Decline – <i>go to 27b</i>
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i) If yes, how? ☐ Don't know ☐ Decline

28b) In the past **year**, have you significantly changed the amount you take of herbal remedies or herbal products, such as Traditional Chinese Medicine, dietary supplements, or teas? For example, you take more, less, or different herbal remedies than you used to; or you take more, less, or different Traditional Chinese Medicine than you used to.

<input type="checkbox"/> Yes – <i>go to i</i>	<input type="checkbox"/> No – <i>go to 28</i>	<input type="checkbox"/> Don't know – <i>go to 28</i>	<input type="checkbox"/> Decline – <i>go to 28</i>
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i) If yes, how? ☐ Don't know ☐ Decline

## VIII. Personal care products

Now I will ask about personal care products you might use. As a reminder, just because I ask you a question about something, that doesn't necessarily mean this is a source of chemical exposure for you. We're collecting this information to try to understand how you and other people in your community might be exposed to chemicals.

29) In the past year, which of these products did you use 2 or more times per week?

a	Lotions or moisturizers	<input type="checkbox"/> Yes - <i>go to a1</i> → <input type="checkbox"/> No - <i>go to b</i> <input type="checkbox"/> Don't know - <i>go to b</i> <input type="checkbox"/> Decline - <i>go to b</i>	a1	Were any of them waterproof or water resistant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Decline
b	Sunscreen	<input type="checkbox"/> Yes - <i>go to b1</i> → <input type="checkbox"/> No - <i>go to c</i> <input type="checkbox"/> Don't know - <i>go to c</i> <input type="checkbox"/> Decline - <i>go to c</i>	b1	Were any of them waterproof or water resistant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Decline
c	Make-up	<input type="checkbox"/> Yes - <i>go to c1</i> → <input type="checkbox"/> No - <i>go to 29</i> <input type="checkbox"/> Don't know - <i>go to 29</i> <input type="checkbox"/> Decline - <i>go to 29</i>	c1	Were any of them waterproof or water resistant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Decline

30) In the past year, did you dye your hair?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Decline
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31) In the past year, have you used any skin creams or other skin products **made or imported from countries outside of the U.S.** to lighten or whiten your skin, fade age spots or freckles, or get rid of acne?

<input type="checkbox"/> Yes - <i>go to a</i>	<input type="checkbox"/> No - <i>go to 31</i>	<input type="checkbox"/> Don't know - <i>go to 31</i>	<input type="checkbox"/> Decline - <i>go to 31</i>
---	---	---	--

a) What types of imported skin products have you used, and for each one, how long have you used it?

b) Have you used any of these products in the past **30 days**?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Decline
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c) Where did you get these products?

Chinatown/Little Saigon	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Decline
Supermarket/ department store/ drug store	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Decline
Homemade	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Decline
Other Please specify: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Decline

## IX. Occupation and Industry

Now I'll ask you about your work and the kind of place that you work.

32) Are you currently working or volunteering (paid or unpaid)?

<input type="checkbox"/> Yes - <i>go to a</i>	<input type="checkbox"/> No - <i>go to 32</i>	<input type="checkbox"/> Don't know - <i>go to 32</i>	<input type="checkbox"/> Decline - <i>go to 32</i>
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a) What do you do? For example, babysitter, janitor, nurse, cashier, handyman, or cook.

☐ Don't know ☐ Decline

b) What kind of workplace or setting do you work in? For example, home, office, school, hospital, factory, or restaurant. ☐ Don't know ☐ Decline

c) What kind of business or industry do you work in? For example, phone company, construction company, electronics recycling, glass manufacturing, carpet cleaning, or clothing manufacturing.

☐ Don't know ☐ Decline

## X. Exposures at work or at home

Now I'll ask you about things you may use at work, at home, or anywhere else.

33) Do you work with metals at home, work, or anywhere else? For example, welding or soldering, recycling batteries, metal jewelry making, auto repair, or building or repairing electronics such as computers.

<input type="checkbox"/> Yes - <i>go to a</i>	<input type="checkbox"/> No - <i>go to 33</i>	<input type="checkbox"/> Don't know - <i>go to 33</i>	<input type="checkbox"/> Decline - <i>go to 33</i>
---	---	---	--

a) Where do you work with metals? You can choose more than one. ☐ Don't know ☐ Decline

☐ Work

☐ Home

☐ Other

Please specify: \_\_\_\_\_

b) How often do you work with metals? ☐ Don't know ☐ Decline

\_\_\_\_\_ times per week / month / year (*circle week, month, or year*)

34) Do you work with textiles at home, work, or anywhere else? For example, fabrics, rugs, carpets, or used in crafts or do-it-yourself (DIY) projects.

<input type="checkbox"/> Yes - <i>go to a</i>	<input type="checkbox"/> No - <i>go to 34</i>	<input type="checkbox"/> Don't know - <i>go to 34</i>	<input type="checkbox"/> Decline - <i>go to 34</i>
---	---	---	--

a) Where do you work with textiles? You can choose more than one. ☐ Don't know ☐ Decline

☐ Work

☐ Home

☐ Other

Please specify: \_\_\_\_\_

b) How often do you work with textiles? ☐ Don't know ☐ Decline

\_\_\_\_\_ times per week / month / year (*circle week, month, or year*)

35) Do you use stain resistant, wrinkle resistant, or waterproof sprays at home, work, or anywhere else?

(Show pictures)

<input type="checkbox"/> Yes - go to a	<input type="checkbox"/> No - go to 35	<input type="checkbox"/> Don't know - go to 35	<input type="checkbox"/> Decline - go to 35
--	--	--	---

a) Where do you use these sprays? You can choose more than one. ☐ Don't know ☐ Decline

☐ Work

☐ Home

☐ Other

Please specify: \_\_\_\_\_

b) How often do you use these sprays? ☐ Don't know ☐ Decline

\_\_\_\_\_ times per week / month / year (circle week, month, or year)

36) Do you or anyone else use cleaning solutions or sprays used on carpets at home, work, or anywhere else?

This does not include what you use to clean hardwood floors.

<input type="checkbox"/> Yes - go to a	<input type="checkbox"/> No - go to 36	<input type="checkbox"/> Don't know - go to 36	<input type="checkbox"/> Decline - go to 36
--	--	--	---

a) Where are these products used? You can choose more than one. ☐ Don't know ☐ Decline

☐ Work

☐ Home

☐ Other

Please specify: \_\_\_\_\_

b) How often are these products used? ☐ Don't know ☐ Decline

\_\_\_\_\_ times per week / month / year (circle week, month, or year)

37) Do you or anyone else use floor waxes on floors at home, work, or anywhere else?

<input type="checkbox"/> Yes - <i>go to a</i>	<input type="checkbox"/> No - <i>go to 37</i>	<input type="checkbox"/> Don't know - <i>go to 37</i>	<input type="checkbox"/> Decline - <i>go to 37</i>
---	---	---	--

a) Where are these products used? You can choose more than one. ☐ Don't know ☐ Decline

☐ Work

☐ Home

☐ Other

Please specify: \_\_\_\_\_

b) How often are these products used? ☐ Don't know ☐ Decline

\_\_\_\_\_ times per week / month / year (*circle week, month, or year*)

38) Do you or anyone else use stone or wood sealants on surfaces, like tile, wood, or granite countertops, at home, work, or anywhere else?

<input type="checkbox"/> Yes - <i>go to a</i>	<input type="checkbox"/> No - <i>go to 38</i>	<input type="checkbox"/> Don't know - <i>go to 38</i>	<input type="checkbox"/> Decline - <i>go to 38</i>
---	---	---	--

a) Where are these products used? You can choose more than one. ☐ Don't know ☐ Decline

☐ Work

☐ Home

☐ Other

Please specify: \_\_\_\_\_

b) How often are these products used? ☐ Don't know ☐ Decline

\_\_\_\_\_ times per week / month / year (*circle week, month, or year*)

## XI. Smoking

We are almost done. I just have a few questions left.

39) Do you currently smoke any form of tobacco? ☐ Don't know ☐ Decline

☐ Yes

a) What do you smoke?

☐ Cigarettes: How many cigarettes a day? \_\_\_\_\_

☐ Pipes: How many times a day? \_\_\_\_\_

☐ Other

Please specify: \_\_\_\_\_

How many times a day? \_\_\_\_\_

b) How long have you smoked? \_\_\_\_\_

☐ No

c) Did you regularly smoke in the past?

☐ Yes - go to c1

c1) What did you smoke?

☐ Cigarettes: How many cigarettes a day? \_\_\_\_\_

☐ Pipes: How many times a day? \_\_\_\_\_

☐ Other:

Please specify: \_\_\_\_\_

How many times a day? \_\_\_\_\_

c2) How long did you smoke? \_\_\_\_\_

c3) How long ago did you stop smoking? \_\_\_\_\_

☐ No - go to 39

☐ Don't know - go to 39

☐ Decline - go to 39

40) Does anyone else regularly smoke inside your home?

☐ Yes

☐ No

☐ Don't know

☐ Decline

## XII. Education and Income

We're almost done!

41) What's the highest level of school you have completed? ☐ Don't know ☐ Decline

☐ Grade school (grades 1-8)

☐ Some high school (grades 9-11)

☐ High school or GED

☐ Technical/trade school

☐ Some college

☐ College graduate

☐ Graduate school

☐ Other

Please specify: \_\_\_\_\_

☐ Don't know

☐ Decline

42) What's the yearly income in your household? Please choose from this list.

☐ Under \$25,000

☐ \$25,001-\$75,000

☐ Over \$75,000

☐ Don't know

☐ Decline

43) How did you hear about the ACE Project?

This is the end of the interview questions.

*Take-away educational messages at end of interview are on the next page.*



***Educational information***

Before we end, I would like to give you some information about fish and chemical exposures:

- Fish are highly nutritious and an important part of a healthy diet.
- But some of the fish you catch and eat may have mercury and other chemicals, which can be harmful to your health.
- You can't tell the amount of mercury in a fish by looking at it, smelling it, or tasting it.
- To protect your health, and the health of your loved ones, follow the recommendations in the advisories that tell you which fish are safer to eat, and how much you should eat.

Would you like information about eating fish from San Francisco Bay? [*SF Bay fish advisory*]

Would you like information about eating fish from stores or restaurants? [*Commercial fish handout*]

Would you like more information about the chemicals we are studying for this project? [*Chemical fact sheets: mercury, lead, arsenic, cadmium, PFASs*]

Do you have any questions for me?

Thank you again for your time.