



Surveys Used for the California Regional Exposure Study, Region 3

The [California Regional Exposure \(CARE\) Study](#) measured and compared environmental chemicals in people from selected regions across the state. In early 2020, 90 residents of San Diego and Orange counties participated in the third phase of the study, [CARE-3](#). Due to the COVID-19 emergency, field work was stopped in March 2020. Study participants donated blood and urine samples and completed surveys to identify potential sources of exposure to chemicals.

This packet includes the three surveys used for CARE-3:

1. Interest Form

This survey collected eligibility and demographic information from people who were interested in participating in the study.

2. Exposure Survey 1

This survey addressed long-term exposures and general frequency of exposures. Additional demographic information and reproductive history were also collected in this survey. It could be completed by the participant any time before sample collection.

3. Exposure Survey 2

This survey addressed recent, short-term exposures, and was completed at sample collection.

CALIFORNIA REGIONAL EXPOSURE STUDY Interest Form



Thank you for your interest in the California Regional Exposure (CARE) Study!

The purpose of the CARE Study is to measure some of the potentially harmful chemicals in people's bodies and learn how people come into contact with them. If you are interested in joining our study, please fill out this 2-minute form. We will select 350 people in early 2020 to give blood and urine samples and to answer two short surveys. Participants will receive a \$50 gift card and can choose to receive their individual test results.

To qualify for selection, you must:

- be 18 or older,
- have lived in San Diego County or Orange County for at least the last 12 months, and
- be able to give blood and urine samples. We cannot offer participation to people with blood-clotting disorders, including hemophilia, or a recent blood transfusion (within 6 months).

If you need assistance with this form, or to complete it in another language, please call (510) 367-4166.

1. What year were you born in? _ _ _ _

2. For at least the last 12 months, have you lived in San Diego County or Orange County?

☐ Yes

☐ No

3. Are you able and willing to give a urine sample and have your blood drawn (about 4 teaspoons)?

☐ Yes

☐ No

4. What is your name?

First name _____

Last name _____

Suffix (optional, please circle): Sr. Jr. III IV Ph.D. M.D.

CALIFORNIA REGIONAL EXPOSURE STUDY

5. What is your home address?

Street address _____ Apt. no. _____

City/town _____

State _____ Zip code _____

6. What is your mailing address?

☐ Check here if your mailing address is the same as your home address.

Street address _____ Apt. no. _____

City/town _____

State _____ Zip code _____

7. If you are selected, what language do you prefer to use for this study?

☐ English

☐ Spanish

☐ Other (please specify): _____

8. If selected for the CARE study, you will need to complete a survey and schedule an appointment. How would you prefer to complete the above steps?

☐ Complete both steps online

☐ Send survey by mail and schedule appointment by phone

9. Please provide your contact information.

Preferred phone number (____) _____

(Phone numbers must be 10 digits long, starting with your area code.)

☐ Check here to allow text messages to your preferred phone number. Text message charges may apply.

Alternative phone number (____) _____

Email address _____

Confirm email address _____


CALIFORNIA REGIONAL EXPOSURE STUDY

Your answers to these questions will help us select people to reflect the diversity of the San Diego County and Orange County. We will not share this information with anyone outside of the study.

10. How do you describe your ethnicity or race? Select one or more.

- ☐ White
- ☐ Hispanic or Latino
- ☐ Black or African American
- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Native Hawaiian or Pacific Islander
- ☐ Don't know
- ☐ Prefer not to answer
- ☐ Other race or ethnicity (please specify): _____

11. Do you have a high school diploma or GED?

- ☐ Yes 
 - ☐ No
 - ☐ Don't know
 - ☐ Prefer not to answer
- Go on to Question 12
- Skip to Question 13

12. What is the highest level of education you have completed? Select one.

- ☐ High school diploma or GED
- ☐ Technical/Trade school
- ☐ Some college, no degree
- ☐ Associate's degree (e.g. AA, AS)
- ☐ Bachelor's degree (e.g. BA, BS, AB)
- ☐ Graduate or professional degree (e.g. PhD, MD, DDS, MFA, MBA)
- ☐ Don't know
- ☐ Prefer not to answer
- ☐ Other (please specify): _____

CALIFORNIA REGIONAL EXPOSURE STUDY

13. What sex were you assigned at birth by your health care provider or on your original birth certificate?

- ☐ Male
- ☐ Female
- ☐ Unknown
- ☐ Prefer not to answer

14. Which best describes your current gender identity?

- ☐ Male
- ☐ Female
- ☐ Female-to-Male (FTM)/Transgender Male/Trans Man
- ☐ Male-to-Female (MTF)/Transgender Female/Trans Woman
- ☐ Genderqueer, neither exclusively male nor female
- ☐ Something else (please specify): _____
- ☐ Prefer not to answer

15. Which of the following best represents how you think of yourself?

- ☐ Gay or lesbian
- ☐ Straight (that is not gay, lesbian, or bisexual)
- ☐ Bisexual
- ☐ Don't know
- ☐ Prefer not to answer
- ☐ Something else (please specify): _____

16. How did you hear about this study?

- ☐ Postcard through the mail
- ☐ Craigslist
- ☐ News coverage
- ☐ Community group or other local association
- ☐ From a friend, family member, or colleague
- ☐ Don't know
- ☐ Prefer not to answer
- ☐ Other (please specify): _____

Thank you for your interest in the CARE Study! Please help us spread the word about this important work by telling your friends and family about us: www.cdph.ca.gov/CARE

We'll be selecting participants in early 2020, so look for our study packet in your e-mail or mail.

CALIFORNIA REGIONAL EXPOSURE STUDY

Exposure Survey

CARE
Study
California
Regional
Exposure Study



Thank you for joining the California Regional Exposure (CARE) Study!

This survey will help us understand how you come into contact with the chemicals in this study. This survey includes questions about you, your jobs and hobbies, your home, products you use, and the foods you eat.

**Complete and return
this document**

Before You Begin

- All your answers will be kept confidential.
- This survey will take about **10-15 minutes**.
- For each question, check the box next to the best answer(s). You may always select “Don’t know” or “Prefer not to answer.”
- Some questions offer examples. *Example text is blue and slanted (italics).*
- Some questions have additional **instructions in orange text**.
- Depending on your answers, you might skip some questions. These answers are marked with **[orange parentheses.]**

1. Do you have a pet?
For example, a cat, dog, or fish.

☒ Yes
Continue on to Q 2

☐ No
☐ Don't know
☐ Prefer not to answer

Skip to Q 4

2. What type of pet do you have?
Check all that apply

☒ Cat
☒ Dog
☐ Fish
☐ Other (please specify) _____
☐ Don't know
☐ Prefer not to answer

Section 1: Your Home

1. How long have you lived in your current home?

- ☐ Less than a year
- ☐ 1–5 years
- ☐ 6–10 years
- ☐ Longer than 10 years
- ☐ Don't know
- ☐ Prefer not to answer

2. When was your home or apartment built?

- ☐ 1980 or later
- ☐ Before approximately 1980
- ☐ Don't know
- ☐ Prefer not to answer

3. Do you have any rugs or carpets in your home that are stain-resistant or water-resistant?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Prefer not to answer

4. Is there wall-to-wall carpeting in any room of your home?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Prefer not to answer

Section 1: Your Home

5. Do you have any furniture that is stain-resistant or water-resistant? (This refers only to fabric-covered furniture, like couches and chairs.)

☐ Yes

☐ No

☐ Don't know

☐ Prefer not to answer

6. Has any of the following remodeling or renovation work been done inside or to the outside of your home during the last 12 months?

Check all that apply.

☐ Carpeting – installed new

☐ Carpeting – removed old

☐ Paint removed – by scraping, sanding, or using a heat gun

☐ New paint – inside and/or outside of home

☐ Other (please specify): _____

☐ No remodeling or renovation work

☐ Don't know

☐ Prefer not to answer

7. Does your home have any paint peeling from walls, windowsills, pipes, or other surfaces?

☐ Yes

☐ No

☐ Don't know

☐ Prefer not to answer

Section 2: Water and Food

8. What kind of water do you drink most of the time?

Check only one.

- ☐ Tap water
- ☐ Filtered tap water
- ☐ Store-bought water including bottled water or water coolers
- ☐ Other water source (please specify): _____
- ☐ Don't know
- ☐ Prefer not to answer

9. What is the main source of water in your home?

Check only one.

- ☐ Public water system
- ☐ Private well
- ☐ Other water source (please specify): _____
- ☐ Don't know
- ☐ Prefer not to answer

10. How would you describe what you typically eat?

Check all that apply.

- ☐ I don't follow a special diet. I eat most types of food.
- ☐ Mostly vegetarian, but I also eat seafood
- ☐ Vegetarian
- ☐ Vegan
- ☐ Gluten-free
- ☐ Low fat
- ☐ Low carbohydrate
- ☐ Other (please specify): _____
- ☐ Don't know
- ☐ Prefer not to answer

Section 2: Water and Food

11. As part of your diet in a typical week, how often do you eat each of the following meat, poultry, and fish?

Check one box in each row, A through E.

	Less than once per week or never	1–3 days per week	4–6 days per week	Every day	Don't Know	Prefer not to answer
A. Red meat <i>for example, beef, pork, lamb</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Poultry <i>for example, chicken, turkey</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Fish purchased at a grocery store, market or restaurant <i>(includes items such as fish in sushi, tuna fish sandwiches, and canned fish)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Fish caught by you, your family, or friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Shellfish <i>(includes crab, lobster, shrimp, and shellfish in sushi)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2: Water and Food

12. As part of your diet in a typical week, how often do you eat or drink each of the following foods or beverages?

Check one box in each row, A through H.

	Less than once per week or never	1–3 days per week	4–6 days per week	Every day	Don't Know	Prefer not to answer
A. Milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Butter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Margarine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Potatoes (any style)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. White rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Brown rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Other rice products <i>for example, rice cereal, rice noodles, rice cakes, rice crackers, rice milk</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2: Water and Food

13. As part of your diet in a typical week, how often do you eat each of the following packaged foods?

Check one box in each row, A through E.

	Less than once per week or never	1–3 days per week	4–6 days per week	Every day	Don't Know	Prefer not to answer
A. Microwave popcorn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Potato chips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Take-out, delivery, or fast food served in paper or a cardboard container <i>for example, pizza, hamburgers, sandwiches, or baked goods</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. French fries from a fast-food or take-out restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Store-bought food that you heat in its paper or cardboard package <i>for example, pizza, frozen meals, garlic bread</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 3: Occupation

14. Have you worked in the past 12 months?

☐ Yes
Continue on to Q 15 and Q 16

☐ No
☐ Don't know
☐ Prefer not to answer

Skip to Q 17 (page 10)

15. In the past 12 months, have you worked in any of these specific industries?

Check one box in each row, A through L.

Industries:	Yes	No	Don't know	Prefer not to answer
A. Firefighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Armed forces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Demolition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Metal smelting or refining or metal work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Metals recycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Battery replacement or recycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Electronics repair or recycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Glass production	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Ceramics production	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Leather processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 3: Occupation

16. In the past 12 months, have you performed any of these activities as part of your job?

Check one box in each row, A through K.


Your answer should include activities on the job only. The next section asks about free time.

	Yes	No	Don't know	Prefer not to answer
A. Upholstered furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Installed carpet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Removed paint by scraping, sanding, or using a heat gun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Dental work involving silver fillings preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Work involving soil <i>(farming, digging, etc.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Applied fingernail polish in a nail salon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Used dyes, art paint, or glazes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Used solder <i>for example, for joining pipes or in electronics</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Practiced or worked at a shooting range	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Cleaned carpets with foams or liquids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Used grease or other non-water-based lubricants on vehicles, bicycles, or other machinery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


Section 3: Occupation

17. Are you currently employed or self-employed? (Include both part or full-time employment.)

☐ Yes
Continue on to Q 18



☐ No
☐ Don't know
☐ Prefer not to answer



Skip to Q 20 (next page)

18. What kind of job do you currently do? If you have multiple jobs, begin with the job where you spend the most time.

Main current job: _____

For example, registered nurse, janitor, cashier, auto mechanic.

Additional current job, if any: _____

Additional current job, if any: _____

☐ Don't know

☐ Prefer not to answer

19. What kind of businesses or industries do you currently work in?

Main current business or industry: _____

For example, health care, education, retail, grocery store.

Additional current business or industry, if any: _____

Additional current business or industry, if any: _____

☐ Don't know

☐ Prefer not to answer

Section 3: Occupation

20. Thinking of all the jobs you have ever had, what kind of job did you do for the longest?

Kind of job: _____

For example, registered nurse, janitor, cashier, auto mechanic

☐ Never worked

☐ Don't know

☐ Prefer not to answer

→ Skip to Q 22 (next page)

21. In what kind of business or industry was the job you did for the longest? (The job you listed in the previous question.)

Kind of business or industry: _____

For example, health care, education, retail, grocery store.

☐ Don't know

☐ Prefer not to answer

Section 4: Hobbies

22. In the past 12 months, have you done any of the activities below in your free time (outside of your job)?

Check one box in each row, A through F.

	Yes	No	Don't know	Prefer not to answer
A. Ceramics or pottery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Metal soldering or welding, for arts and crafts or other hobbies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Artwork using paints, glazes, finger paints, or crayons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Jewelry making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Visited a shooting range	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Used grease or other non-water-based lubricants on vehicles, bicycles, or other machinery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 5: Consumer Products and Other Topics

23. In the past 12 months, how often have you used the following products?

Check one box in each row, A through D.

	Less than once per year or never	1–4 times per year	5–11 times per year	12 or more times per year	Don't know	Prefer not to answer
A. Paints or dyes for art work (does not include house paint)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Any product used for stain- or water-proofing personal or household items such as furniture, rugs, clothing, or shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Carpet cleaning foams or liquids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Ski or snowboard wax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. In the past 12 months, have you had any dental work that involved silver-colored fillings?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Prefer not to answer


25. How often do you wear stain-resistant, water-resistant, or water-proof clothing (including uniforms, jackets, or pants)?

- ☐ Never
- ☐ Less than once per month
- ☐ 1 to 3 times per month
- ☐ 1 to 4 times per week
- ☐ 5 or more times per week
- ☐ Don't know
- ☐ Prefer not to answer


Section 6: Smoking

26. Have you smoked at least 100 cigarettes (about 5 packs) over your lifetime?

☐ Yes
Continue on to Q 27




☐ No
☐ Don't know
☐ Prefer not to answer




Skip to Q 29 (next page)

27. Do you currently smoke cigarettes? Do not include e-cigarettes in your answer.

☐ Yes, everyday
Continue on to Q 28



☐ Yes, some days
☐ No
☐ Don't know
☐ Prefer not to answer



Skip to Q 29 (next page)

28. How many cigarettes do you currently smoke each day?

__ __ __ Cigarettes
☐ Don't know
☐ Prefer not to answer

Section 6: Smoking

29. Do you use electronic cigarettes (e-cigarettes) or vaping devices containing nicotine?

Electronic cigarettes (e-cigarettes) and other electronic “vaping” products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others.

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Prefer not to answer

30. Do you use tobacco products other than cigarettes, such as pipes, cigars, cigarillos, bidis, hookahs, or smokeless tobacco products?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Prefer not to answer

31. Does anyone other than you smoke tobacco products in your presence inside your home almost every day?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Prefer not to answer

Section 7: Recent Events

32. Did you experience any of the following related to wildfires in your area in the last 6 months?

Check all that apply

- ☐ Performed emergency response duties in the field such as fire suppression, creating fire breaks, or evacuating residents
- ☐ Performed debris or ash clean-up on the job
- ☐ Performed debris or ash clean-up for your own home or as a volunteer
- ☐ During the fires, lived in an area impacted by smoke
- ☐ After the fires, lived in an area with fire damage
- ☐ None of the above
- ☐ Other (please specify): _____
- ☐ Don't know
- ☐ Prefer not to answer

Section 8: Reproductive History

33. Have you ever been pregnant?

If you are male, answer "No, or not applicable"

☐ Yes

Continue on to Q 34



☐ No, or not applicable

☐ Don't know

☐ Prefer not to answer

Skip to Q 38 (next page)

34. Are you currently pregnant?

☐ Yes

☐ No

☐ Don't know

☐ Prefer not to answer

35. How many pregnancies have you carried to term?

___ Pregnancies

Continue on to Q 36



☐ No

☐ Don't know

☐ Prefer not to answer

Skip to Q 38 (next page)

36. Have you ever breastfed?

☐ Yes

Continue on to Q 37



☐ No

☐ Don't know

☐ Prefer not to answer

Skip to Q 38 (next page)

37. How many total months did you breastfeed your child (or children)?

For example, if you have two children and you breastfed one child for 3 months and the second child for 2 months, then you breastfed for 5 months total.

___ Total months

☐ Don't know

☐ Prefer not to answer

Section 9: Background

Background information will only be used to help us understand how people come into contact with chemicals.

38. Where were you born?

- ☐ United States
- ☐ Mexico, Central America, South America, or Caribbean Islands
- ☐ Canada
- ☐ Africa
- ☐ Asia
- ☐ Australia or New Zealand
- ☐ Europe
- ☐ Middle East
- ☐ Pacific Islands
- ☐ Other (please specify): _____
- ☐ Don't know
- ☐ Prefer not to answer

39. How many years have you lived in the United States?

- ☐ My whole life or more than 25 years
- ☐ 16–25 years
- ☐ 11–15 years
- ☐ 6–10 years
- ☐ 5 years or less
- ☐ Don't know
- ☐ Prefer not to answer

40. What is the yearly income in your household?

- ☐ 0–\$25,000
- ☐ \$25,001–\$75,000
- ☐ \$75,001–\$150,000
- ☐ >\$150,000
- ☐ Don't know
- ☐ Prefer not to answer

Section 9: Background

Background information will only be used to help us understand how people come into contact with chemicals.

41. How many people live in your household, including yourself?

__ __ __ People

☐ Don't know

☐ Prefer not to answer

42. What made you want to join the study?

Check all that apply

☐ Concerned about a specific exposure to a specific chemical

☐ Concerned about contact with chemicals in general

☐ Gift card

☐ Wanted to take advantage of free testing

☐ Other (please specify): _____

☐ Don't know

☐ Prefer not to answer

43. This survey cannot ask about every way people could come into contact with chemicals. If you would like to share other possible sources of chemicals you are concerned about for you, your family, or community, please tell us here.

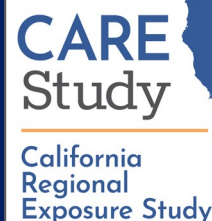
44. We would appreciate any feedback you might have about this survey or other parts of the CARE study. Please use the space provided below.

Thank you for completing the survey.

Please use the stamped envelope to return this survey with your signed consent form.

CALIFORNIA REGIONAL EXPOSURE STUDY

Exposure Survey 2



The first few questions are related to your activities in the last 3 days, including today.

1. In the last **3 days**, including today, have you had any of the food or beverages below?

Check one box in each row, A through C.

	Yes	No	Don't know	Prefer not to answer
A. Rice and/or other rice products <i>For example, rice cereal, rice noodles, rice cakes or crackers, rice milk</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Poultry <i>For example, chicken, turkey</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Wine, beer, or other alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. In the last **3 days**, including today, have you eaten any meat or fish that was fried, roasted, grilled, barbecued, or smoked?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Prefer not to answer

3. In the last **3 days**, including today, approximately how much time have you spent in a vehicle on a freeway?

- ☐ Less than 1 hour
- ☐ 1 – 6 hours
- ☐ 6 – 9 hours
- ☐ More than 9 hours
- ☐ Don't know
- ☐ Prefer not to answer

Survey continues on the next page

Staff use only:

Participant ID _____ Kit Code _____

Exposure Survey 2

The next few questions relate to your activities in the last 7 days, including today.

4. In the last 7 days, including today, have you had any seafood?

For example, fish or shellfish, including items like fish in sushi and tuna fish sandwiches

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Prefer not to answer

5. In the last 7 days, including today, have you smoked any tobacco products, such as cigarettes, pipes, cigars, cigarillos, bidis, hookahs, etc.?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Prefer not to answer

6. In the last 7 days, including today, have you used e-cigarettes or other vaping devices?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Prefer not to answer

7. In the last 7 days, including today, has anyone smoked tobacco products in your presence inside your home or car?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Prefer not to answer

Survey continues on the next page

Exposure Survey 2

The final series of questions are related to your activities in the past 6 hours.

8. In the past 6 hours, did you eat or drink any of the following:

Check one box in each row, A through C.

	Yes	No	Don't know	Prefer not to answer
A. Canned beverage (including soda, water, juice, or alcohol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Canned food (including food prepared with canned food ingredients)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Food packaged in a takeout container (including prepared food from a supermarket)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. In the past 6 hours, have you touched or handled a paper receipt?

- ☐ Yes
☐ No
☐ Don't know
☐ Prefer not to answer

Survey continues on the next page

Exposure Survey 2

10. In the past 6 hours, have you used the following products:

Check one box in each row. Check all that apply. For example, if you used a moisturizer which contained sunscreen, check 'yes' for both products.

	Yes	No	Don't know	Prefer not to answer
A. Moisturizers				
Face cream, lotion, or moisturizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand cream, lotion, or moisturizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body cream, lotion, or moisturizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Sun protection				
Sunscreen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Cosmetic products				
Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concealer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Powder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lipstick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nail polish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nail polish remover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perfume, cologne, or body spray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Hair products				
Shampoo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conditioner (rinse-out)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leave-in conditioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hair styling products, including hair spray, hair styling gel, mousse, pomade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Other personal care products				
Liquid soap or body wash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deodorant or antiperspirants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mouthwash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

You have completed the survey. Thank you for your time.