



## Surveys Used for the California Regional Exposure Study, Region 1

The [California Regional Exposure \(CARE\) Study](#) measured and compared environmental chemicals in people from selected regions across the state. In 2018, 430 residents of Los Angeles County participated in the first phase of the study, [CARE-LA](#). 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-LA:

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

CARE  
Study  
LA



CARE Study LA Prescreen LIVE English/Spanish

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 these chemicals. Please fill out this 2-minute survey if you are interested in being in our study. We will be selecting 500 people to enroll in the study. Selected study participants will be asked to give a sample of blood and urine and to answer two short surveys. Participants will receive a \$20 gift card and can choose to receive their individual test results.

To qualify to be selected, you must:

- be 18 or older,
- have lived in Los Angeles County for the last year, 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).

# CALIFORNIA REGIONAL EXPOSURE STUDY

CARE  
Study  
LA



CARE Study LA Prescreen LIVE English/Spanish

What year were you born in?

Have you lived in Los Angeles County for the last 12 months?

☐ Yes

☐ No

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

☐ Yes

☐ No

# CALIFORNIA REGIONAL EXPOSURE STUDY

CARE  
Study  
LA



CARE Study LA Prescreen LIVE English/Spanish

Please provide us information about yourself so we can select participants to reflect the diversity of Los Angeles County.

Your information will only be used to determine your eligibility, help us select participants, and to contact you if you are selected for this study.

What is your name?

First name

Last name

Suffix (optional)

# CALIFORNIA REGIONAL EXPOSURE STUDY

CARE  
Study  
LA



CARE Study LA Prescreen LIVE English/Spanish

What is your home address?

Street address

City/town

State

Zip Code

Is your mailing address the same as your home address?

☐ Yes

☐ No

# CALIFORNIA REGIONAL EXPOSURE STUDY

CARE  
Study  
LA



CARE Study LA Prescreen LIVE English/Spanish

## What is your mailing address?

Street address

City/town

State

Zip Code

## What is your gender identity?

☐ Female

☐ Male

☐ Don't know

☐ Prefer not to answer

☐ Other gender identity

Please specify (optional)

## Which of the following best represents how you think of yourself?

☐ Gay or lesbian

☐ Straight, that is, not gay or lesbian

☐ Bisexual

☐ Don't know

☐ Prefer not to answer

☐ Something else

Please specify (optional)

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

☐ American Indian/Alaska Native

☐ Native Hawaiian or Other Pacific Islander

☐ Asian

☐ White

☐ Black or African American

☐ Don't know

☐ Hispanic or Latino

☐ Prefer not to answer

☐ Other race or ethnicity (please specify)

# CALIFORNIA REGIONAL EXPOSURE STUDY

CARE  
Study  
LA



CARE Study LA Prescreen LIVE English/Spanish

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

- |                                                 |                                               |
|-------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Asian Indian           | <input type="checkbox"/> Korean               |
| <input type="checkbox"/> Cambodian              | <input type="checkbox"/> Laotian              |
| <input type="checkbox"/> Chinese                | <input type="checkbox"/> Vietnamese           |
| <input type="checkbox"/> Filipino               | <input type="checkbox"/> Don't know           |
| <input type="checkbox"/> Hmong                  | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Japanese               |                                               |
| <input type="checkbox"/> Other (please specify) |                                               |

How do you describe your Native Hawaiian or Other Pacific Islander ethnicity or race? Select one or more.

- |                                                 |                                               |
|-------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Guamanian              | <input type="checkbox"/> Don't know           |
| <input type="checkbox"/> Native Hawaiian        | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Samoan                 |                                               |
| <input type="checkbox"/> Other (please specify) |                                               |

What is the highest level of education you have completed?

- |                                                           |                                            |
|-----------------------------------------------------------|--------------------------------------------|
| <input type="radio"/> Some elementary school (grades 1-5) | <input type="radio"/> Some college         |
| <input type="radio"/> Some middle school (grades 6-8)     | <input type="radio"/> College degree       |
| <input type="radio"/> Some high school (grades 9-12)      | <input type="radio"/> Graduate degree      |
| <input type="radio"/> High school diploma or GED          | <input type="radio"/> Don't know           |
| <input type="radio"/> Technical/Trade school              | <input type="radio"/> Prefer not to answer |
| <input type="radio"/> Other (please specify)              |                                            |



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

☐ English

☐ Spanish

☐ Armenian

☐ Chinese

☐ Farsi

☐ Other (please specify)

☐ Japanese

☐ Korean

☐ Russian

☐ Tagalog

☐ Vietnamese

# CALIFORNIA REGIONAL EXPOSURE STUDY

CARE  
Study  
LA



CARE Study LA Prescreen LIVE English/Spanish

If you are selected for the CARE Study, you will receive a welcome packet either by email or postal mail. This will include information about the study, a consent form, a survey about ways you might come into contact with chemicals, and instructions on how to make an appointment.

How would you prefer to receive your welcome packet?

- ☐ By email
- ☐ By postal mail

# CALIFORNIA REGIONAL EXPOSURE STUDY

CARE  
Study  
LA



CARE Study LA Prescreen LIVE English/Spanish

What is your email address?

Email address

Confirm email address

# CALIFORNIA REGIONAL EXPOSURE STUDY

CARE  
Study  
LA



CARE Study LA Prescreen LIVE English/Spanish

We may also want to contact you about the study and send you appointment reminders. In case we can't reach you by e-mail, please provide your phone and/or texting number.

Preferred phone number

(Phone numbers must be 10 digits long, starting with your area code. Do not include dashes.)

Alternative phone number

Preferred phone number for texts

(Note: text message charges may apply)

# CALIFORNIA REGIONAL EXPOSURE STUDY

CARE  
Study  
LA



CARE Study LA Prescreen LIVE English/Spanish

We will also want to contact you about the study and set up your appointment. Please provide your phone number and other contact methods.

Preferred phone number

(Phone numbers must be 10 digits long, starting with your area code. Do not include dashes.)

Alternative phone number

Preferred phone number for texts

(Note: text message charges may apply)

Email address

Confirm email address

# CALIFORNIA REGIONAL EXPOSURE STUDY

CARE  
Study  
LA



CARE Study LA Prescreen LIVE English/Spanish

If you are selected for the CARE Study, you will receive a welcome packet in the mail. CARE Study staff will contact you by phone with an interpreter to set up an appointment to complete the study. Please provide contact information so we may contact you.

Preferred phone number

(Phone numbers must be 10 digits long, starting with your area code. Do not include dashes.)

Alternative phone number

Email address

Confirm email address

# CALIFORNIA REGIONAL EXPOSURE STUDY

CARE  
Study  
LA



CARE Study LA Prescreen LIVE English/Spanish

How did you hear about this study?

- ☐ Postcard through the mail
- ☐ News coverage
- ☐ Community group or other local association
- ☐ Other (please specify)
- ☐ Don't know
- ☐ Prefer not to answer

# CALIFORNIA REGIONAL EXPOSURE STUDY

CARE  
Study  
LA



CARE Study LA Prescreen LIVE English/Spanish

Thank you for your interest in the CARE Study but unfortunately, you do not qualify for the study.

To qualify for the study, you must:

- be 18 or older,
- have lived in Los Angeles County for the last year, and
- be able to give blood and urine samples.



# CALIFORNIA REGIONAL EXPOSURE STUDY

CARE  
Study  
LA



CARE Study LA Prescreen LIVE English/Spanish

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](http://www.cdph.ca.gov/CARE)

We'll be selecting participants over the next few weeks, so look for our welcome packet in your e-mail or mail.

# CALIFORNIA REGIONAL EXPOSURE STUDY

## Exposure Survey



Thank you for joining the California Regional Exposure (CARE) Study! We would like to ask you some questions to 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 foods you eat. All your answers will be kept confidential. We will use the answers along with the results from your blood and urine samples, to learn more about possible ways that people come into contact with chemicals. However, just because we ask about something doesn't mean it is harmful to you.

This survey will take about 15 minutes.

**Complete and return  
this document**

Check the box next to the best answer.

### 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?**

- ☐ Between approximately 1980 and 2018
- ☐ Before approximately 1980
- ☐ Don't know
- ☐ Prefer not to answer

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

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

# CALIFORNIA REGIONAL EXPOSURE STUDY

**4. Are any of your carpets or rugs stain-resistant or water-resistant?**

- ☐ Yes
- ☐ No
- ☐ I don't have any carpet in my home
- ☐ Don't know
- ☐ Prefer not to answer

**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 remodeling or renovation work been done inside or outside your home during the last 12 months?**

- ☐ Yes — *If "Yes" is checked, move to question 7*
- ☐ No
- ☐ Don't know
- ☐ Prefer not to answer

*If any of these are checked, skip to question 8*

**7. If yes, 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): \_\_\_\_\_

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

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

# CALIFORNIA REGIONAL EXPOSURE STUDY

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## WATER

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

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

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

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## FOOD

11. How would you describe what you typically eat? You may choose more than one.

- ☐ 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

# CALIFORNIA REGIONAL EXPOSURE STUDY

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

Food	I don't eat this food	Yes, I eat this food				Don't know	Prefer not to answer
		Rarely (Less than 1 day per week)	1–3 days per week	4–6 days per week	Every day		
Red meat (for example, beef, pork, lamb)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poultry (for example, chicken, turkey)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fish caught by you or someone you know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fish purchased at a grocery store, market, or restaurant (includes items like fish in sushi, tuna fish sandwiches, and canned fish)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shellfish caught by you or someone you know (for example, crab, lobster, or shrimp)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shellfish purchased at a grocery store, market, or restaurant (includes shellfish in sushi)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# CALIFORNIA REGIONAL EXPOSURE STUDY

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

Food	I don't eat this food	Yes, I eat this food				Don't know	Prefer not to answer
		Rarely (Less than 1 day per week)	1–3 days per week	4–6 days per week	Every day		
Milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Butter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Margarine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potatoes (any style)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brown rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other rice products (for example, rice cereal, rice noodles, rice cakes/ crackers, rice milk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. As part of your diet in a typical week, how often do you eat each of the following packaged foods? Please check the appropriate box.

Food	I don't eat this food	Yes, I eat this food				Don't know	Prefer not to answer
		Rarely (Less than 1 day per week)	1–3 days per week	4–6 days per week	Every day		
Microwave popcorn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potato chips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take-out, delivery, or fast food served in paper or a cardboard container (for example, pizza, hamburgers, sandwiches, or baked goods)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	<input type="checkbox"/>
Store-bought food that you heat in its paper or cardboard package (for example, pizza, frozen meals, garlic bread)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# CALIFORNIA REGIONAL EXPOSURE STUDY

## OCCUPATION

### 15. What is your current employment status?

- ☐ Employed or self-employed — *If "Employed or self-employed" is checked, move to question 16*
  - ☐ Homemaker
  - ☐ Student
  - ☐ On permanent disability leave
  - ☐ Retired or not currently working
  - ☐ Don't know
  - ☐ Prefer not to answer
- If any of these are checked, skip to question 18*

### 16. What kind of job do you do? (For example, registered nurse, janitor, cashier, auto mechanic.) If you have multiple jobs, please list the jobs where you spend most of your time first.

Primary current job \_\_\_\_\_

Additional current job, if any \_\_\_\_\_

Additional current job, if any \_\_\_\_\_

☐ Don't know

☐ Prefer not to answer

### 17. What kind of businesses or industries do you currently work in? (For example, grocery store, day care, construction, landscaping.)

Main current business or industry \_\_\_\_\_

Additional current business or industry, if any \_\_\_\_\_

Additional current business or industry, if any \_\_\_\_\_

☐ Don't know

☐ Prefer not to answer

### 18. Thinking of all the jobs you have ever had, what kind of job did you do for the longest? (For example, registered nurse, janitor, cashier, auto mechanic.)

Kind of job \_\_\_\_\_ *Continue to question 19*

☐ No previous jobs — *If checked, skip to question 22*

☐ Don't know

☐ Prefer not to answer

*If either of these is checked, skip to question 20*

### 19. What kind of business or industry was this job in (the job you listed in question 18)? (For example, grocery store, day care provider, construction, landscaping.)

Kind of business or industry \_\_\_\_\_

☐ Don't know

☐ Prefer not to answer

# CALIFORNIA REGIONAL EXPOSURE STUDY

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

Industry	Yes	No	Don't know	Prefer not to answer
Firefighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Armed forces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demolition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metal smelting or refining or metal work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metals recycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery replacement or recycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronics repair or recycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glass production	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceramics production	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Job Activity	Yes	No	Don't know	Prefer not to answer
Upholstered furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installed carpet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Removed paint by scraping, sanding, or using a heat gun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental work involving silver fillings preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work involving soil (farming, digging, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applied fingernail polish in a nail salon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used dyes, art paint, or glazes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used solder (for example for joining pipes or in electronics)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practiced or worked at a shooting range	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaned carpets with foams or liquids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# CALIFORNIA REGIONAL EXPOSURE STUDY

## HOBBIES

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

Hobby/Activity	Yes	No	Don't know	Prefer not to answer
Ceramics or pottery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metal soldering or welding, for arts and crafts or other hobbies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Artwork using paints, glazes, finger paints, or crayons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jewelry making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visited a shooting range	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## CONSUMER PRODUCTS AND OTHER TOPICS

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

Product	I don't use this product	Yes, I use this product				Don't know	Prefer not to answer
		Rarely (Less than once per year)	1–4 times per year	5–11 times per year	More than 11 times per year		
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"/>	<input type="checkbox"/>
Any product used for stain- or water-proofing personal or household items (for example, furniture, coats, boots)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carpet cleaning foams or liquids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ski or snowboard wax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# CALIFORNIA REGIONAL EXPOSURE STUDY

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-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

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## SMOKING

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

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

27. Do you currently smoke cigarettes?

- ☐ Every day — *If "Every day" is checked, move to question 28*
  - ☐ Some days
  - ☐ Not at all
  - ☐ Don't know
  - ☐ Prefer not to answer
- } *If any of these are checked, skip to question 29*

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

\_\_\_\_\_ cigarettes

- ☐ Don't know
- ☐ Prefer not to answer

# CALIFORNIA REGIONAL EXPOSURE STUDY

**29. Do you use electronic cigarettes (e-cigarettes) or vaping devices with or without nicotine?**

- ☐ 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 smoke tobacco products in your presence inside your home almost every day?**

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

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## RECENT EVENTS

**32. Did you experience any of the following related to the fires in Southern California in December 2017 (or afterwards)? 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 own home or as a volunteer
- ☐ After the fires, lived in an area with fire damage
- ☐ Other (please specify): \_\_\_\_\_

# CALIFORNIA REGIONAL EXPOSURE STUDY

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## REPRODUCTIVE HISTORY

33. Have you ever been pregnant?

- ☐ Yes — *If "Yes" is checked, move to question 34*
- ☐ No or Not Applicable } *If either of these is checked, skip to question 38*
- ☐ Prefer not to answer }

34. Are you currently pregnant?

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

35. How many pregnancies have you carried to term?

\_\_\_\_\_ pregnancies

- ☐ Don't know
- ☐ Prefer not to answer

36. Have you ever breastfed?

- ☐ Yes — *If "Yes" is checked, move to question 37*
- ☐ No/Not Applicable } *If either of these is checked, skip to question 38*
- ☐ Prefer not to answer }

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

# CALIFORNIA REGIONAL EXPOSURE STUDY

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## BACKGROUND

This information will only be used to help us understand how people's backgrounds affect the types of chemicals they come into contact with.

### 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
- ☐ Prefer not to answer

### 40. What is the yearly income in your household?

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

# CALIFORNIA REGIONAL EXPOSURE STUDY

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

\_\_\_\_\_ people

☐ Don't know

☐ Prefer not to answer

42. 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 list/describe them here.

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

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

# CALIFORNIA REGIONAL EXPOSURE STUDY

## Exposure Survey 2



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

Food/Beverage	Yes	No	Don't know	Prefer not to answer
Rice and/or other rice products (for example, rice cereal, rice noodles, rice cakes or crackers, rice milk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poultry (for example, chicken, turkey)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wine, beer, or other alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. In the last 3 days, have you worked with or around diesel-powered equipment or vehicles?  
Examples may include generators, trucks, trains, or ships.

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

3. In the last 3 days, 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

4. In the last 3 days, have you been around diesel-powered equipment or vehicles other than for your job or on the freeway?

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

5. If yes, please describe

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# CALIFORNIA REGIONAL EXPOSURE STUDY

6. In the last 7 days, including today, have you had any seafood (fish and/or shellfish, including items like fish in sushi and tuna fish sandwiches)?

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

7. 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

8. 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

9. 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

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