

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

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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

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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

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

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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"/> |

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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"/> |

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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

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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"/> |

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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"/> |

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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

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

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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

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): _____

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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

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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

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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.

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.

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