



Surveys Used for the California Regional Exposure Study, Region 2

The [California Regional Exposure \(CARE\) Study](#) measured and compared environmental chemicals in people from selected regions across the state. In 2019, 359 residents of Riverside, San Bernardino, Imperial, Mono, and Inyo counties participated in the second phase of the study, [CARE-2](#). 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-2:

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

CARE
Study

California
Regional
Exposure Study



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 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 the counties of Riverside, San Bernardino, Imperial, Mono, and/or Inyo 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 the counties of Riverside, San Bernardino, Imperial, Mono, and/or Inyo?
 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.

Email address _____

Preferred phone number for calls (_____) _____ - _____

(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 apply

CALIFORNIA REGIONAL EXPOSURE STUDY

Your answers to the following questions will help us select people to reflect the diversity of the counties of San Bernardino, Riverside, Imperial, Inyo, and Mono. 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
 - (optional: provide additional information on your ethnicity or race)*
 - Asian Indian Filipino Korean
 - Cambodian Hmong Laotian
 - Chinese Japanese Vietnamese
 - Other (please specify): _____
 - Don't know
 - Prefer not to provide additional information
- Native Hawaiian or Pacific Islander
 - (optional: provide additional information on your ethnicity or race)*
 - Guamanian Native Hawaiian Samoan
 - Other (please specify): _____
 - Don't know
 - Prefer not to provide additional information
- Other race or ethnicity (please specify): _____
- Don't know
- Prefer not to answer

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

- Some elementary school (grades 1-5)
- Some middle school (grades 6-8)
- Some high school (grades 9-12)
- High school diploma or GED
- Technical/trade school
- Some college
- College degree
- Graduate degree
- Other (please specify): _____
- Don't know
- Prefer not to answer

CALIFORNIA REGIONAL EXPOSURE STUDY

12. 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

13. 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: _____
- Prefer not to answer

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

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

15. 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
- Other (please specify): _____
- Don't know
- Prefer not to answer

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 2019, so look for our study packet in your e-mail or mail.



CARE
Study

California
Regional
Exposure Study



Exposure Survey 1

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 2019
- 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 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

CALIFORNIA REGIONAL EXPOSURE STUDY

WATER

8. 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

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

FOOD

10. 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

11. 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 once 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, family, or friends	<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, family, or friends (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

12. 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 once 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"/>

13. 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 once 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

14. What is your current employment status? Check all that apply.

- Employed or self-employed — *If checked, go to question 15, if not checked, go to question 17*
- Homemaker
- Student
- On permanent disability leave
- Retired
- Not currently working
- Don't know
- Prefer not to answer

15. What kind of job do you currently 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.

Main current job _____

Additional current job, if any _____

Additional current job, if any _____

- Don't know
- Prefer not to answer

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

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

17. 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 _____

- No previous jobs — *If checked, go to question 21*
 - Don't know
 - Prefer not to answer
- } *If one of these is checked, go to question 19*

18. What kind of business or industry was this job in (the job you listed in question 17)? (For example, example, health care, construction, landscaping, grocery store, day care.)

Kind of business or industry _____

- Don't know
- Prefer not to answer

CALIFORNIA REGIONAL EXPOSURE STUDY

19. 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"/>
Leather processing	<input type="checkbox"/>	<input type="checkbox"/>		

20. 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"/>
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"/>

CALIFORNIA REGIONAL EXPOSURE STUDY

HOBBIES

21. 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"/>
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"/>

CONSUMER PRODUCTS AND OTHER TOPICS

22. 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

23. 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

24. 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

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

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

26. Do you currently smoke cigarettes?

- Every day — *If "Every day" is checked, go to question 27*
 - Some days
 - Not at all
 - Don't know
 - Prefer not to answer
- } *If one of these is checked, go to question 28*

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

_____ cigarettes

- Don't know
- Prefer not to answer

CALIFORNIA REGIONAL EXPOSURE STUDY

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

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

29. 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

30. 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

31. Did you experience any of the following related to wild fires 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
- After the fires, lived in an area with fire damage
- Not applicable
- Other (please specify): _____
- Don't know
- Prefer not to answer

CALIFORNIA REGIONAL EXPOSURE STUDY

REPRODUCTIVE HISTORY

32. Have you ever been pregnant?

Yes — *If "Yes" is checked, go to question 33*

No/Not Applicable

Prefer not to answer

If one of these is checked, go to question 37

33. Are you currently pregnant?

Yes

No

Don't know

Prefer not to answer

34. How many pregnancies have you carried to term?

_____ pregnancies — *If 0 pregnancies, go to question 37*

Don't know

Prefer not to answer

35. Have you ever breastfed?

Yes — *If "Yes" is checked, go to question 36*

No/Not Applicable

Prefer not to answer

If one of these is checked, go to question 37

36. 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

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.

37. 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

38. 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

39. 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

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

_____ people

Don't know

Prefer not to answer

41. 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.

42. 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 and participation in the 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
- Don't know
- Prefer not to answer

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

CALIFORNIA REGIONAL EXPOSURE STUDY

5. If yes, please describe

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

CALIFORNIA REGIONAL EXPOSURE STUDY

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

Food/Beverage	Yes	No	Don't know	Prefer not to answer
Skin lotion or cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunscreen, or products such as lotions or creams that contain sunscreen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shampoo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liquid soap/body wash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deodorant	<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.