

# CHIME Study

## Community Health Impacts from Mining Exposure

A community-based collaborative study by

**Sierra Streams Institute and Cancer Prevention Institute of California**

On behalf of Sierra Streams Institute, thank you very much for participating in this ground-breaking study, the first biomedical human health study related to mining impacts in Nevada County. The study springs from our years of community-based environmental monitoring and assessment, and was developed in response to the desire expressed in our community to find out whether there are human health impacts from living in Gold Country. By participating in this study, you join the hundreds of local citizens whose engagement helps us understand our environment.

To preserve your confidentiality, this page will be separated from the rest of the questionnaire, which will be identified only by a number.

Your name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Alternate phone number: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Today's date: \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year

Please provide the name of a contact person (in the event that we wish to reach you for follow up or further studies and are unable to locate you):

Name of contact person: \_\_\_\_\_

Phone number: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_



1. Year of birth: \_\_\_\_\_ Month of birth: \_\_\_\_\_
2. Height: \_\_\_\_\_ feet \_\_\_\_\_ inches
3. Weight: \_\_\_\_\_ lbs
4. To what racial or ethnic group do you belong?
  - Asian/Pacific Islander
  - Black/African American
  - Hispanic/Latina
  - Native American
  - Non-Hispanic white
  - Other
5. Current or most recent occupation: \_\_\_\_\_  
How many years have you worked at your current or most recent occupation? \_\_\_\_\_
6. What was your longest held occupation if different from your current job?  
\_\_\_\_\_  
How many years were you at your longest job if different from your current job? \_\_\_\_\_
7. For how many years have you lived in
  - a) Nevada County? \_\_\_\_\_
  - b) Gold Country (including Nevada County)? \_\_\_\_\_
  - c) California? \_\_\_\_\_
8. What is the highest grade of education you have completed?
  - No formal education
  - 8<sup>th</sup> grade
  - High school diploma
  - Vocational, business or trade school
  - Two year or junior college
  - Four year college
  - Graduate or professional
9. How would you describe your current health? (pick one)
  - Excellent
  - Very good
  - Good
  - Fair
  - Poor



*This looks like a breeze!*

## Residential history

**A complete residential history is central to this exposure study. You may not remember all the details of all your residences but please do the best you can.**

10. Current physical address: \_\_\_\_\_

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When did you start living at this address: \_\_\_\_\_ (month) \_\_\_\_\_ (year)

Is this residence on a dirt road? Yes \_\_\_ No \_\_\_

Do you use well water for drinking and cooking? Yes \_\_\_ No \_\_\_

Do you have a dog or cat or other pet that spends time outside? Yes \_\_\_ No \_\_\_

11. Address at birth: (the home you were born in or brought home to at birth)

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How old were you when you moved from this residence? \_\_\_\_\_

Was this residence on a dirt road? Yes \_\_\_ No \_\_\_

Did you use well water for drinking and cooking? Yes \_\_\_ No \_\_\_

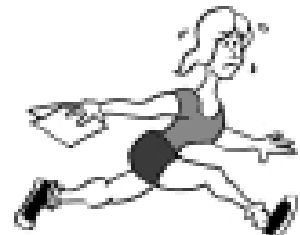
Did you have a dog or cat or other pet that spends time outside? Yes \_\_\_ No \_\_\_

12. As much as you can remember, in the following tables please list the physical addresses of the other places you have lived **for at least a year** during your lifetime prior to your current residence, and the years you lived there.

If you cannot remember the exact address, please include a landmark or cross street – for example, “a block from Newville Elementary School in Newville, CA” or “on Main Street near Cross Street in Newville, CA”) or include as much of the address as you can remember.

If you moved frequently within the same town or college campus over a period of more than one year, please list it as one address.

If you need more room, please continue on a separate piece of paper.



*This next part looks like a bear!*

Street Address (or landmark or cross street) for each residence where you have lived for more than one year	City	State	In what year did you move there?	In what year did you leave?	Was the home on a dirt road? (Y/N)	Did you use well water for cooking and drinking? (Y/N)	Did you have a dog or cat or other pet that spends time outside? (Y/N)

Street Address (or landmark or cross street) for each residence where you have lived for more than one year	City	State	In what year did you move there?	In what year did you leave?	Was the home on a dirt road? (Y/N)	Did you use well water for cooking and drinking? (Y/N)	Did you have a dog or cat or other pet that spends time outside? (Y/N)

### Vitamin and mineral supplements

13. Are you **currently** taking any vitamin or mineral supplements regularly (at least once per week)?

Yes \_\_\_ No \_\_\_ (If no, please skip to question 15)

If yes, which of the following do you take regularly? (please check the bottle for dosage info if you need to)

VITAMIN TYPE	HOW OFTEN?				What is the dose?
	DON'T TAKE	1-3 DAYS PER WEEK	4-6 DAYS PER WEEK	EVERY DAY	
Multiple vitamins (e.g. One-A-Day or Centrum)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Write the brand name at 14 below
Vitamin C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Zinc	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Iron	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

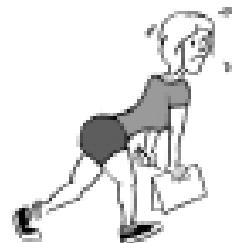
14. If you take a multi-vitamin, write the name of the brand here: \_\_\_\_\_

### Fish and produce consumption

15. In the last year, how often on average have you consumed the following?

	Never	Fewer than six times a year	Roughly once a month	Roughly once a week	More than once a week
Locally home-grown produce (how often you consume in season)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fish/shellfish from local lakes, reservoirs or streams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seafood (fish, shellfish or kelp)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Have you eaten fish or seafood in the last 72 hours? Yes \_\_\_ No \_\_\_



Gotta keep moving!

### Activities

17. While living in Gold Country, how often on average do you or did you participate in the following outdoor activities?

		Not applica- ble/ not living in Gold Coun- try	Never	Rarely	Roughly once a month	Roughly once a week	More than once a week
<b>Dirt biking/ OHV riding</b>	Under age 30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	In the past year	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	From age 30 to last year	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Hiking/Trail running</b>	Under age 30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	In the past year	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	From age 30 to last year	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Gardening</b>	Under age 30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	In the past year	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	From age 30 to last year	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



		Not applica- ble/ not living in Gold Coun- try	Never	Rarely	Roughly once a month	Roughly once a week	More than once a week
<b>Mountain biking/ horse- back riding</b>	Under age 30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	In the past year	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	From age 30 to last year	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Hunting</b>	Under age 30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	In the past year	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	From age 30 to last year	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Fishing</b>	Under age 30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	In the past year	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	From age 30 to last year	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Smoking history

18. Have you smoked more than 100 cigarettes in your entire life? Yes \_\_\_ No \_\_\_

If no, please skip to question 21

19. If yes, how old were you when you started smoking, and (if you no longer smoke) how old were you when you last smoked?

Age you began smoking \_\_\_\_\_

Age at which you last smoked (if you no longer smoke) \_\_\_\_\_

20. On average, about how many cigarettes did you or do you smoke per day?

- Less than 1
- 1-4
- 5-9
- 10-14
- 15-19
- 20-29
- 30-39
- 40 or more

21. Did your parents smoke in the house when you lived with them?

- Father only
- Mother only
- Both parents
- Neither parent

22. As an adult, have you lived with people who have smoked in the house?

- Never
- Rarely
- Some of the time
- Yes, usually
- Have lived alone

## And finally...

Would you like to receive a summary of your laboratory results?

Yes \_\_\_ No \_\_\_

If yes, how important is it to you to receive your individual laboratory results?

- Very
- Somewhat
- Not very
- Not at all

If asked, would you be willing to give a blood sample for future studies?

Yes \_\_\_ No \_\_\_



*I made it!*