



Spring  (days per week)  
Summer  (days per week)  
Fall  (days per week)  
Winter  (days per week)

B4. Over the past year, how many hours per day by season have you typically spent **on the synthetic fields/natural grass fields at this facility?**

Spring  (hours per day)  
Summer  (hours per day)  
Fall  (hours per day)  
Winter  (hours per day)

B5. Over the past year, what was the longest period of time that you spent **on the synthetic fields/natural grass fields at this facility** during a single day?

**Contact Types and**

(number of hours) **Scenarios per Each Type of Field Use**

Interviewer: I have several questions about the kinds of activities that you take part in specifically **on synthetic turf fields/natural grass fields installed at this facility.**

For the following question, please use one of the three responses (often, sometimes, and rarely/never). "Often" means > 50% of the time and "sometimes" means < 50%.

B6. How frequently do you do the following activities while **on synthetic fields/natural grass fields** at this facility each season?

	Dive on ground	Fall on ground	Sit on turf	Eat snacks	Drink
Spring	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Summer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fall	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Winter	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Inhalation Exposure-Related Questions**

B7. When using **synthetic fields/natural grass fields at this facility:**

What % of your time are you highly active, for example, running?

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

What % of your time are you moderately active, for example, jogging?

What % of the time do you have low activity, for example, walking?

What % of the time are you resting, for example, sitting or standing?

**Dermal and Non-dietary Ingestion Exposure-related Questions**

For the following questions, please use one of the four responses (every time, often, sometimes, or rarely/never):

	Every Time	Often	Some times	Rarely /Never
How often do you chew gum?	3	2	1	0
How often do you use a mouth guard?	3	2	1	0
How often do you eat?	3	2	1	0
How often do you drink?	3	2	1	0
How often do you play in the rain?	3	2	1	0
How often do you wipe your hands with a hand wipe before eating?	3	2	1	0
How often do you sweat heavily?	3	2	1	0
How often do you touch the turf with your hand?	3	2	1	0
How often do you touch the turf with your other body parts excluding hands?	3	2	1	0
How often do you sit on the turf with bare skin wearing shorts?	3	2	1	0
How often are you barefooted on the turf?	3	2	1	0
How often do you play with the turf materials or rubber granules? (This question will not be populated for the natural grass field users)	3	2	1	0
How often do you touch your mouth with your hands or fingers?	3	2	1	0
How often do you place non-food objects in your mouth like toothpicks, or pens or use your mouth to hold an object?	3	2	1	0

If rarely/never, skip next.

*What type of object do you most often place in your mouth while at this facility?*

How often to you get cuts or abrasions from contact with the turf?

3	2	1	0
---	---	---	---

If rarely/never, skip next.

*What is the body part that usually has the most cuts or abrasions: knee, elbow, hand, thigh, shin, or other?*

**B8. When using synthetic turf fields/natural grass fields at this facility:**

B9. What clothing do you typically wear in this facility during each season (check all that apply)?

	Spring	Summer	Fall	Winter
Shorts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short-sleeve shirt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long pants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-sleeve shirt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Socks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helmet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Tire Crumb Take-Home Questions**

For the following questions, please use one of the four responses (every time, often, sometimes, or rarely/never):

B10. After using this facility:

How often do you notice tire crumbs, dirt, or debris

	Every Time	Often	Sometimes	Rarely/Never
on your body?	3	2	1	0
in your car?	3	2	1	0
in your home?	3	2	1	0
In your laundry room/mudroom?	3	2	1	0
In your living room?	3	2	1	0
In your bedroom?	3	2	1	0
In your bathroom(s)?	3	2	1	0

**Post-Use Hygiene Practices Questions**

For the following questions, please use one of the four responses (every time, often, sometimes, or rarely/never):

B11. After using this facility:

	Every Time	Often	Sometimes	Rarely/Never
How often do you take shower and change clothes immediately after engaging in activities on the synthetic turf at this facility?	3	2	1	0
How often do you take actions to prevent tire crumbs from getting into your car?	3	2	1	0
How often do you wipe or remove shoes/equipment before entering your home?	3	2	1	0

For the following questions, please use one of the six responses (never, once a month, 2 to 3 times a month, once a week, 2-3 times a week, or four or more times a week).

B12. At other locations:

	Never	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 or more times a week
How often have you played on any other synthetic turf fields/ <i>natural grass fields</i> during the past year?	0	1	2	3	4	5
How often have you played on any synthetic turf fields/ <i>natural grass fields</i> in the last five years?	0	1	2	3	4	5
How often have you played on any <i>natural grass fields</i> /synthetic turf fields during the past year?	0	1	2	3	4	5
How often have you played on any <i>natural grass fields</i> /synthetic turf fields in the last five years?	0	1	2	3	4	5
How often have you played on playgrounds with rubber mulch, mats or synthetic turf during the past year?	0	1	2	3	4	5
How often have you played on playgrounds with rubber mulch, mats or synthetic turf during in the last five years?	0	1	2	3	4	5

**General Hygiene Questions**

B13. How many times in general do you wash hands per day?

B14. How many times in general do you bathe or shower per week?

**Exposure-related Questions**

C1. How do you go to work/school on a typical day?  Car  School bus  
 Bike  Walk  Other

C2. How much time does it take you to get to school/work on a typical day? \_\_\_\_\_

C3. How did you get to the practice field today?  Car  School bus  
 Bike  Walk  Other

C4. How much time did it take you to get to practice today? \_\_\_\_\_

C5. Did you eat grilled, barbequed, smoked, or deep fried food during the last 24 hours?

Yes  No

C5a. If yes, please describe which of the food described above that you ate and when? (Hint: Barbequed chicken, grilled steak)

\_\_\_\_\_

**General Demographic Questions**

D1. How old are you?

D2. Are you male or female?  Male  Female  Refused

D3. Do you consider yourself to be Hispanic or Latino?  Yes  No  Refused

D4. Which of the following categories best describes your race? (select one or more)

<input type="radio"/> Native American Indian or Alaska Native	<input type="radio"/> Black or African American	<input type="radio"/> White	<input type="radio"/> Don't know
<input type="radio"/> Asian	<input type="radio"/> Native Hawaiian or Other Pacific Islander	<input type="radio"/> Refused	

D5. How tall are you?  (ft)  (in)

D6. How much do you weigh?  (lbs)

D7. Are you still in school?  yes  no

If so, what is your current grade in school?

- 7<sup>th</sup>
- 8<sup>th</sup>
- 9<sup>th</sup>
- 10<sup>th</sup>
- 11<sup>th</sup>
- 12<sup>th</sup>
- Technical School
- College
- Graduate School
- Other
- Refused

Specify Other Grade

D8. If No, what is your highest education level?

- 11<sup>th</sup> or less
- High School Graduate/ GED
- Post High School Training
- Some College
- College Graduate School
- Post-graduate
- Other
- Refused

D9. What is your occupation?

***This concludes the survey. Thank you for your time. I know that your time is valuable.***

***If you have any questions or concerns, please, refer to the contact sheet for information on who to contact.***