

## Participate in the Aliso Canyon Disaster **Resident Health Survey**

Dear Name or Current Resident,

*Address Block Line 1*

*Address Block Line 2*

The UCLA Aliso Canyon Disaster Health Research Study team invites you to participate in an anonymous and confidential health Survey of individuals who lived in the area during the 2015-2016 Aliso Canyon blowout disaster. This Survey is a crucial component of the overall assessment of the health effects of the disaster.

**Your participation in this is very important.** You will contribute to a greater understanding of the health effects associated with exposure to pollutants from the blowout and ongoing facility operations. By completing the Survey, you may have an additional opportunity to participate in clinical assessments.

**Only one adult from your household who lived there during the 2015-2016 blowout disaster can participate in the Survey.**

### WANT TO PARTICIPATE?

1. **DRAFT** Go to the Link: <https://ucla.in/41sibDa> or scan this QR code
2. Answer a few questions to confirm you're eligible
3. Enter the Subject ID code to begin: \_\_\_\_\_  
*This ID is unique to your household. Please do not share.*



### WHAT DOES MY PARTICIPATION INVOLVE AND HOW LONG WILL IT TAKE?

1. You will be asked to take a 30-40-minute Survey that will include questions about your experiences with the blowout, exposures to the environment, symptoms and health conditions.

2. At the end of the Survey, you will be asked if you agree to participate in a clinical assessment at a later date to measure your blood pressure, lung function (using a device that requires you to blow air), and collect a small blood sample to measure potential chemical exposures. The study team will randomly select people to participate in the clinical assessment from those who take the Survey and consent to the assessment.

## WILL I BE PAID FOR MY PARTICIPATION?

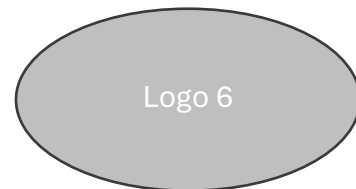
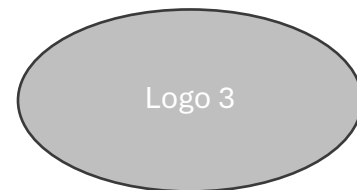
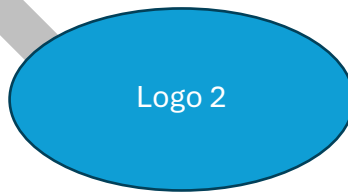
You will receive a \$35 Amazon e-gift card for completing the Survey and a \$70 Amazon e-gift card for completing the clinical assessment (if selected).

Contact us at [alisostudy@ucla.edu](mailto:alisostudy@ucla.edu), if you can't access the consent or Survey online (we offer alternatives by telephone and in-person) or if you have any questions, technical issues, or concerns about the research.

For more information visit:

<https://alisostudy.ucla.edu/study-overview/study-approach/resident-health-survey/>

These organizations join us in encouraging your participation:



If you have questions, concerns or suggestions about your rights as a research subject you may contact the UCLA Office of the Human Research Protection Program (OHRPP) by phone: (310) 206-2040; by email: [participants@research.ucla.edu](mailto:participants@research.ucla.edu) or by mail: Box 951406, Los Angeles, CA 90095-1406.

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