

Thanks for doing the survey!

* 1. In the past 7 days, roughly how much total time have you spent in the ocean?

☐

None

☐

3-4 hours

☐

less than 1 hour

☐

4-6 hours

☐

1-2 hours

☐

more than 6 hours

☐

2-3 hours

2. In the past week, where did you surf/spend time in the ocean?

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

* 3. Have you had any of these health symptoms in the past seven days (check all that apply)?

- | | | |
|--|--|---|
| <input type="checkbox"/> Headache | <input type="checkbox"/> Fever | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Diarrhea or loose stools | <input type="checkbox"/> Chills | <input type="checkbox"/> infection of open cuts/sores/wounds |
| <input type="checkbox"/> Stomach pain or cramps | <input type="checkbox"/> Throwing up or vomiting | <input type="checkbox"/> Sunburn |
| <input type="checkbox"/> Earache, ear infection, or discharge | <input type="checkbox"/> Nausea | <input type="checkbox"/> neck pain |
| <input type="checkbox"/> Eye infection, irritation, or redness | <input type="checkbox"/> Flu | <input type="checkbox"/> back pain |
| <input type="checkbox"/> Skin rash or itchy skin | <input type="checkbox"/> Cold | <input type="checkbox"/> shoulder pain |
| <input type="checkbox"/> Sore throat | <input type="checkbox"/> Swollen glands | <input type="checkbox"/> short term memory problem |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Respiratory irritation | <input type="checkbox"/> seizures |
| <input type="checkbox"/> Sneezing | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Went to health care provider due to symptoms |
| <input type="checkbox"/> Nasal congestion | <input type="checkbox"/> Confusion/disorientation | <input type="checkbox"/> No |
| <input type="checkbox"/> Runny nose/excessive mucus | <input type="checkbox"/> Trouble breathing/shortness of breath | |
| <input type="checkbox"/> Sinus infection or sinus pain | <input type="checkbox"/> Allergies | |

Other (please specify)

4. Do you think any of these symptoms were due to allergies or asthma?

- | | |
|---|---|
| <input type="checkbox"/> Yes, allergies | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes, asthma | <input type="checkbox"/> I didn't have any symptoms |

Other (please specify)

* 5. Have any people that you live with been sick in the past week with any of the following (check all that apply)?

- | | | |
|--|---|--|
| <input type="checkbox"/> Diarrhea or loose bowels | <input type="checkbox"/> Sore throat or cough | <input type="checkbox"/> Throwing up or vomiting |
| <input type="checkbox"/> Stomach pain or cramps | <input type="checkbox"/> Fever | <input type="checkbox"/> Nasal congestion |
| <input type="checkbox"/> Earache, ear infection, or discharge | <input type="checkbox"/> Chills | <input type="checkbox"/> Runny nose |
| <input type="checkbox"/> Eye infection, irritation, or redness | <input type="checkbox"/> Cold | <input type="checkbox"/> Nausea |
| <input type="checkbox"/> Skin rash or itchy skin | <input type="checkbox"/> Flu | <input type="checkbox"/> No |

Other (please specify)

* 6. How do you support ocean conservation?

- ☐ Spend time in the ocean
- ☐ Talk with friends/family about ocean issues
- ☐ Reduce my carbon footprint
- ☐ Reduce use of plastic products
- ☐ Volunteer or docent for an ocean nonprofit
- ☐ Donate money to ocean nonprofits
- ☐ Eat sustainable seafood, eat local fish, eat wild fish
- ☐ Contact government representatives and lawmakers about ocean issues
- ☐ Vote in support of ocean conservation issues
- ☐ Prevent chemicals, pesticides, & fertilizers at home from going down the storm drain
- ☐ Other (please specify)

* 7. How did spending time in the ocean impact your health in the past seven days?

Please check all that apply.

- | | | |
|--|---|--|
| <input type="checkbox"/> calming/relaxing, decreased anxiety/stress | <input type="checkbox"/> increased pain, physical workout | <input type="checkbox"/> improved life satisfaction |
| <input type="checkbox"/> increased stress/anxiety | <input type="checkbox"/> slept better | <input type="checkbox"/> felt more generous |
| <input type="checkbox"/> anger with bad etiquette of new surfers | <input type="checkbox"/> increased happiness, got stoked | <input type="checkbox"/> it's my refuge |
| <input type="checkbox"/> awe inspiring | <input type="checkbox"/> improved mood | <input type="checkbox"/> spiritual connection |
| <input type="checkbox"/> got injured - cuts, sprains, stitches, concussion | <input type="checkbox"/> no benefit | <input type="checkbox"/> better productivity at work |
| <input type="checkbox"/> decreased depression | <input type="checkbox"/> connected with friends & others | |
| <input type="checkbox"/> pain relief | <input type="checkbox"/> time felt more plentiful | |

Other (please specify)

8. In the past 7 days have you

- ☐ Come in contact with someone who complained of having diarrhea, vomiting, or stomach illness
- ☐ Touched or come in contact with animal feces
- ☐ Eaten raw eggs
- ☐ Eaten raw seafood (raw fish or raw shellfish)
- ☐ Eaten unpasteurized/raw milk cheese or yogurt
- ☐ None of the above

9. What type of ocean activities did you do this past week?

- | | | |
|--------------------------------|--|---|
| <input type="checkbox"/> surf | <input type="checkbox"/> spear fishing | <input type="checkbox"/> boogie board |
| <input type="checkbox"/> SUP | <input type="checkbox"/> snorkel | <input type="checkbox"/> wind surf/ kite surf |
| <input type="checkbox"/> kayak | <input type="checkbox"/> swim | <input type="checkbox"/> none |

Other (please specify)

10. Comments