



PERSONAL CARE QUESTIONNAIRE - V3

Please give your completed form to the EMSI examiner.

Instructions:

- Please use the enclosed pen or any **DARK BLUE OR BLACK BALLPOINT PEN** to fill out this form.
- Mark only one answer for each question unless otherwise indicated.
- Do not write comments on the form.
- Please keep this questionnaire clean, flat, and dry.
- Do not fold or tear any of the pages.

Fill in the bubbles **COMPLETELY** for each of the questions in this form.

Like this: ● Not like this: ⊗ ⊙

If you must change an answer, please mark a single horizontal line through it and bubble in the correct answer completely.

Like this: ●~~YES~~ Not like this: ⊙~~YES~~

Please write responses without touching the sides of the boxes.

Like this:

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When writing dates, please follow this example.

EXAMPLE: June 7, 2004 =

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(month) (day) (year)

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0522). Do not return the completed form to this address.



Personal Care Products

These questions ask about products you may have used during two time periods - when you were ages 10-13, and now. You may need to look at the labels of products you are currently using to answer some of the questions. Unless the question specifically asks about applying the products to others, we are interested in products you personally used on or for yourself. This includes times when someone else may have applied a product to you (such as at a salon).

Today's Date: / / 20
(month) (day) (year)

1. During the ages of 10-13, about how often did you use eyelash mascara? (Mark one.)
 - Did not use
 - Sometimes
 - Frequently
 - Don't know
2. In the past 12 months, how frequently have you used eyelash mascara? (Mark one.)
 - Did not use
 - Less than once a month
 - 1-3 times per month
 - 1-5 times per week
 - More than 5 times per week
3. During the ages of 10-13, about how often did you use eye shadow? (Mark one.)
 - Did not use
 - Sometimes
 - Frequently
 - Don't know
4. In the past 12 months, how frequently have you used eye shadow? (Mark one.)
 - Did not use
 - Less than once a month
 - 1-3 times per month
 - 1-5 times per week
 - More than 5 times per week
5. In the past 12 months, what types of eye shadow have you usually used? (Mark all that apply.)
 - Did not use
 - Cream
 - Powder
 - Pencil
 - Liquid

Please use a ballpoint pen for this form

6. During the ages of 10-13, about how often did you use eyeliner? (*Mark one.*)

- Did not use
- Sometimes
- Frequently
- Don't know

7. In the past 12 months, how frequently have you used eyeliner? (*Mark one.*)

- Did not use
- Less than once a month
- 1-3 times per month
- 1-5 times per week
- More than 5 times per week

8. In the past 12 months, what types of eyeliner have you usually used? (*Mark all that apply.*)

- Did not use
- Pencil (including gel)
- Liquid

9. During the ages of 10-13, about how often did you use lipstick? Do not include lip moisturizers like Chapstick or gloss. (*Mark one.*)

- Did not use
- Sometimes
- Frequently
- Don't know

10. In the past 12 months, how frequently have you used lipstick? Do not include lip moisturizers like Chapstick or gloss. (*Mark one.*)

- Did not use
- Less than once a month
- 1-3 times per month
- 1-5 times per week
- More than 5 times per week

11. During the ages of 10-13, about how often did you use lip moisturizers like Chapstick or gloss? (*Mark one.*)

- Did not use
- Sometimes
- Frequently
- Don't know

12. In the past 12 months, how frequently have you used lip moisturizers like Chapstick or gloss? (*Mark one.*)

- Did not use
 - Less than once a month
 - 1-3 times per month
 - 1-5 times per week
 - More than 5 times per week
-

13. During the ages of 10-13, about how often did you use foundation makeup? (*Mark one.*)

- Did not use
- Sometimes
- Frequently
- Don't know

14. In the past 12 months, how frequently have you used foundation makeup? (*Mark one.*)

- Did not use
- Less than once a month
- 1-3 times per month
- 1-5 times per week
- More than 5 times per week

15. In the past 12 months, what types of foundation makeup have you usually used? (*Mark all that apply.*)

- Did not use
 - Cream
 - Powder
 - Liquid
-

16. During the ages of 10-13, about how often did you use blush or rouge? (*Mark one.*)

- Did not use
- Sometimes
- Frequently
- Don't know

17. In the past 12 months, how frequently have you used blush or rouge? (*Mark one.*)

- Did not use
- Less than once a month
- 1-3 times per month
- 1-5 times per week
- More than 5 times per week

Please use a ballpoint pen for this form

18. In the past 12 months, what types of **blush or rouge** have you usually used? (*Mark all that apply.*)
- Did not use
 - Cream
 - Powder
 - Liquid
 - Gel
-

19. During the ages of 10-13, about how often did you use **makeup remover**? (*Mark one.*)
- Did not use
 - Sometimes
 - Frequently
 - Don't know

20. In the past 12 months, how frequently have you used **makeup remover**? (*Mark one.*)
- Did not use
 - Less than once a month
 - 1-3 times per month
 - 1-5 times per week
 - More than 5 times per week
-

21. During the ages of 10-13, about how often did you use **cleansing cream**? Do not include astringents or alcohol. (*Mark one.*)
- Did not use
 - Sometimes
 - Frequently
 - Don't know

22. In the past 12 months, how frequently have you used **cleansing cream**? Do not include astringents or alcohol. (*Mark one.*)
- Did not use
 - Less than once a month
 - 1-3 times per month
 - 1-5 times per week
 - More than 5 times per week
-

23. During the ages of 10-13, about how often did you use **face creams or moisturizers** (day or night)? (*Mark one.*)
- Did not use
 - Sometimes
 - Frequently
 - Don't know

24. In the past 12 months, how frequently have you used face creams or moisturizers (day or night)? (*Mark one.*)

- Did not use
 - Less than once a month
 - 1-3 times per month
 - 1-5 times per week
 - More than 5 times per week
-

25. During the ages of 10-13, about how often did you use facial masks? (*Mark one.*)

- Did not use
- Sometimes
- Frequently
- Don't know

26. In the past 12 months, how frequently have you used facial masks? (*Mark one.*)

- Did not use
 - Less than once a month
 - 1-3 times per month
 - 1-5 times per week
 - More than 5 times per week
-

27. In the past 12 months, how frequently have you used anti-aging or wrinkle products? (*Mark one.*)

- Did not use
 - Less than once a month
 - 1-3 times per month
 - 1-5 times per week
 - More than 5 times per week
-

28. In the past 12 months, how frequently have you used age spot lightener? (*Mark one.*)

- Did not use
 - Less than once a month
 - 1-3 times per month
 - 1-5 times per week
 - More than 5 times per week
-

29. During the ages of 10-13, about how often did you use blemish or acne products? (*Mark one.*)

- Did not use
- Sometimes
- Frequently
- Don't know

Please use a ballpoint pen for this form

30. In the past 12 months, how frequently have you used **blemish or acne products**? (*Mark one.*)

- Did not use
- Less than once a month
- 1-3 times per month
- 1-5 times per week
- More than 5 times per week

31. In the past 12 months, what types of **blemish or acne products** have you usually used? (*Mark all that apply.*)

- Did not use
 - Cream or lotion
 - Liquid
 - Powder
 - Gel
-

32. During the ages of 10-13, about how often did you use **skin lighteners**? (*Mark one.*)

- Did not use
- Sometimes
- Frequently
- Don't know

33. In the past 12 months, how frequently have you used **skin lighteners**? (*Mark one.*)

- Did not use
- Less than once a month
- 1-3 times per month
- 1-5 times per week
- More than 5 times per week

34. In the past 12 months, what types of **skin lighteners** have you usually used? (*Mark all that apply.*)

- Did not use
 - Spray
 - Cream or lotion
-

35. During the ages of 10-13, about how often did you use **self-tanning products**? (*Mark one.*)

- Did not use
- Sometimes
- Frequently
- Don't know

36. In the past 12 months, how frequently have you used self-tanning products? (*Mark one.*)

- Did not use
- Less than once a month
- 1-3 times per month
- 1-5 times per week
- More than 5 times per week

37. In the past 12 months, what types of self-tanning products have you usually used? (*Mark all that apply.*)

- Did not use
- Spray
- Cream or lotion
- Gel

38. During the ages of 10-13, about how often did you use baby oil or other mineral-based oils on your skin? (*Mark one.*)

- Did not use
- Sometimes
- Frequently
- Don't know

39. In the past 12 months, how frequently have you used baby oil or other mineral-based oils on your skin? (*Mark one.*)

- Did not use
- Less than once a month
- 1-3 times per month
- 1-5 times per week
- More than 5 times per week

40. During the ages of 10-13, about how often did you use petroleum jelly on your skin? (*Mark one.*)

- Did not use
- Sometimes
- Frequently
- Don't know

41. In the past 12 months, how frequently have you used petroleum jelly on your skin? (*Mark one.*)

- Did not use
- Less than once a month
- 1-3 times per month
- 1-5 times per week
- More than 5 times per week

Please use a ballpoint pen for this form

42. During the ages of 10-13, about how often did you use **body lotions or creams**? (*Mark one.*)

- Did not use
- Sometimes
- Frequently
- Don't know

43. In the past 12 months, how frequently have you used **body lotions or creams**? (*Mark one.*)

- Did not use
 - Less than once a month
 - 1-3 times per month
 - 1-5 times per week
 - More than 5 times per week
-

44. During the ages of 10-13, about how often did you use **hand lotions or creams**? (*Mark one.*)

- Did not use
- Sometimes
- Frequently
- Don't know

45. In the past 12 months, how frequently have you used **hand lotions or creams**? (*Mark one.*)

- Did not use
 - Less than once a month
 - 1-3 times per month
 - 1-5 times per week
 - More than 5 times per week
-

46. During the ages of 10-13, about how often did you use **foot creams or moisturizers**? (*Mark one.*)

- Did not use
- Sometimes
- Frequently
- Don't know

47. In the past 12 months, how frequently have you used **foot creams or moisturizers**? (*Mark one.*)

- Did not use
 - Less than once a month
 - 1-3 times per month
 - 1-5 times per week
 - More than 5 times per week
-

48. During the ages of 10-13, about how often did you use deodorant and/or antiperspirant? (Mark one.)
- Did not use
 - Sometimes
 - Frequently
 - Don't know
49. In the past 12 months, how frequently have you used deodorant and/or antiperspirant? (Mark one.)
- Did not use
 - Less than once a month
 - 1-3 times per month
 - 1-5 times per week
 - More than 5 times per week
50. In the past 12 months, what types of deodorant and/or antiperspirant have you usually used? (Mark all that apply.)
- Did not use
 - Spray
 - Solid
 - Liquid
 - Gel
 - Cream
51. In the past 12 months, did you usually use...? (Mark one.)
- Did not use
 - Deodorant only
 - Antiperspirant only
 - Deodorant and antiperspirant combined
-
52. During the ages of 10-13, about how often did you **douche**? (Mark one.)
- Did not use
 - Sometimes
 - Frequently
 - Don't know
53. In the past 12 months, how frequently have you **douched**? (Mark one.)
- Did not use
 - Less than once a month
 - 1-3 times per month
 - 1-5 times per week
 - More than 5 times per week

-
54. During the ages of 10-13, about how often did you apply talcum powder under your arms? (Mark one.)
- Did not use
 - Sometimes
 - Frequently
 - Don't know

55. In the past 12 months, how frequently have you applied talcum powder under your arms? (Mark one.)
- Did not use
 - Less than once a month
 - 1-3 times per month
 - 1-5 times per week
 - More than 5 times per week

56. In the past 12 months, what types of talcum powder have you usually used under your arms? (Mark all that apply.)
- Did not use
 - Powder
 - Spray

-
57. During the ages of 10-13, about how often did you apply talcum powder to a sanitary napkin, underwear, diaphragm, cervical cap, or directly to your vaginal area? (Mark one.)
- Did not use
 - Sometimes
 - Frequently
 - Don't know

58. In the past 12 months, how frequently have you applied talcum powder to a sanitary napkin, underwear, diaphragm, cervical cap, or directly to your vaginal area? (Mark one.)
- Did not use
 - Less than once a month
 - 1-3 times per month
 - 1-5 times per week
 - More than 5 times per week

59. In the past 12 months, what types of talcum powder have you usually used on a sanitary napkin, underwear, diaphragm, cervical cap, or your vaginal area? (Mark all that apply.)
- Did not use
 - Powder
 - Spray
-

60. During the ages of 10-13, about how often did you apply talcum powder to other parts of your body? (Mark one.)
- Did not use
 - Sometimes
 - Frequently
 - Don't know
61. In the past 12 months, how frequently have you applied talcum powder to other parts of your body? (Mark one.)
- Did not use
 - Less than once a month
 - 1-3 times per month
 - 1-5 times per week
 - More than 5 times per week
62. In the past 12 months, what types of talcum powder have you usually used on other parts of your body? (Mark all that apply.)
- Did not use
 - Powder
 - Spray

63. During the ages of 10-13, about how often did you use mouthwash or rinse? (Mark one.)
- Did not use
 - Sometimes
 - Frequently
 - Don't know
64. In the past 12 months, how frequently have you used mouthwash or rinse? (Mark one.)
- Did not use
 - Less than once a month
 - 1-3 times per month
 - 1-5 times per week
 - More than 5 times per week

65. During the ages of 10-13, about how often did you use bath or shower gel? (Mark one.)
- Did not use
 - Sometimes
 - Frequently
 - Don't know

Please use a ballpoint pen for this form

66. In the past 12 months, how frequently have you used bath or shower gel? (Mark one.)

- Did not use
 - Less than once a month
 - 1-3 times per month
 - 1-5 times per week
 - More than 5 times per week
-

67. During the ages of 10-13, about how often did you shave under your arms? (Mark one.)

- Did not use
- Sometimes
- Frequently
- Don't know

68. In the past 12 months, how frequently have you shaved under your arms? (Mark one.)

- Did not use
 - Less than once a month
 - 1-3 times per month
 - 1-5 times per week
 - More than 5 times per week
-

69. During the ages of 10-13, about how often did you use shaving creams or gels? (Mark one.)

- Did not use
- Sometimes
- Frequently
- Don't know

70. In the past 12 months, how frequently have you used shaving creams or gels? (Mark one.)

- Did not use
 - Less than once a month
 - 1-3 times per month
 - 1-5 times per week
 - More than 5 times per week
-

71. During the ages of 10-13, about how often did you use shampoo? (Mark one.)

- Did not use
- Sometimes
- Frequently
- Don't know

72. In the past 12 months, how frequently have you used **shampoo**? (*Mark one.*)

- Did not use
 - Less than once a month
 - 1-3 times per month
 - 1-5 times per week
 - More than 5 times per week
-

73. During the ages of 10-13, about how often did you use **hair conditioner, creme rinse, or detangler**? (*Mark one.*)

- Did not use
- Sometimes
- Frequently
- Don't know

74. In the past 12 months, how frequently have you used **hair conditioner, creme rinse, or detangler**? (*Mark one.*)

- Did not use
- Less than once a month
- 1-3 times per month
- 1-5 times per week
- More than 5 times per week

75. In the past 12 months, what types of **hair conditioner, creme rinse, or detangler** have you usually used? (*Mark all that apply.*)

- Did not use
 - Rinse-off
 - Non rinse-off
-

76. During the ages of 10-13, about how often did you use **hair spray**? (*Mark one.*)

- Did not use
- Sometimes
- Frequently
- Don't know

77. In the past 12 months, how frequently have you used **hair spray**? (*Mark one.*)

- Did not use
 - Less than once a month
 - 1-3 times per month
 - 1-5 times per week
 - More than 5 times per week
-

Please use a ballpoint pen for this form

78. During the ages of 10-13, about how often did you use **hair styling gel or mousse**? (*Mark one.*)

- Did not use
- Sometimes
- Frequently
- Don't know

79. In the past 12 months, how frequently have you used **hair styling gel or mousse**? (*Mark one.*)

- Did not use
- Less than once a month
- 1-3 times per month
- 1-5 times per week
- More than 5 times per week

80. During the ages of 10-13, about how often did you use **pomade or hair grease**? (*Mark one.*)

- Did not use
- Sometimes
- Frequently
- Don't know

81. In the past 12 months, how frequently have you used **pomade or hair grease**? (*Mark one.*)

- Did not use
- Less than once a month
- 1-3 times per month
- 1-5 times per week
- More than 5 times per week

82. During the ages of 10-13, about how often did you use **hair food**? (*Mark one.*)

- Did not use
- Sometimes
- Frequently
- Don't know

83. In the past 12 months, how frequently have you used **hair food**? (*Mark one.*)

- Did not use
- Less than once a month
- 1-3 times per month
- 1-5 times per week
- More than 5 times per week

84. During the ages of 10-13, about how often did you or someone else apply permanent hair dye to your hair (the type that shows your hair "roots" as the color grows out)? (Mark one.)
- Did not use
 - Sometimes
 - Frequently
 - Don't know
85. In the past 12 months, how frequently have you or someone else applied permanent hair dye to your hair (the type that shows your hair "roots" as the color grows out)? (Mark one.)
- Did not use
 - 1-2 times a year
 - Every 3-4 months
 - Every 5-8 weeks
 - Once a month
 - More than once a month
86. In the past 12 months, what colors of permanent hair dye have you usually used? (Mark all that apply.)
- Did not use
 - Dark colors (black, brown, auburn/dark red)
 - Light colors (blonde, light red)
87. How many years in total have you used permanent hair dye? (Mark one.)
- Did not use
 - Less than 5 years
 - 5-9 years
 - 10 or more years
-
88. During the ages of 10-13, about how often did you apply permanent hair dye to someone else's hair? Please do not include times you did this as part of a job. (Mark one.)
- Did not do
 - Sometimes
 - Frequently
 - Don't know
89. In the past 12 months, how frequently have you applied permanent hair dye to someone else's hair? Please do not include times you did this as part of a job. (Mark one.)
- Did not do
 - 1-2 times a year
 - Every 3-4 months
 - Every 5-8 weeks
 - Once a month
 - More than once a month

-
90. During the ages of 10-13, about how often did you or someone else apply semi-permanent hair dye to your hair (the type that fades in 6-8 weeks)? (*Mark one.*)
- Did not use
 - Sometimes
 - Frequently
 - Don't know
91. In the past 12 months, how frequently have you or someone else applied semi-permanent hair dye to your hair (the type that fades in 6-8 weeks)? (*Mark one.*)
- Did not use
 - 1-2 times a year
 - Every 3-4 months
 - Every 5-8 weeks
 - Once a month
 - More than once a month
92. In the past 12 months, what colors of semi-permanent hair dye have you usually used? (*Mark all that apply.*)
- Did not use
 - Dark colors (black, brown, auburn/dark red)
 - Light colors (blonde, light red)
93. How many years in total have you used semi-permanent hair dye? (*Mark one.*)
- Did not use
 - Less than 5 years
 - 5-9 years
 - 10 or more years

-
94. During the ages of 10-13, about how often did you apply semi-permanent hair dye to someone else's hair? Please do not include times you did this as part of a job. (*Mark one.*)
- Did not do
 - Sometimes
 - Frequently
 - Don't know
95. In the past 12 months, how frequently have you applied semi-permanent hair dye to someone else's hair? Please do not include times you did this as part of a job. (*Mark one.*)
- Did not do
 - 1-2 times a year
 - Every 3-4 months
 - Every 5-8 weeks
 - Once a month
 - More than once a month
-

96. During the ages of 10-13, about how often did you or someone else apply hair coloring rinses to your hair (often shampooed in, fades after several washings)? (*Mark one.*)
- Did not use
 - Sometimes
 - Frequently
 - Don't know
97. In the past 12 months, how frequently have you or someone else applied hair coloring rinses to your hair (often shampooed in, fades after several washings)? (*Mark one.*)
- Did not use
 - 1-2 times a year
 - Every 3-4 months
 - Every 5-8 weeks
 - Once a month
 - More than once a month
-
98. During the ages of 10-13, about how often did you or someone else apply products to bleach **your hair**? Do not include "Sun In" type products. (*Mark one.*)
- Did not use
 - Sometimes
 - Frequently
 - Don't know
99. In the past 12 months, how frequently have you or someone else applied products to bleach **your hair**? Do not include "Sun In" type products. (*Mark one.*)
- Did not use
 - 1-2 times a year
 - Every 3-4 months
 - Every 5-8 weeks
 - Once a month
 - More than once a month
-
100. During the ages of 10-13, about how often did you or someone else frost or highlight your hair? (*Mark one.*)
- Did not use
 - Sometimes
 - Frequently
 - Don't know

101. In the past 12 months, how frequently have you or someone else **frosted or highlighted your hair?** (*Mark one.*)
- Did not use
 - 1-2 times a year
 - Every 3-4 months
 - Every 5-8 weeks
 - Once a month
 - More than once a month
-

102. During the ages of 10-13, about how often did you or someone else **straighten or relax your hair, or use hair pressing products?** (*Mark one.*)
- Did not use
 - Sometimes
 - Frequently
 - Don't know

103. In the past 12 months, how frequently have you or someone else **straightened or relaxed your hair, or used hair pressing products?** (*Mark one.*)
- Did not use
 - 1-2 times a year
 - Every 3-4 months
 - Every 5-8 weeks
 - Once a month
 - More than once a month
-

104. During the ages of 10-13, about how often did you **straighten or relax someone else's hair, or use hair pressing products on someone else?** Please do not include times you did this as part of a job. (*Mark one.*)
- Did not do
 - Sometimes
 - Frequently
 - Don't know

105. In the past 12 months, how frequently have you **straightened or relaxed someone else's hair, or used hair pressing products on someone else?** Please do not include times you did this as part of a job. (*Mark one.*)
- Did not do
 - 1-2 times a year
 - Every 3-4 months
 - Every 5-8 weeks
 - Once a month
 - More than once a month
-

106. During the ages of 10-13, about how often did you or someone else apply hair permanents or body waves to your hair? (Mark one.)
- Did not use
 - Sometimes
 - Frequently
 - Don't know

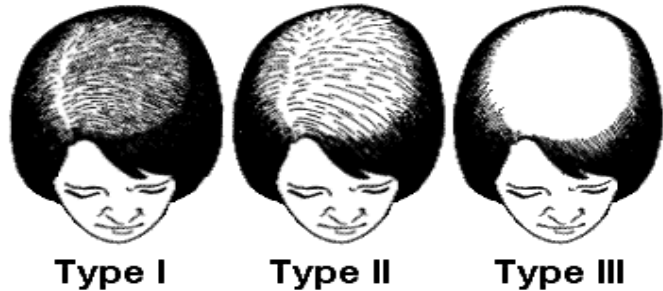
107. In the past 12 months, how frequently have you or someone else applied hair permanents or body waves to your hair? (Mark one.)
- Did not use
 - 1-2 times a year
 - Every 3-4 months
 - Every 5-8 weeks
 - Once a month
 - More than once a month

108. Have you noticed your hair thinning?

YES →

109. Below are several examples of thinning hair. Use these pictures as a guide to the amount, not the location, of thinning hair. Which of the following examples best resembles your amount of thinning? (Mark one.)

- Type I
- Type II
- Type III
- None of these



Type I

Type II

Type III

NO



GO TO
QUESTION
111

110. At what age did you first notice your hair thinning?

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AGE

111. Have you experienced complete hair loss?

YES →

112. What is the reason for your loss of hair? (Mark one.)

- Alopecia
- Chemotherapy or other medical treatment
- Other

NO



GO TO
QUESTION
114

113. At what age did you first experience complete hair loss?

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AGE

114. In the past 12 months, how frequently have you used Minoxidil or Rogaine (applied directly to the scalp)? (*Mark one.*)
- Did not use
 - Less than once a month
 - 1-3 times per month
 - 1-5 times per week
 - More than 5 times per week
-
115. In the past 12 months, how frequently have you taken pills, such as Propecia, to prevent or reduce hair loss? (*Mark one.*)
- Did not use
 - Less than once a month
 - 1-3 times per month
 - 1-5 times per week
 - More than 5 times per week
116. How many years in total have you taken pills, such as Propecia, to prevent or reduce hair loss? (*Mark one.*)
- Did not use
 - Less than 1 year
 - 1-2 years
 - 3-4 years
 - 5 or more years
-
117. What percentage of your head hair is **naturally gray** right now? If you color your hair, what percentage would be gray if you didn't color it? (*Mark one.*)
- Not gray at all
 - Less than 25%
 - 26-49%
 - 50-74%
 - 75-99%
 - 100%
 - Don't know
- 117a. How old were you when your hair turned at least 50% gray? (*Mark one.*)
- My hair is not gray at all or it is less than 50% gray
 - I was younger than 40
 - I was between 40 and 49
 - I was 50 years of age or older
 - I don't know if my hair is 50% gray
 - I know my hair is at least 50% gray but I don't know how old I was when it happened

118. During the ages of 10-13, about how often did you or someone else apply nail polish to your **fingernails or toenails**? (*Mark one.*)
- Did not use
 - Sometimes
 - Frequently
 - Don't know
119. In the past 12 months, how frequently have you or someone else applied nail polish to your **fingernails or toenails**? (*Mark one.*)
- Did not use
 - Less than once a month
 - 1-3 times per month
 - 1-5 times per week
 - More than 5 times per week
120. During the ages of 10-13, about how often did you or someone else apply nail polish remover to your **fingernails or toenails**? (*Mark one.*)
- Did not use
 - Sometimes
 - Frequently
 - Don't know
121. In the past 12 months, how frequently have you or someone else applied nail polish remover to your **fingernails or toenails**? (*Mark one.*)
- Did not use
 - Less than once a month
 - 1-3 times per month
 - 1-5 times per week
 - More than 5 times per week
122. During the ages of 10-13, about how often did you or someone else apply cuticle cream to your **fingernails or toenails**? (*Mark one.*)
- Did not use
 - Sometimes
 - Frequently
 - Don't know
123. In the past 12 months, how frequently have you or someone else applied cuticle cream to your **fingernails or toenails**? (*Mark one.*)
- Did not use
 - Less than once a month
 - 1-3 times per month
 - 1-5 times per week
 - More than 5 times per week

124. During the ages of 10-13, about how often did you get **artificial nails or fill-ins**? (*Mark one.*)

- Did not use
- Sometimes
- Frequently
- Don't know

125. In the past 12 months, how frequently have you gotten **artificial nails or fill-ins**? (*Mark one.*)

- Did not use
 - Less than once a month
 - 1-3 times per month
 - 1-5 times per week
 - More than 5 times per week
-

126. During the ages of 10-13, about how often did you **apply artificial nails or fill-ins on someone else**? Please do not include times you did this as part of a job. (*Mark one.*)

- Did not do
- Sometimes
- Frequently
- Don't know

127. During the past 12 months, how frequently have you **applied artificial nails or fill-ins on someone else**? Please do not include times you did this as part of a job. (*Mark one.*)

- Did not do
 - Less than once a month
 - 1-3 times per month
 - 1-5 times per week
 - More than 5 times per week
-

128. During the ages of 10-13, about how often did you use **perfume or cologne**? (*Mark one.*)

- Did not use
- Sometimes
- Frequently
- Don't know

129. In the past 12 months, how frequently have you used perfume or cologne? (Mark one.)

- Did not use
- Less than once a month
- 1-3 times per month
- 1-5 times per week
- More than 5 times per week

130. In the past 12 months, what types of perfume or cologne have you usually used? (Mark all that apply.)

- Did not use
- Spray
- Non-spray

131. When you wear **makeup** such as foundation, mascara, or blush, how often do you use products that are **fragrance free**? (Mark one.)

- Never
- Sometimes
- Frequently
- Don't use makeup
- Don't know

132. When you use **hair care products** like shampoo or hair spray, how often do you use products that are **fragrance free**? (Mark one.)

- Never
 - Sometimes
 - Frequently
 - Don't use hair care products
 - Don't know
-



Please check to see that all questions are answered.
Give this questionnaire to the EMSI examiner when she comes for your home visit.

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE!

FOR OFFICE USE ONLY:

If this form was not completed by respondent, check here

Initials: Date: / /
(month) *(day)* *(year)*

