

SISTER STUDY JOB MODULE: COSMETICS AND PERFUMES

CP1. Did you ever work ... [JOB TITLE]	CP2. How many different full-time or part-time jobs did you have working [JOB TITLE]?	CP3. How many years and/or months in total did you work [JOB TITLE]?
a. as a cosmetic chemist? YES 1 NO[CP1b]..... 2 REF.....[CP1b]..... 7 DK[CP1b]..... 8	<input type="text"/> <input type="text"/> #JOBS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> #YEARS #MONTHS
b. in a plant where cosmetics are manufactured? YES 1 NO[CP1c]..... 2 REF.....[CP1c]..... 7 DK[CP1c]..... 8	<input type="text"/> <input type="text"/> #JOBS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> #YEARS #MONTHS
c. as a cosmetics salesperson in a retail store? YES 1 NO[CP1d]..... 2 REF.....[CP1d]..... 7 DK[CP1d]..... 8	<input type="text"/> <input type="text"/> #JOBS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> #YEARS #MONTHS
d. as a cosmetics salesperson through home-based direct sales? YES 1 NO[CP1e]..... 2 REF.....[CP1e]..... 7 DK[CP1e]..... 8	<input type="text"/> <input type="text"/> #JOBS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> #YEARS #MONTHS
e. as a makeup artist? YES 1 NO [CP1f] 2 REF..... [CP1f] 7 DK [CP1f] 8	<input type="text"/> <input type="text"/> #JOBS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> #YEARS #MONTHS
f. as a personal assistant or beauty consultant YES 1 NO [*] 2 REF..... [*] 7 DK [*] 8	<input type="text"/> <input type="text"/> #JOBS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> #YEARS #MONTHS

I am going to ask about some specific tasks that you may have done working with cosmetics or perfumes. In answering these questions, please think about your overall experience in all of your jobs of this type.

<* ASK CP4-CP5 ONLY IF CP1a = YES>

<BEGIN REPEATING RECORD – COSMETIC TYPES>

CP4. What was the [first/next] type of cosmetic product that you worked on as a cosmetic chemist? _____ COSMETIC TYPE
<COSMETIC TYPES WILL BE SELECTED FROM A LOOK-UP TABLE>

CP5. Did you work on any other type of cosmetic product (as a cosmetic chemist)? YES.....[CP4]..... 1
NO 2

<END REPEATING RECORD – COSMETIC TYPES>

<ASK CP6 – CP10 ONLY IF CP1b = YES>

CP6. While working at a cosmetics manufacturing plant, did you work on the plant floor or take part in the production process?

YES..... 1
 NO [CP10]..... 2
 REF..... [CP10]..... 7
 DK [CP10]..... 8

<BEGIN REPEATING RECORD – COSMETIC TYPES>

CP7. What was the [first/next] type of cosmetic product you personally helped manufacture? _____ COSMETIC TYPE

<COSMETIC TYPES WILL BE SELECTED FROM A LOOK-UP TABLE>

CP8. Did you work in the production of any other type of cosmetic product?

YES..... [CP7]..... 1
 NO 2

<END REPEATING RECORD – COSMETIC TYPES>

CP9. Did you handle or mix any chemicals as part of the production process?

YES..... 1
 NO 2

CP10. What protective equipment or clothing did you usually wear during your time working in cosmetics manufacturing plants? Did you wear...

	YES	NO	REF	DK
a. a chemical cartridge respirator	1	2	7	8
b. a simple dust mask	1	2	7	8
c. gloves	1	2	7	8
d. goggles	1	2	7	8
e. a hardhat or other protective headgear ...	1	2	7	8
f. any other protective equipment.....	1	2	7	8
Please specify: _____				

<ASK CP11 – CP32 ONLY IF CP1c AND/OR CP1d AND/OR CP1e AND/OR CP1f = YES>

CP11. While working [in cosmetics sales] [or] [as a makeup artist] [or] [personal assistant, or beauty consultant], have you ever applied nail polish on client's nails?

YES..... 1
 NO [CP15]..... 2
 REF..... [CP15]..... 7
 DK [CP15]..... 8

CP12. How many years and/or months in total did you work in (cosmetics sales, makeup artist, personal assistant, or beauty consultant) jobs where you applied nail polish to clients' nails?

YEARS			MONTHS	

CP13. On average, how many times per day, per week, per month, or per year did you apply nail polish to clients' nails?

# TIMES		

PER DAY..... 1
 PER WEEK 2
 PER MONTH 3
 PER YEAR..... 4
 IN TOTAL..... 5

- CP14. Did you usually wear gloves while applying nail polish to clients' nails? YES..... 1
NO 2
- CP15. While working [*in cosmetics sales*] [*or*] [*as a makeup artist*] [*or*] [*personal assistant, or beauty consultant*], have you ever used nail polish remover on client's nails? YES..... 1
NO [CP19]..... 2
REF [CP19]..... 7
DK [CP19]..... 8
- CP16. How many years and/or months in total did you work in (cosmetics sales, makeup artist, personal assistant, or beauty consultant) jobs where you used nail polish remover on clients' nails? YEARS MONTHS
- CP17. On average, how many times per day, per week, per month, or per year did you use nail polish remover on clients' nails? # TIMES
PER DAY 1
PER WEEK 2
PER MONTH 3
PER YEAR 4
IN TOTAL 5
- CP18. Did you usually wear gloves while using nail polish remover on clients? YES..... 1
NO 2
- CP19. While working [*in cosmetic sales*] [*or*] [*as a makeup artist*] [*or*] [*as a personal assistant or beauty consultant*], have you ever applied or demonstrated perfumes, colognes or other fragrances? YES..... 1
NO [CP22]..... 2
REF [CP22]..... 7
DK [CP22]..... 8
- CP20. How many years and/or months in total did you work in jobs where you applied or demonstrated perfumes, colognes, or other fragrances? YEARS MONTHS
- CP21. On average, how many times per day, per week, per month, or per year did you spray or apply perfumes, colognes, or other fragrances as a part of your job? # TIMES
PER DAY 1
PER WEEK 2
PER MONTH 3
PER YEAR 4
IN TOTAL 5
- CP22. While working [*in cosmetics sales*] [*or*] [*as a makeup artist*] [*or*] [*personal assistant, or beauty consultant*], have you ever applied face or skin creams on clients? YES..... 1
NO [CP27]..... 2
REF [CP27]..... 7
DK [CP27]..... 8

CP23. How many years and/or months in total did you work in (cosmetics sales, makeup artist, personal assistant, or beauty consultant) jobs where you applied face or skin creams on clients?

YEARS MONTHS

CP24. On average, how many times per day, per week, per month or per year did you apply face or skin creams on clients?

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TIMES

- PER DAY 1
- PER WEEK 2
- PER MONTH 3
- PER YEAR 4
- IN TOTAL 5

CP25. About how often did you apply face or skin creams that contain hormones such as estrogen or progesterone on your clients?

- rarely or never 1
- sometimes 2
- half the time 3
- most of the time 4
- always 5

CP26. About how often did you wear gloves while applying face or skin creams on clients?

- rarely or never 1
- sometimes 2
- half the time 3
- most of the time 4
- always 5

CP27. While working [*in cosmetics sales*] [*or*] [*as a makeup artist*] [*or*] [*personal assistant, or beauty consultant*], have you ever applied makeup such as lipstick, foundation, eyeliner, or blush on clients?

- YES 1
- NO [CP30] 2
- REF [CP30] 7
- DK [CP30] 8

CP28. How many years and/or months in total did you work in (cosmetics sales, makeup artist, personal assistant, or beauty consultant) jobs where you applied makeup on clients?

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YEARS MONTHS

CP29. On average, how many times per day, per week, per month or per year did you apply makeup on clients?

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TIMES

- PER DAY 1
- PER WEEK 2
- PER MONTH 3
- PER YEAR 4
- IN TOTAL 5

CP30. While working [*in cosmetics sales*] [*or*] [*as a makeup artist*] [*or*] [*personal assistant, or beauty consultant*], have you ever applied makeup such as lipstick, foundation, eyeliner, or blush on yourself to demonstrate it for your customers?

- YES 1
- NO [CP33] 2
- REF [CP33] 7
- DK [CP33] 8

CP31. How many years and/or months in total did you work in (cosmetics sales, makeup artist, personal assistant, or beauty consultant) jobs where you applied makeup on yourself to demonstrate it for customers?

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YEARS MONTHS

CP32. On average, how many times per day, per week, per month or per year did you apply makeup on yourself for demonstrations?

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TIMES

- PER DAY 1
- PER WEEK 2
- PER MONTH 3
- PER YEAR 4
- IN TOTAL 5

<ASK CP33 – CP52 ONLY IF CP1e = YES AND/OR IF CP1f = YES>

CP33. Have you ever done hair styling as a makeup artist, personal assistant, or beauty consultant?

- YES..... 1
- NO [RETURN TO OC]..... 2
- REF [RETURN TO OC]..... 7
- DK [RETURN TO OC]..... 8

CP34. Did you ever shampoo your clients' hair (as a makeup artist, personal assistant or beauty consultant)?

- YES..... 1
- NO [CP38]..... 2
- REF [CP38]..... 7
- DK [CP38]..... 8

CP35. How many years and/or months in total did you do this (shampoo hair as a makeup artist, personal assistant, or beauty consultant)?

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YEARS MONTHS

CP36. On average, how many times per day, per week, per month or per year did you shampoo hair (as a makeup artist, personal assistant, or beauty consultant)?

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TIMES

- PER DAY 1
- PER WEEK 2
- PER MONTH 3
- PER YEAR 4
- IN TOTAL 5

CP37. About how often did you use dandruff shampoo on clients?

- rarely or never..... 1
- sometimes 2
- half the time 3
- most of the time 4
- always 5

CP38. While working as makeup artist, personal assistant or beauty consultant, did you ever...[TASK]	CP39. How many years and or months in total did you [TASK]?	CP40. On average, how many times per day, week, month or year did you [TASK]?	CP41. About how often did you use dark colors such as black, brown, auburn, or dark red? Would you say...	CP42. About how often did you use light colors such as blonde, light red, gray, or silver? Would you say...
a. color or dye your clients' hair using <u>permanent</u> hair coloring products? YES 1 NO. [CP38b]2 REF [CP38b]7 DK. [CP38b]8	<input type="text"/> #YEARS <input type="text"/> #MONTHS	<input type="text"/> #TIMES PER DAY 1 WEEK 2 MONTH 3 YEAR 4 TOTAL 5	rarely or never 1 sometimes 2 about half the time 3 most of the time 4 always 5	rarely or never 1 sometimes 2 about half the time 3 most of the time 4 always 5
b. color or dye your clients' hair using <u>semi-permanent</u> hair coloring products? YES 1 NO. [CP38c]2 REF [CP38c]7 DK. [CP38c]8	<input type="text"/> #YEARS <input type="text"/> #MONTHS	<input type="text"/> #TIMES PER DAY 1 WEEK 2 MONTH 3 YEAR 4 TOTAL 5	rarely or never 1 sometimes 2 about half the time 3 most of the time 4 always 5	rarely or never 1 sometimes 2 about half the time 3 most of the time 4 always 5
c. color or dye your clients' hair using <u>temporary</u> hair coloring products? YES 1 NO [*]... 2 REF ... [*]... 7 DK [*]... 8	<input type="text"/> #YEARS <input type="text"/> #MONTHS	<input type="text"/> #TIMES PER DAY 1 WEEK 2 MONTH 3 YEAR 4 TOTAL 5	rarely or never 1 sometimes 2 about half the time 3 most of the time 4 always 5	rarely or never 1 sometimes 2 about half the time 3 most of the time 4 always 5

<* ASK CP43 – CP44 ONLY IF CP38a AND/OR CP38b AND/OR CP38c = YES>

- CP43. About how often did you wear gloves when you used hair colors or dyes on your clients' hair?
- rarely or never 1
sometimes 2
half the time 3
most of the time 4
always 5
- CP44. About how often did you get hair colors or dyes on your skin or in your eyes while applying them to your clients' hair?
- rarely or never 1
sometimes 2
half the time 3
most of the time 4
always 5

CP45. While working as makeup artist, personal assistant or beauty consultant, did you ever... [TASK]	CP46. How many years and months in total did you work in (makeup artist, personal assistant ,or beauty consultant) jobs where you... [TASK]?	CP47. On average, how many times per day, per week, per month, or per year did you... [TASK]?
a. bleach your clients' hair? YES 1 NO[CP45b]..... 2 REF.....[CP45b]..... 7 DK[CP45b]..... 8	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="text"/><input type="text"/> #YEARS </div> <div style="text-align: center;"> <input type="text"/><input type="text"/> #MONTHS </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/> #TIMES PER </div> <div style="text-align: right;"> DAY..... 1 WEEK..... 2 MONTH..... 3 YEAR 4 TOTAL 5 </div> </div>
b. perm your clients' hair? YES 1 NO[CP45c]..... 2 REF.....[CP45c]..... 7 DK[CP45c]..... 8	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="text"/><input type="text"/> #YEARS </div> <div style="text-align: center;"> <input type="text"/><input type="text"/> #MONTHS </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/> #TIMES PER </div> <div style="text-align: right;"> DAY..... 1 WEEK..... 2 MONTH..... 3 YEAR 4 TOTAL 5 </div> </div>
c. straighten your clients' hair using chemicals? YES 1 NO [*] 2 REF..... [*] 7 DK [*] 8	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="text"/><input type="text"/> #YEARS </div> <div style="text-align: center;"> <input type="text"/><input type="text"/> #MONTHS </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/> #TIMES PER </div> <div style="text-align: right;"> DAY..... 1 WEEK..... 2 MONTH..... 3 YEAR 4 TOTAL 5 </div> </div>

<* ASK CP48 - CP49 ONLY IF CP45a AND/OR CP45b AND/OR CP45c = YES>

CP48. About how often did you wear gloves when you used chemicals for [bleaching] [or] [perming] [or] [straightening] your clients' hair?

rarely or never..... 1
 sometimes 2
 half the time 3
 most of the time 4
 always 5

CP49. About how often did you get [bleaching] [or] [perming] [or] [hair straightening] chemicals on your skin or in your eyes while applying them to your clients' hair?

rarely or never..... 1
 sometimes 2
 half the time 3
 most of the time 4
 always 5

CP50. While working as makeup artist, personal assistant or beauty consultant, did you ever... [TASK]	CP51. How many years and or months in total did you work in (makeup artist, personal assistant ,or beauty consultant) jobs where you... [TASK]?	CP52. On average, how many times per day, per week, per month, or per year did you... [TASK]?
a. use hairspray on your clients? YES 1 NO[CP50b]..... 2 REF.....[CP50b]..... 7 DK[CP50b]..... 8	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/> #YEARS </div> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/> #MONTHS </div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/> #TIMES PER </div> <div style="text-align: center;"> DAY..... 1 WEEK..... 2 MONTH..... 3 YEAR 4 TOTAL 5 </div> </div>
b. use talcum powder on your clients? YES 1 NO[CP50c]..... 2 REF.....[CP50c]..... 7 DK[CP50c]..... 8	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/> #YEARS </div> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/> #MONTHS </div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/> #TIMES PER </div> <div style="text-align: center;"> DAY..... 1 WEEK..... 2 MONTH..... 3 YEAR 4 TOTAL 5 </div> </div>
c. put talcum powder in your gloves? YES 1 NO[*]..... 2 REF.....[*]..... 7 DK[*]..... 8	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/> #YEARS </div> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/> #MONTHS </div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/> #TIMES PER </div> <div style="text-align: center;"> DAY..... 1 WEEK..... 2 MONTH..... 3 YEAR 4 TOTAL 5 </div> </div>

* Thank you for answering these questions about your work with cosmetics and perfumes. Now I will ask about some other industries. <RETURN TO OC>

LOOK-UP TABLE FOR COSMETIC TYPES

Shampoo, baby	Eyelash and eyebrow dyes
Shampoo, hair coloring	Eyebrow colorant
Shampoo, dandruff	Eyelash creams
Shampoo, general	Eyelash oils
Hair conditioner	Eye liner, liquid
Hair spray, general	Eye liner, pencil
Hair spray, coloring	Eye shadow, powder
Hair tonic	Eye shadow, stick
Hair gel	Eye shadow, cream
Hair wax	Mascara
Hair mousse	Eye makeup remover
Hair permanent wave (perm) products	Face masks
Hair straighteners	Foundation creams
Hair dressings and brilliantines	Hormone creams
Hair cream rinse	Lipstick
Hair bleach	Liquid makeup
Hair dyes, permanent	Face powders
Hair dyes, semi-permanent	Rouge
Hair dyes, temporary	Perfumes
Cleansing creams	Colognes
Cleansing lotions	Sachets
Conditioning cream	Pomades
Eye creams	
Eyebrow pencil	

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