

PERSONAL CARE, HEALTH AND BEAUTY AIDS

TOOTHPASTE		PERSONALLY USE		TOOTHBRUSHES		PERSONALLY BOUGHT/ RECEIVED FROM DENTIST		TOOTH WHITENING SYSTEMS		PERSONALLY USE	
		Past 6 Months	Past 7 Days			Past 6 Months				Past 6 Months	Past 7 Days
YES		<input type="checkbox"/>		YES		<input type="checkbox"/>		YES		<input type="checkbox"/>	
NO		<input type="checkbox"/>		NO		<input type="checkbox"/>		NO		<input type="checkbox"/>	
NUMBER OF TIMES:				NUMBER OF BRUSHES:				NUMBER OF TIMES:			
None		<input type="checkbox"/>		1		<input type="checkbox"/>		None		<input type="checkbox"/>	
Less Than Once A Day		<input type="checkbox"/>		2		<input type="checkbox"/>		1-2		<input type="checkbox"/>	
Once A Day		<input type="checkbox"/>		3		<input type="checkbox"/>		3-5		<input type="checkbox"/>	
Twice A Day		<input type="checkbox"/>		4		<input type="checkbox"/>		6-9		<input type="checkbox"/>	
Three Times A Day		<input type="checkbox"/>		5+		<input type="checkbox"/>		10-14		<input type="checkbox"/>	
More Than Three Times A Day		<input type="checkbox"/>						15+		<input type="checkbox"/>	
TOOTHPASTE		PERSONALLY USE		TOOTHBRUSHES		PERSONALLY BOUGHT/ RECEIVED FROM DENTIST		BRANDS:		PERSONALLY USE	
		Most Often	Others Sometimes			Most Often	Others Sometimes			Past 6 Months	Past 7 Days
KINDS:				TYPES:				Colgate Simply White		<input type="checkbox"/>	
Acid Erosion Protection		<input type="checkbox"/>		Manual		<input type="checkbox"/>		Colgate Simply White Night		<input type="checkbox"/>	
All In One		<input type="checkbox"/>		Rechargeable		<input type="checkbox"/>		Crest Night Effects		<input type="checkbox"/>	
Anti-Gingivitis		<input type="checkbox"/>		Battery		<input type="checkbox"/>		Crest Night Effects Sensitive		<input type="checkbox"/>	
Baking Soda		<input type="checkbox"/>		RECEIVED FROM:				Crest White Strips		<input type="checkbox"/>	
Breath Freshening		<input type="checkbox"/>		Dentist		<input type="checkbox"/>		Crest White Strips Premium		<input type="checkbox"/>	
Natural		<input type="checkbox"/>		Store		<input type="checkbox"/>		Crest White Strips Premium Plus		<input type="checkbox"/>	
Regular		<input type="checkbox"/>		MANUAL BRANDS:				Crest White Strips Renewal		<input type="checkbox"/>	
Sensitive		<input type="checkbox"/>		Aquafresh Flex		<input type="checkbox"/>		Natural White		<input type="checkbox"/>	
Whitening		<input type="checkbox"/>		Butler		<input type="checkbox"/>		Rapid White		<input type="checkbox"/>	
TYPES:				—Supertip		<input type="checkbox"/>		Rembrandt		<input type="checkbox"/>	
Paste		<input type="checkbox"/>		—Microtip		<input type="checkbox"/>		Store Brand		<input type="checkbox"/>	
Gel		<input type="checkbox"/>		—Regular		<input type="checkbox"/>		<i>Other</i>		<input type="checkbox"/>	
FORMS:				Colgate							
Pump		<input type="checkbox"/>		—Precision/Total		<input type="checkbox"/>					
Stand Up Tube		<input type="checkbox"/>		—Regular		<input type="checkbox"/>					
Regular		<input type="checkbox"/>		—Sensation		<input type="checkbox"/>					
BRANDS:				Oral-B							
Aquafresh		<input type="checkbox"/>		—Advantage		<input type="checkbox"/>					
Arm & Hammer		<input type="checkbox"/>		—Advantage Artica		<input type="checkbox"/>					
Butler Gum		<input type="checkbox"/>		—Indicator		<input type="checkbox"/>					
Colgate		<input type="checkbox"/>		—CrossAction/Vitalizer		<input type="checkbox"/>					
Crest		<input type="checkbox"/>		—Pulsar		<input type="checkbox"/>					
Sensodyne		<input type="checkbox"/>		—Sensitive Advantage		<input type="checkbox"/>					
Tom's of Maine		<input type="checkbox"/>		Reach							
Store Brand		<input type="checkbox"/>		—Interdental/Control		<input type="checkbox"/>					
<i>Other</i>		<input type="checkbox"/>		—J & J Tooth & Gum		<input type="checkbox"/>					
				—Plaque Sweeper		<input type="checkbox"/>					
				—Regular		<input type="checkbox"/>					
				—Ultra Clean		<input type="checkbox"/>					
				Sensodyne		<input type="checkbox"/>					
				<i>Other</i>		<input type="checkbox"/>					
DENTAL FLOSS		PERSONALLY USE		RECHARGEABLE/BATTERY		PERSONALLY BOUGHT/ RECEIVED FROM DENTIST		MOUTHWASH/ DENTAL RINSE		PERSONALLY USE	
		Past 6 Months	Past 7 Days			Past 6 Months				Past 6 Months	Times/ Past 7 Days
YES		<input type="checkbox"/>		BRANDS:				YES		<input type="checkbox"/>	
NO		<input type="checkbox"/>		Colgate		<input type="checkbox"/>		NO		<input type="checkbox"/>	
NUMBER OF TIMES:				Colgate Kids		<input type="checkbox"/>		None		<input type="checkbox"/>	
None		<input type="checkbox"/>		Crest Kids		<input type="checkbox"/>		1-2		<input type="checkbox"/>	
1-2		<input type="checkbox"/>		Crest Spinbrush		<input type="checkbox"/>		3-5		<input type="checkbox"/>	
3-5		<input type="checkbox"/>		—Pro Clean		<input type="checkbox"/>		6-9		<input type="checkbox"/>	
6-9		<input type="checkbox"/>		—Pro Whitening		<input type="checkbox"/>		10-14		<input type="checkbox"/>	
10-14		<input type="checkbox"/>		—Multi-Angle		<input type="checkbox"/>		15+		<input type="checkbox"/>	
15+		<input type="checkbox"/>		—Classic		<input type="checkbox"/>					
KINDS:				Interplak		<input type="checkbox"/>					
Dental Tape		<input type="checkbox"/>		Oral-B/Braun							
Flossers		<input type="checkbox"/>		—Advance Power Series		<input type="checkbox"/>					
Sensitive		<input type="checkbox"/>		—Cross Action Power		<input type="checkbox"/>					
Unwaxed		<input type="checkbox"/>		—Professional Care Series		<input type="checkbox"/>					
Waxed		<input type="checkbox"/>		—Stages Power Kids		<input type="checkbox"/>					
TYPES:				Reach		<input type="checkbox"/>					
Flavoured		<input type="checkbox"/>		Sonicare		<input type="checkbox"/>					
Unflavoured		<input type="checkbox"/>		Teledyne Water Pik		<input type="checkbox"/>					
				<i>Other</i>		<input type="checkbox"/>					
MOUTHWASH/ DENTAL RINSE		PERSONALLY USE		MOUTHWASH/ DENTAL RINSE		PERSONALLY USE		TYPES:		PERSONALLY USE	
		Most Often	Others Sometimes			Most Often	Others Sometimes			Past 6 Months	Past 7 Days
KINDS:				TYPES:				Dental Rinse		<input type="checkbox"/>	
Alcohol Based		<input type="checkbox"/>		Dental Rinse		<input type="checkbox"/>		Fluoride Dental Rinse		<input type="checkbox"/>	
Non-Alcohol Based		<input type="checkbox"/>		Mouthwash		<input type="checkbox"/>		Mouthwash		<input type="checkbox"/>	
				Pre-Brushing Rinse		<input type="checkbox"/>		Pre-Brushing Rinse		<input type="checkbox"/>	
BRANDS:				KINDS:				Alcohol Based		<input type="checkbox"/>	
Biotene		<input type="checkbox"/>		Non-Alcohol Based		<input type="checkbox"/>		Non-Alcohol Based		<input type="checkbox"/>	
Cepacol		<input type="checkbox"/>						Biotene		<input type="checkbox"/>	
Crest Pro Health		<input type="checkbox"/>						Cepacol		<input type="checkbox"/>	
Equate		<input type="checkbox"/>						Crest Pro Health		<input type="checkbox"/>	
Exact		<input type="checkbox"/>						Equate		<input type="checkbox"/>	
Life Brand		<input type="checkbox"/>						Exact		<input type="checkbox"/>	
Listerine		<input type="checkbox"/>						Life Brand		<input type="checkbox"/>	
—Advanced		<input type="checkbox"/>						Listerine		<input type="checkbox"/>	
—Cool Citrus (Orange)		<input type="checkbox"/>						—Advanced		<input type="checkbox"/>	
—Cool Mint (Blue)		<input type="checkbox"/>						—Cool Citrus (Orange)		<input type="checkbox"/>	
—Fluoride (Green)		<input type="checkbox"/>						—Cool Mint (Blue)		<input type="checkbox"/>	
—Freshburst (Green)		<input type="checkbox"/>						—Fluoride (Green)		<input type="checkbox"/>	
—Original (Amber)		<input type="checkbox"/>						—Freshburst (Green)		<input type="checkbox"/>	
—Tartar Control (Blue)		<input type="checkbox"/>						—Original (Amber)		<input type="checkbox"/>	
—Vanilla Mint		<input type="checkbox"/>						—Tartar Control (Blue)		<input type="checkbox"/>	
—Whitening		<input type="checkbox"/>						—Vanilla Mint		<input type="checkbox"/>	
Oral B		<input type="checkbox"/>						—Whitening		<input type="checkbox"/>	
Plax		<input type="checkbox"/>						Oral B		<input type="checkbox"/>	
Scope		<input type="checkbox"/>						Plax		<input type="checkbox"/>	
Store Brands		<input type="checkbox"/>						Scope		<input type="checkbox"/>	
<i>Other</i>		<input type="checkbox"/>						Store Brands		<input type="checkbox"/>	
								<i>Other</i>		<input type="checkbox"/>	

PERSONAL CARE, HEALTH AND BEAUTY AIDS

	PERSONALLY USE		PERSONALLY USE		PERSONALLY USE
DENTURES	Have	BREATH FRESHENERS	Past 6 Months	Times/ Past 7 Days	DEODORANTS/ ANTIPERSPIRANTS
YES <input type="checkbox"/>		YES <input type="checkbox"/>			YES <input type="checkbox"/>
NO <input type="checkbox"/>		NO <input type="checkbox"/>			NO <input type="checkbox"/>
TYPES:		None <input type="checkbox"/>			None <input type="checkbox"/>
Full <input type="checkbox"/>		1-2 <input type="checkbox"/>			1-2 <input type="checkbox"/>
Partial <input type="checkbox"/>		3-5 <input type="checkbox"/>			3-5 <input type="checkbox"/>
Both Full And Partial <input type="checkbox"/>		6-9 <input type="checkbox"/>			6-9 <input type="checkbox"/>
		10-14 <input type="checkbox"/>			10-14 <input type="checkbox"/>
		15+ <input type="checkbox"/>			15+ <input type="checkbox"/>
DENTURE CLEANSERS	PERSONALLY USE	BREATH FRESHENERS	PERSONALLY USE	DEODORANTS/ ANTIPERSPIRANTS	PERSONALLY USE
	Past 6 Months		Most Often		Most Often
	Times/ Past 7 Days		Others Sometimes		Others Sometimes
YES <input type="checkbox"/>		TYPES:		TYPES:	
NO <input type="checkbox"/>		Breath Spray <input type="checkbox"/>		Scented <input type="checkbox"/>	
None <input type="checkbox"/>		Gum <input type="checkbox"/>		Unscented <input type="checkbox"/>	
1-2 <input type="checkbox"/>		Instant Dissolve Strip <input type="checkbox"/>		KINDS:	
3-5 <input type="checkbox"/>		Mints <input type="checkbox"/>		Anti Perspirant/Deodorant <input type="checkbox"/>	
6-9 <input type="checkbox"/>		Mini Mints <input type="checkbox"/>		Deodorant Only <input type="checkbox"/>	
10-14 <input type="checkbox"/>		BRANDS:		FORMS:	
15+ <input type="checkbox"/>		Altoids <input type="checkbox"/>		Aerosol <input type="checkbox"/>	
		Binaca Gel Blasts <input type="checkbox"/>		Body Sprays <input type="checkbox"/>	
		BreathSavers <input type="checkbox"/>		Clear Gel <input type="checkbox"/>	
		Certs <input type="checkbox"/>		Clear Stick <input type="checkbox"/>	
		Clorets Breath Strips <input type="checkbox"/>		Invisible White Stick <input type="checkbox"/>	
		Clorets Gum <input type="checkbox"/>		Roll-on <input type="checkbox"/>	
		Clorets Mints <input type="checkbox"/>		Soft Solid <input type="checkbox"/>	
		Dentyne <input type="checkbox"/>		Stick <input type="checkbox"/>	
		Dentyne Fire —Gum <input type="checkbox"/>		<i>Other</i> <input type="checkbox"/>	
		—Mints <input type="checkbox"/>		BRANDS:	
		Dentyne Frost Bites <input type="checkbox"/>		Adidas —Men <input type="checkbox"/>	
		Dentyne Ice —Gum <input type="checkbox"/>		—Women <input type="checkbox"/>	
		—Mints <input type="checkbox"/>		Arm & Hammer <input type="checkbox"/>	
		Dentyne Mint <input type="checkbox"/>		Arrid <input type="checkbox"/>	
		Excel Cool Blast <input type="checkbox"/>		Axe <input type="checkbox"/>	
		Excel Extreme <input type="checkbox"/>		Ban <input type="checkbox"/>	
		Excel Gum <input type="checkbox"/>		Degree —Men <input type="checkbox"/>	
		Excel Mints <input type="checkbox"/>		—Women <input type="checkbox"/>	
		Extra <input type="checkbox"/>		Dove <input type="checkbox"/>	
		Frisk <input type="checkbox"/>		Dry Idea <input type="checkbox"/>	
		Ice Breakers Mints <input type="checkbox"/>		Gillette Series <input type="checkbox"/>	
		LifeSavers (Mint) <input type="checkbox"/>		Mennen —Lady Speedstick <input type="checkbox"/>	
		Listerine PocketPaks <input type="checkbox"/>		—Speedstick <input type="checkbox"/>	
		Listerine Pocket Mist <input type="checkbox"/>		Mitchum <input type="checkbox"/>	
		Mentos <input type="checkbox"/>		Old Spice —High Endurance <input type="checkbox"/>	
		Power Certs <input type="checkbox"/>		—Red Zone <input type="checkbox"/>	
		Tic-Tac <input type="checkbox"/>		Right Guard —Regular <input type="checkbox"/>	
		Trident <input type="checkbox"/>		—Sport <input type="checkbox"/>	
		<i>Other</i> <input type="checkbox"/>		—X-treme <input type="checkbox"/>	
				Secret <input type="checkbox"/>	
				Soft & Dri <input type="checkbox"/>	
				Tag <input type="checkbox"/>	
				<i>Other</i> <input type="checkbox"/>	
DENTURE ADHESIVE	PERSONALLY USE	LIP BALM	PERSONALLY USE	PERFUME & COLOGNE	PERSONALLY USE
	Past 6 Months		Past 6 Months		Past 6 Months
	Times/ Past 7 Days		Times/ Past 7 Days		Times/ Past 7 Days
YES <input type="checkbox"/>		YES <input type="checkbox"/>		YES <input type="checkbox"/>	
NO <input type="checkbox"/>		NO <input type="checkbox"/>		NO <input type="checkbox"/>	
None <input type="checkbox"/>		None <input type="checkbox"/>		None <input type="checkbox"/>	
1-2 <input type="checkbox"/>		1-2 <input type="checkbox"/>		1-2 <input type="checkbox"/>	
3-5 <input type="checkbox"/>		3-5 <input type="checkbox"/>		3-5 <input type="checkbox"/>	
6+ <input type="checkbox"/>		6-9 <input type="checkbox"/>		6-9 <input type="checkbox"/>	
		10-14 <input type="checkbox"/>		10-14 <input type="checkbox"/>	
		15+ <input type="checkbox"/>		15+ <input type="checkbox"/>	
BRANDS:				WOMEN'S OR MEN'S	
Fixodent—Paste <input type="checkbox"/>				YES <input type="checkbox"/>	
Fixodent—Powder <input type="checkbox"/>				NO <input type="checkbox"/>	
Poli-Grip—Comfort Strips <input type="checkbox"/>				None <input type="checkbox"/>	
Poli-Grip—Paste <input type="checkbox"/>				1-2 <input type="checkbox"/>	
Poli-Grip—Powder <input type="checkbox"/>				3-5 <input type="checkbox"/>	
Sea-Bond Liner <input type="checkbox"/>				6-9 <input type="checkbox"/>	
<i>Other</i> <input type="checkbox"/>				10-14 <input type="checkbox"/>	
				15+ <input type="checkbox"/>	

PERSONAL CARE, HEALTH AND BEAUTY AIDS

PERFUME & COLOGNE WOMEN'S OR MEN'S	PERSONALLY USE		PERSONAL CARE SOAPS	PERSONALLY USE		SHAMPOO	PERSONALLY USE				
	Most Often	Others Sometimes		Past 6 Months	Times/ Past 7 Days		Most Often	Others Sometimes			
TYPES: After Bath Splash <input type="checkbox"/> <input type="checkbox"/> Body Spray <input type="checkbox"/> <input type="checkbox"/> Cologne <input type="checkbox"/> <input type="checkbox"/> Eau de Toilette <input type="checkbox"/> <input type="checkbox"/> Perfume <input type="checkbox"/> <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/> None <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-9 <input type="checkbox"/> 10-14 <input type="checkbox"/> 15+ <input type="checkbox"/>			KINDS: Baby Shampoo <input type="checkbox"/> <input type="checkbox"/> Children's Shampoo <input type="checkbox"/> <input type="checkbox"/> Clarifying <input type="checkbox"/> <input type="checkbox"/> Colour Retention <input type="checkbox"/> <input type="checkbox"/> Colour Specific <input type="checkbox"/> <input type="checkbox"/> Combination Shampoo/ Conditioner <input type="checkbox"/> <input type="checkbox"/> Curly Hair <input type="checkbox"/> <input type="checkbox"/> Dry Hair <input type="checkbox"/> <input type="checkbox"/> Medicated/Anti-Dandruff <input type="checkbox"/> <input type="checkbox"/> Moisturizing <input type="checkbox"/> <input type="checkbox"/> Regular Shampoo <input type="checkbox"/> <input type="checkbox"/> Smoothing <input type="checkbox"/> <input type="checkbox"/> Strengthening <input type="checkbox"/> <input type="checkbox"/> Thickening <input type="checkbox"/> <input type="checkbox"/> Volumizing <input type="checkbox"/> <input type="checkbox"/>					
PERFUME & COLOGNE WOMEN'S OR MEN'S AMOUNT PERSONALLY SPENT PAST 12 MONTHS For Self Gifts For Women Gifts For Men \$1-9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> \$10-19 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> \$20-49 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> \$50-99 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> \$100+ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			PERSONAL CARE SOAPS PERSONALLY USE Most Often Others Sometimes TYPES: Antibacterial <input type="checkbox"/> <input type="checkbox"/> Baby <input type="checkbox"/> <input type="checkbox"/> Complexion/Moisturizer <input type="checkbox"/> <input type="checkbox"/> Deodorant <input type="checkbox"/> <input type="checkbox"/> Exfoliating <input type="checkbox"/> <input type="checkbox"/> Regular <input type="checkbox"/> <input type="checkbox"/> Sensitive Skin <input type="checkbox"/> <input type="checkbox"/> FORMS: Bar <input type="checkbox"/> <input type="checkbox"/> Liquid <input type="checkbox"/> <input type="checkbox"/> KINDS: Scented <input type="checkbox"/> <input type="checkbox"/> Unscented <input type="checkbox"/> <input type="checkbox"/> BRANDS: Baby's Own <input type="checkbox"/> <input type="checkbox"/> Body Shop <input type="checkbox"/> <input type="checkbox"/> Canus Goat's Milk <input type="checkbox"/> <input type="checkbox"/> Cetaphil <input type="checkbox"/> <input type="checkbox"/> Clinique <input type="checkbox"/> <input type="checkbox"/> Dial <input type="checkbox"/> <input type="checkbox"/> Dove Baby <input type="checkbox"/> <input type="checkbox"/> Dove Bar <input type="checkbox"/> <input type="checkbox"/> Dove Cool Moisture <input type="checkbox"/> <input type="checkbox"/> Dove Nourishing Hand Wash <input type="checkbox"/> <input type="checkbox"/> Dove Sensitive Skin <input type="checkbox"/> <input type="checkbox"/> Fa <input type="checkbox"/> <input type="checkbox"/> Irish Spring <input type="checkbox"/> <input type="checkbox"/> Ivory <input type="checkbox"/> <input type="checkbox"/> Jergens <input type="checkbox"/> <input type="checkbox"/> Johnson & Johnson Baby <input type="checkbox"/> <input type="checkbox"/> Lever 2000 <input type="checkbox"/> <input type="checkbox"/> Method Hand Liquid <input type="checkbox"/> <input type="checkbox"/> Neutrogena <input type="checkbox"/> <input type="checkbox"/> Olay <input type="checkbox"/> <input type="checkbox"/> Pears <input type="checkbox"/> <input type="checkbox"/> Softsoap Bar <input type="checkbox"/> <input type="checkbox"/> Zest <input type="checkbox"/> <input type="checkbox"/> Store Brand <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>			BRANDS: Alberto Balsam <input type="checkbox"/> <input type="checkbox"/> Alberto European <input type="checkbox"/> <input type="checkbox"/> Aussie <input type="checkbox"/> <input type="checkbox"/> Biolage Matrix <input type="checkbox"/> <input type="checkbox"/> Denorex <input type="checkbox"/> <input type="checkbox"/> Dove <input type="checkbox"/> <input type="checkbox"/> Down Under Naturals <input type="checkbox"/> <input type="checkbox"/> European Formula <input type="checkbox"/> <input type="checkbox"/> Finesse <input type="checkbox"/> <input type="checkbox"/> Freeman <input type="checkbox"/> <input type="checkbox"/> Frizz Ease <input type="checkbox"/> <input type="checkbox"/> Garnier Fructis <input type="checkbox"/> <input type="checkbox"/> Head & Shoulders <input type="checkbox"/> <input type="checkbox"/> Herbal Essences <input type="checkbox"/> <input type="checkbox"/> Infusium 23 <input type="checkbox"/> <input type="checkbox"/> Inner Science <input type="checkbox"/> <input type="checkbox"/> John Frieda <input type="checkbox"/> <input type="checkbox"/> Johnson & Johnson <input type="checkbox"/> <input type="checkbox"/> Kandoo <input type="checkbox"/> <input type="checkbox"/> L'Oreal Professional Series Expert <input type="checkbox"/> <input type="checkbox"/> L'Oreal Vive Pro <input type="checkbox"/> <input type="checkbox"/> Nizoral <input type="checkbox"/> <input type="checkbox"/> Pantene Colour Expressions <input type="checkbox"/> <input type="checkbox"/> Pantene Pro V <input type="checkbox"/> <input type="checkbox"/> Pantene Restoratives <input type="checkbox"/> <input type="checkbox"/> Pert Plus <input type="checkbox"/> <input type="checkbox"/> Redken <input type="checkbox"/> <input type="checkbox"/> Salon Selectives <input type="checkbox"/> <input type="checkbox"/> Selsun/Selsun Blue <input type="checkbox"/> <input type="checkbox"/> St. Ives <input type="checkbox"/> <input type="checkbox"/> Suave <input type="checkbox"/> <input type="checkbox"/> Sunsilk <input type="checkbox"/> <input type="checkbox"/> Thermasilk <input type="checkbox"/> <input type="checkbox"/> Tresemmé <input type="checkbox"/> <input type="checkbox"/> VO5 Oasis <input type="checkbox"/> <input type="checkbox"/> VO5/VO5 Ultra <input type="checkbox"/> <input type="checkbox"/> Salon Brand (e.g. Joico) <input type="checkbox"/> <input type="checkbox"/> Store Brand <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>					
BODY WASH PERSONALLY USE Past 6 Months Times/ Past 7 Days YES <input type="checkbox"/> NO <input type="checkbox"/> None <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-9 <input type="checkbox"/> 10-14 <input type="checkbox"/> 15+ <input type="checkbox"/>			PERSONAL CARE SOAPS PERSONALLY USE Most Often Others Sometimes TYPES: Antibacterial <input type="checkbox"/> <input type="checkbox"/> Deodorant <input type="checkbox"/> <input type="checkbox"/> Exfoliating <input type="checkbox"/> <input type="checkbox"/> Firming <input type="checkbox"/> <input type="checkbox"/> Moisturizing <input type="checkbox"/> <input type="checkbox"/> Regular <input type="checkbox"/> <input type="checkbox"/> Sensitive Skin <input type="checkbox"/> <input type="checkbox"/> Unscented <input type="checkbox"/> <input type="checkbox"/> BRANDS: Aveeno <input type="checkbox"/> <input type="checkbox"/> Axe <input type="checkbox"/> <input type="checkbox"/> Body Shop <input type="checkbox"/> <input type="checkbox"/> Canus Goat's Milk <input type="checkbox"/> <input type="checkbox"/> Dial <input type="checkbox"/> <input type="checkbox"/> Dove <input type="checkbox"/> <input type="checkbox"/> Dove Cool Moisture <input type="checkbox"/> <input type="checkbox"/> Down Under Naturals <input type="checkbox"/> <input type="checkbox"/> Fa <input type="checkbox"/> <input type="checkbox"/> Herbal Essences <input type="checkbox"/> <input type="checkbox"/> Ivory <input type="checkbox"/> <input type="checkbox"/> Jergens <input type="checkbox"/> <input type="checkbox"/> Johnson & Johnson Baby Wash <input type="checkbox"/> <input type="checkbox"/> Keri <input type="checkbox"/> <input type="checkbox"/> Lever 2000 <input type="checkbox"/> <input type="checkbox"/> Neutrogena <input type="checkbox"/> <input type="checkbox"/> Olay <input type="checkbox"/> <input type="checkbox"/> Olay Ribbons <input type="checkbox"/> <input type="checkbox"/> Old Spice <input type="checkbox"/> <input type="checkbox"/> Rialto Healing Garden <input type="checkbox"/> <input type="checkbox"/> Soft Soap <input type="checkbox"/> <input type="checkbox"/> St. Ives <input type="checkbox"/> <input type="checkbox"/> Suave <input type="checkbox"/> <input type="checkbox"/> Zest <input type="checkbox"/> <input type="checkbox"/> Store Brand <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>			SHAMPOO PERSONALLY USE Past 6 Months Times/ Past 7 Days YES <input type="checkbox"/> NO <input type="checkbox"/> None <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-7 <input type="checkbox"/> 8-10 <input type="checkbox"/> 11+ <input type="checkbox"/>			HAIR CONDITIONERS PERSONALLY USE Past 6 Months Times/ Past 7 Days YES <input type="checkbox"/> NO <input type="checkbox"/> None <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-7 <input type="checkbox"/> 8-10 <input type="checkbox"/> 11+ <input type="checkbox"/>		

PERSONAL CARE, HEALTH AND BEAUTY AIDS

HAIR CONDITIONERS	PERSONALLY USE		HAIR SPRAYS	PERSONALLY USE		HAIR STYLING GELS	PERSONALLY USE		
	Most Often	Others Sometimes		Most Often	Others Sometimes		Past 6 Months	Times/ Past 7 Days	
KINDS: Clarifying <input type="checkbox"/> <input type="checkbox"/> Colour Retention <input type="checkbox"/> <input type="checkbox"/> Colour Specific <input type="checkbox"/> <input type="checkbox"/> Cream <input type="checkbox"/> <input type="checkbox"/> Curl <input type="checkbox"/> <input type="checkbox"/> Hairdressing <input type="checkbox"/> <input type="checkbox"/> Hot Oil <input type="checkbox"/> <input type="checkbox"/> Intensive Treatment <input type="checkbox"/> <input type="checkbox"/> Leave-In <input type="checkbox"/> <input type="checkbox"/> Moisturizing <input type="checkbox"/> <input type="checkbox"/> Regular/Instant <input type="checkbox"/> <input type="checkbox"/> Smoothing <input type="checkbox"/> <input type="checkbox"/> Strengthening <input type="checkbox"/> <input type="checkbox"/> Thickening <input type="checkbox"/> <input type="checkbox"/> Volumizing <input type="checkbox"/> <input type="checkbox"/>			BRANDS (Continued): Clairol Daily Defense <input type="checkbox"/> <input type="checkbox"/> Dove <input type="checkbox"/> <input type="checkbox"/> Down Under Naturals <input type="checkbox"/> <input type="checkbox"/> Finesse <input type="checkbox"/> <input type="checkbox"/> Fructis Style <input type="checkbox"/> <input type="checkbox"/> Got2B <input type="checkbox"/> <input type="checkbox"/> Herbal Essences <input type="checkbox"/> <input type="checkbox"/> Infusium 23 <input type="checkbox"/> <input type="checkbox"/> Innovation <input type="checkbox"/> <input type="checkbox"/> Jhirmack <input type="checkbox"/> <input type="checkbox"/> L'Oreal Professional <input type="checkbox"/> <input type="checkbox"/> L'Oreal Studio Line <input type="checkbox"/> <input type="checkbox"/> One-One <input type="checkbox"/> <input type="checkbox"/> Pantene Pro V <input type="checkbox"/> <input type="checkbox"/> Physique <input type="checkbox"/> <input type="checkbox"/> Redken <input type="checkbox"/> <input type="checkbox"/> Salon Selectives <input type="checkbox"/> <input type="checkbox"/> Suave <input type="checkbox"/> <input type="checkbox"/> Tame <input type="checkbox"/> <input type="checkbox"/> Thermasilk <input type="checkbox"/> <input type="checkbox"/> Tresemmé <input type="checkbox"/> <input type="checkbox"/> Vavoom Matrix <input type="checkbox"/> <input type="checkbox"/> VO5 <input type="checkbox"/> <input type="checkbox"/> White Rain <input type="checkbox"/> <input type="checkbox"/> Salon Brand (e.g. Joico) <input type="checkbox"/> <input type="checkbox"/> Store Brand <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/> None <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-7 <input type="checkbox"/> 8-10 <input type="checkbox"/> 11+ <input type="checkbox"/>			
BRANDS: Alberto Balsam <input type="checkbox"/> <input type="checkbox"/> Alberto European <input type="checkbox"/> <input type="checkbox"/> Aussie <input type="checkbox"/> <input type="checkbox"/> Biologie Matrix <input type="checkbox"/> <input type="checkbox"/> Dove <input type="checkbox"/> <input type="checkbox"/> Down Under Naturals <input type="checkbox"/> <input type="checkbox"/> Finesse <input type="checkbox"/> <input type="checkbox"/> Freeman <input type="checkbox"/> <input type="checkbox"/> Frizz Ease <input type="checkbox"/> <input type="checkbox"/> Garnier Fructis <input type="checkbox"/> <input type="checkbox"/> Herbal Essences <input type="checkbox"/> <input type="checkbox"/> Infusium 23 <input type="checkbox"/> <input type="checkbox"/> Inner Science <input type="checkbox"/> <input type="checkbox"/> Jhirmack <input type="checkbox"/> <input type="checkbox"/> John Frieda <input type="checkbox"/> <input type="checkbox"/> L'Oreal Vive Pro <input type="checkbox"/> <input type="checkbox"/> Neutrogena <input type="checkbox"/> <input type="checkbox"/> Pantene Colour Expressions <input type="checkbox"/> <input type="checkbox"/> Pantene Pro V <input type="checkbox"/> <input type="checkbox"/> Pantene Restoratives <input type="checkbox"/> <input type="checkbox"/> Redken <input type="checkbox"/> <input type="checkbox"/> Revlon Outrageous <input type="checkbox"/> <input type="checkbox"/> Salon Selectives <input type="checkbox"/> <input type="checkbox"/> St. Ives Hair Repair <input type="checkbox"/> <input type="checkbox"/> Suave <input type="checkbox"/> <input type="checkbox"/> Sunsilk <input type="checkbox"/> <input type="checkbox"/> Tame <input type="checkbox"/> <input type="checkbox"/> Thermasilk <input type="checkbox"/> <input type="checkbox"/> Tresemmé <input type="checkbox"/> <input type="checkbox"/> VO5 Hot Oil <input type="checkbox"/> <input type="checkbox"/> VO5 Oasis <input type="checkbox"/> <input type="checkbox"/> VO5/VO5 Ultra <input type="checkbox"/> <input type="checkbox"/> Salon Brand (e.g. Joico) <input type="checkbox"/> <input type="checkbox"/> Store Brand <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>			HAIR STYLING MOUSSES	PERSONALLY USE Past 6 Months <input type="checkbox"/> Times/ Past 7 Days <input type="checkbox"/>					
			YES <input type="checkbox"/> NO <input type="checkbox"/> None <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-7 <input type="checkbox"/> 8-10 <input type="checkbox"/> 11+ <input type="checkbox"/>						
			HAIR STYLING MOUSSES	PERSONALLY USE Most Often <input type="checkbox"/> Others Sometimes <input type="checkbox"/>					
			BRANDS: Alberto European <input type="checkbox"/> <input type="checkbox"/> Aussie <input type="checkbox"/> <input type="checkbox"/> Clairol Daily Defense <input type="checkbox"/> <input type="checkbox"/> Dep <input type="checkbox"/> <input type="checkbox"/> Dove <input type="checkbox"/> <input type="checkbox"/> Down Under Naturals <input type="checkbox"/> <input type="checkbox"/> European Formula <input type="checkbox"/> <input type="checkbox"/> Finesse <input type="checkbox"/> <input type="checkbox"/> Frizz Ease <input type="checkbox"/> <input type="checkbox"/> Fructis Style <input type="checkbox"/> <input type="checkbox"/> Got2B <input type="checkbox"/> <input type="checkbox"/> Herbal Essences <input type="checkbox"/> <input type="checkbox"/> Infusium 23 <input type="checkbox"/> <input type="checkbox"/> L'Oreal Professional <input type="checkbox"/> <input type="checkbox"/> L'Oreal Studio Line <input type="checkbox"/> <input type="checkbox"/> Pantene Pro V <input type="checkbox"/> <input type="checkbox"/> Physique <input type="checkbox"/> <input type="checkbox"/> Redken <input type="checkbox"/> <input type="checkbox"/> Salon Selectives <input type="checkbox"/> <input type="checkbox"/> Suave <input type="checkbox"/> <input type="checkbox"/> Tame <input type="checkbox"/> <input type="checkbox"/> Thermasilk <input type="checkbox"/> <input type="checkbox"/> Tresemmé <input type="checkbox"/> <input type="checkbox"/> Vavoom <input type="checkbox"/> <input type="checkbox"/> VO5 <input type="checkbox"/> <input type="checkbox"/> White Rain <input type="checkbox"/> <input type="checkbox"/> Salon Brand (e.g. Joico) <input type="checkbox"/> <input type="checkbox"/> Store Brand <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>						
HAIR SPRAYS	PERSONALLY USE Past 6 Months <input type="checkbox"/> Times/ Past 7 Days <input type="checkbox"/>								
YES <input type="checkbox"/> NO <input type="checkbox"/> None <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-7 <input type="checkbox"/> 8-10 <input type="checkbox"/> 11+ <input type="checkbox"/>									
HAIR SPRAYS	PERSONALLY USE Most Often <input type="checkbox"/> Others Sometimes <input type="checkbox"/>								
TYPES: Aerosol <input type="checkbox"/> <input type="checkbox"/> Manual Pump <input type="checkbox"/> <input type="checkbox"/>									
BRANDS: Alberto European <input type="checkbox"/> <input type="checkbox"/> Aussie <input type="checkbox"/> <input type="checkbox"/>									
						HAIR COLOURING PRODUCTS	PERSONALLY USE Past 6 Months <input type="checkbox"/>		
						YES <input type="checkbox"/> NO <input type="checkbox"/>			
						NUMBER OF TIMES: 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7+ <input type="checkbox"/>			

PERSONAL CARE, HEALTH AND BEAUTY AIDS

HAIR COLOURING PRODUCTS	PERSONALLY USE		HAIR SALON	PERSONALLY USE		FACE & BODY SKINCARE	PERSONALLY BOUGHT		
	Most Often	Others Sometimes		Past 6 Months	Past 30 Days				
TYPES: Highlighting <input type="checkbox"/> <input type="checkbox"/> Permanent <input type="checkbox"/> <input type="checkbox"/> Semi-Permanent <input type="checkbox"/> <input type="checkbox"/> Temporary <input type="checkbox"/> <input type="checkbox"/> FORMS: Liquid/Lotion <input type="checkbox"/> <input type="checkbox"/> Mousse <input type="checkbox"/> <input type="checkbox"/> Gel/Creme <input type="checkbox"/> <input type="checkbox"/> BRANDS: Blondissima <input type="checkbox"/> <input type="checkbox"/> Clairol —Frost & Tip <input type="checkbox"/> <input type="checkbox"/> —Herbal Essences <input type="checkbox"/> <input type="checkbox"/> —Herbal Essence Highlights <input type="checkbox"/> <input type="checkbox"/> —Hydrience <input type="checkbox"/> <input type="checkbox"/> —L'Image <input type="checkbox"/> <input type="checkbox"/> —Miss Clairol <input type="checkbox"/> <input type="checkbox"/> —Natural Instincts <input type="checkbox"/> <input type="checkbox"/> —Nice 'n Easy <input type="checkbox"/> <input type="checkbox"/> —Nice 'n Easy Colour Boosting Glaze <input type="checkbox"/> <input type="checkbox"/> —Nice 'n Easy Gray Solution <input type="checkbox"/> <input type="checkbox"/> —Nice 'n Easy Root Touch-Up <input type="checkbox"/> <input type="checkbox"/> Crema Color <input type="checkbox"/> <input type="checkbox"/> Garnier —100% Color <input type="checkbox"/> <input type="checkbox"/> —Belle Color <input type="checkbox"/> <input type="checkbox"/> —Multi-Lights <input type="checkbox"/> <input type="checkbox"/> —Nutrisse <input type="checkbox"/> <input type="checkbox"/> Just For Men <input type="checkbox"/> <input type="checkbox"/> L'Oreal —Casting ColorSpa <input type="checkbox"/> <input type="checkbox"/> —Color Pulse <input type="checkbox"/> <input type="checkbox"/> —Color Rays <input type="checkbox"/> <input type="checkbox"/> —Couleur Experte <input type="checkbox"/> <input type="checkbox"/> —Excellence <input type="checkbox"/> <input type="checkbox"/> —Féria <input type="checkbox"/> <input type="checkbox"/> —Hi-Light Styliste <input type="checkbox"/> <input type="checkbox"/> —Natural Match <input type="checkbox"/> <input type="checkbox"/> —Preference <input type="checkbox"/> <input type="checkbox"/> Revlon Custom Effects <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>			HAIR SERVICES: Hair Care Treatments <input type="checkbox"/> Hair Cut <input type="checkbox"/> Colouring <input type="checkbox"/> Styling <input type="checkbox"/> AMOUNT SPENT LAST TIME: \$1–25 <input type="checkbox"/> \$26–50 <input type="checkbox"/> \$51–75 <input type="checkbox"/> \$76–100 <input type="checkbox"/> \$101+ <input type="checkbox"/>			WHERE BOUGHT (Continued): Crabtree & Evelyn <input type="checkbox"/> Dans un Jardin <input type="checkbox"/> Faces <input type="checkbox"/> Fruits & Passion <input type="checkbox"/> Merle Norman <input type="checkbox"/> The Body Shop <input type="checkbox"/> Yves Rocher <input type="checkbox"/> Other Specialty Store <input type="checkbox"/> Loblaws/Loblaws Superstore <input type="checkbox"/> Real Canadian Superstore <input type="checkbox"/> Grocery Stores <input type="checkbox"/> Other Stores <input type="checkbox"/> Mail Order <input type="checkbox"/>			
			BEAUTY SALON/ SPA	PERSONALLY USE		HAND & BODY CREAM/LOTION			
			Past 6 Months		PERSONALLY USE			Past 6 Months	Times Past 7 Days
			YES <input type="checkbox"/> NO <input type="checkbox"/> NUMBER OF TIMES: 1–2 <input type="checkbox"/> 3–4 <input type="checkbox"/> 5–6 <input type="checkbox"/> 7+ <input type="checkbox"/> TYPE OF SERVICE: Facial <input type="checkbox"/> Manicure <input type="checkbox"/> Massage <input type="checkbox"/> Pedicure <input type="checkbox"/> Hair Removal <input type="checkbox"/> AMOUNT SPENT LAST TIME: \$1–25 <input type="checkbox"/> \$26–50 <input type="checkbox"/> \$51–75 <input type="checkbox"/> \$76–100 <input type="checkbox"/> \$101+ <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/> None <input type="checkbox"/> 1–2 <input type="checkbox"/> 3–5 <input type="checkbox"/> 6–9 <input type="checkbox"/> 10–14 <input type="checkbox"/> 15+ <input type="checkbox"/>			
			FACE & BODY SKINCARE		PERSONALLY USE			PERSONALLY BOUGHT	
			Past 30 Days		PERSONALLY USE			Most Often	Others Sometimes
			YES <input type="checkbox"/> NO <input type="checkbox"/> AMOUNT SPENT: \$1–4 <input type="checkbox"/> \$5–9 <input type="checkbox"/> \$10–19 <input type="checkbox"/> \$20–49 <input type="checkbox"/> \$50–99 <input type="checkbox"/> \$100+ <input type="checkbox"/> WHERE BOUGHT: Costco <input type="checkbox"/> Holt Renfrew <input type="checkbox"/> Les Ailes de la Mode <input type="checkbox"/> Ogilvy <input type="checkbox"/> Sears <input type="checkbox"/> The Bay <input type="checkbox"/> Wal-Mart <input type="checkbox"/> Zellers <input type="checkbox"/> Brunet <input type="checkbox"/> Famili-prix <input type="checkbox"/> Guardian Drug <input type="checkbox"/> IDA <input type="checkbox"/> Jean Coutu <input type="checkbox"/> Lawton's <input type="checkbox"/> London Drugs <input type="checkbox"/> Pharma Plus <input type="checkbox"/> PharmaSave <input type="checkbox"/> Proxim <input type="checkbox"/> Shoppers Drug Mart/Pharmaprix <input type="checkbox"/> Uniprix <input type="checkbox"/> Other Drug Store <input type="checkbox"/>			FORMS: Cream <input type="checkbox"/> <input type="checkbox"/> Lotion <input type="checkbox"/> <input type="checkbox"/> KINDS: Scented <input type="checkbox"/> <input type="checkbox"/> Unscented <input type="checkbox"/> <input type="checkbox"/> Sensitive Skin <input type="checkbox"/> <input type="checkbox"/> Extra Strength <input type="checkbox"/> <input type="checkbox"/> BRANDS: Aveeno <input type="checkbox"/> <input type="checkbox"/> Avon <input type="checkbox"/> <input type="checkbox"/> Body Shop <input type="checkbox"/> <input type="checkbox"/> Cetaphil <input type="checkbox"/> <input type="checkbox"/> Complex 15 <input type="checkbox"/> <input type="checkbox"/> Curel <input type="checkbox"/> <input type="checkbox"/> Dove <input type="checkbox"/> <input type="checkbox"/> Eucerin <input type="checkbox"/> <input type="checkbox"/> Glysomed <input type="checkbox"/> <input type="checkbox"/> Gold Bond <input type="checkbox"/> <input type="checkbox"/> Gold Bond Ultimate <input type="checkbox"/> <input type="checkbox"/> Jergens <input type="checkbox"/> <input type="checkbox"/> Keri Original (white) <input type="checkbox"/> <input type="checkbox"/> Keri Fast Absorbing (blue) <input type="checkbox"/> <input type="checkbox"/> Lubriderm <input type="checkbox"/> <input type="checkbox"/> Moisturel <input type="checkbox"/> <input type="checkbox"/> Neutrogena <input type="checkbox"/> <input type="checkbox"/> Nivea <input type="checkbox"/> <input type="checkbox"/> Nivea Extra Nourishing Milk <input type="checkbox"/> <input type="checkbox"/>			
SMALL APPLIANCES			PERSONALLY USE		HAIR SALON				
			Past 6 Months	Past 30 Days	Past 6 Months				
YES <input type="checkbox"/> NO <input type="checkbox"/> TYPE: Blow Dryer <input type="checkbox"/> Curling Iron —Butane <input type="checkbox"/> —Electric <input type="checkbox"/> Electric Curlers <input type="checkbox"/>					YES <input type="checkbox"/> NO <input type="checkbox"/> NUMBER OF TIMES: 1–2 <input type="checkbox"/> 3–4 <input type="checkbox"/> 5–6 <input type="checkbox"/> 7+ <input type="checkbox"/>				

PERSONAL CARE, HEALTH AND BEAUTY AIDS

HAND & BODY CREAM/LOTION	PERSONALLY USE		FACIAL CLEANSERS	PERSONALLY USE		FACIAL MOISTURIZERS	PERSONALLY USE				
	Most Often	Others Sometimes		Most Often	Others Sometimes		Most Often	Others Sometimes			
BRANDS (Continued): Nivea Firming <input type="checkbox"/> <input type="checkbox"/> Nivea Firming Q10 Plus <input type="checkbox"/> <input type="checkbox"/> Nivea Moisturizing Lotion <input type="checkbox"/> <input type="checkbox"/> Nivea Renewal Night Crème <input type="checkbox"/> <input type="checkbox"/> Nivea Soft <input type="checkbox"/> <input type="checkbox"/> Noxzema <input type="checkbox"/> <input type="checkbox"/> Olay <input type="checkbox"/> <input type="checkbox"/> Olay Quench <input type="checkbox"/> <input type="checkbox"/> Palmer's <input type="checkbox"/> <input type="checkbox"/> St. Ives/Swiss Formula <input type="checkbox"/> <input type="checkbox"/> Vaseline Intensive Care <input type="checkbox"/> <input type="checkbox"/> Vaseline Problem Skin Therapy <input type="checkbox"/> <input type="checkbox"/> Store Brand <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>			BRANDS (Continued): Clinique <input type="checkbox"/> <input type="checkbox"/> Dove <input type="checkbox"/> <input type="checkbox"/> Dove Sensitive Essentials <input type="checkbox"/> <input type="checkbox"/> Estée Lauder <input type="checkbox"/> <input type="checkbox"/> Eucerin <input type="checkbox"/> <input type="checkbox"/> Freeman <input type="checkbox"/> <input type="checkbox"/> Garnier Skin Naturals <input type="checkbox"/> <input type="checkbox"/> Jergen's <input type="checkbox"/> <input type="checkbox"/> Johnson & Johnson Clean & Clear <input type="checkbox"/> <input type="checkbox"/> Johnson & Johnson PH 5.5 <input type="checkbox"/> <input type="checkbox"/> Lancôme <input type="checkbox"/> <input type="checkbox"/> La Roche Posay <input type="checkbox"/> <input type="checkbox"/> L'Oreal Dermo-Expertise <input type="checkbox"/> <input type="checkbox"/> L'Oreal Pure Zone <input type="checkbox"/> <input type="checkbox"/> Marcelle <input type="checkbox"/> <input type="checkbox"/> Mary Kay <input type="checkbox"/> <input type="checkbox"/> Montagne Jeunesse <input type="checkbox"/> <input type="checkbox"/> Neutrogena <input type="checkbox"/> <input type="checkbox"/> Nivea Visage Skin Balance Cleanser <input type="checkbox"/> <input type="checkbox"/> Noxzema <input type="checkbox"/> <input type="checkbox"/> Noxzema Skin Fitness <input type="checkbox"/> <input type="checkbox"/> Olay <input type="checkbox"/> <input type="checkbox"/> Olay Daily Facials <input type="checkbox"/> <input type="checkbox"/> Olay Quench <input type="checkbox"/> <input type="checkbox"/> Olay Regenerist <input type="checkbox"/> <input type="checkbox"/> Oxy <input type="checkbox"/> <input type="checkbox"/> Phisoderm Liquid <input type="checkbox"/> <input type="checkbox"/> Pond's/Pond's Cold Cream <input type="checkbox"/> <input type="checkbox"/> Spectro Derm <input type="checkbox"/> <input type="checkbox"/> Spectro Jel <input type="checkbox"/> <input type="checkbox"/> St. Ives <input type="checkbox"/> <input type="checkbox"/> Vichy <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>			BRANDS: Aveeno <input type="checkbox"/> <input type="checkbox"/> Avon <input type="checkbox"/> <input type="checkbox"/> bioré <input type="checkbox"/> <input type="checkbox"/> Biotherm <input type="checkbox"/> <input type="checkbox"/> Cetaphil <input type="checkbox"/> <input type="checkbox"/> Clarins <input type="checkbox"/> <input type="checkbox"/> Clinique <input type="checkbox"/> <input type="checkbox"/> Dior <input type="checkbox"/> <input type="checkbox"/> Dove <input type="checkbox"/> <input type="checkbox"/> Estée Lauder <input type="checkbox"/> <input type="checkbox"/> Eucerin <input type="checkbox"/> <input type="checkbox"/> Garnier Skin Naturals <input type="checkbox"/> <input type="checkbox"/> Keri Lotion <input type="checkbox"/> <input type="checkbox"/> Lancôme <input type="checkbox"/> <input type="checkbox"/> L'Oreal Age Perfect <input type="checkbox"/> <input type="checkbox"/> L'Oreal Pure Zone <input type="checkbox"/> <input type="checkbox"/> L'Oreal Revita-Lift <input type="checkbox"/> <input type="checkbox"/> L'Oreal Wrinkle Decrease <input type="checkbox"/> <input type="checkbox"/> La Roche Posay <input type="checkbox"/> <input type="checkbox"/> Marcelle <input type="checkbox"/> <input type="checkbox"/> Mary Kay <input type="checkbox"/> <input type="checkbox"/> NeoStrata AHA <input type="checkbox"/> <input type="checkbox"/> Neutrogena <input type="checkbox"/> <input type="checkbox"/> Nivea Cream (Blue) <input type="checkbox"/> <input type="checkbox"/> Nivea Visage <input type="checkbox"/> <input type="checkbox"/> —Q10 Plus <input type="checkbox"/> <input type="checkbox"/> —Multiple Results <input type="checkbox"/> <input type="checkbox"/> —Simply Glowing <input type="checkbox"/> <input type="checkbox"/> Olay <input type="checkbox"/> <input type="checkbox"/> Olay Regenerist <input type="checkbox"/> <input type="checkbox"/> Olay Total Effects <input type="checkbox"/> <input type="checkbox"/> Pond's Clear Solutions <input type="checkbox"/> <input type="checkbox"/> Pond's Moisturizer <input type="checkbox"/> <input type="checkbox"/> Revlon <input type="checkbox"/> <input type="checkbox"/> ROC <input type="checkbox"/> <input type="checkbox"/> St. Ives <input type="checkbox"/> <input type="checkbox"/> Vaseline Intensive Care <input type="checkbox"/> <input type="checkbox"/> Vichy <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>					
USED FOR: Hands <input type="checkbox"/> <input type="checkbox"/> Face <input type="checkbox"/> <input type="checkbox"/> Feet <input type="checkbox"/> <input type="checkbox"/> Rest Of Body <input type="checkbox"/> <input type="checkbox"/>			PERSONAL Skin Condition Dry <input type="checkbox"/> Extra Dry <input type="checkbox"/> Normal <input type="checkbox"/> Oily <input type="checkbox"/> Sensitive <input type="checkbox"/>			PERSONALLY USE Past 6 Months <input type="checkbox"/> Times/Past 7 Days <input type="checkbox"/>			PERSONALLY USE YES <input type="checkbox"/> NO <input type="checkbox"/> None <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-9 <input type="checkbox"/> 10-14 <input type="checkbox"/> 15+ <input type="checkbox"/>		
PERSONALLY USE Most Often <input type="checkbox"/> Others Sometimes <input type="checkbox"/>			PERSONALLY USE Most Often <input type="checkbox"/> Others Sometimes <input type="checkbox"/>			PERSONALLY USE Most Often <input type="checkbox"/> Others Sometimes <input type="checkbox"/>					
FACIAL CLEANSERS KINDS: Bar <input type="checkbox"/> <input type="checkbox"/> Cream <input type="checkbox"/> <input type="checkbox"/> Facial Cleansing Cloths <input type="checkbox"/> <input type="checkbox"/> Foaming Cleansers <input type="checkbox"/> <input type="checkbox"/> Gel <input type="checkbox"/> <input type="checkbox"/> Lotion/Milk <input type="checkbox"/> <input type="checkbox"/> Mask <input type="checkbox"/> <input type="checkbox"/> Nose/Facial Strips <input type="checkbox"/> <input type="checkbox"/> Pillows <input type="checkbox"/> <input type="checkbox"/> Pre-Moistened Cloths <input type="checkbox"/> <input type="checkbox"/> Scrub <input type="checkbox"/> <input type="checkbox"/> Toner <input type="checkbox"/> <input type="checkbox"/> Towelettes <input type="checkbox"/> <input type="checkbox"/> BRANDS: Almay <input type="checkbox"/> <input type="checkbox"/> Aveeno <input type="checkbox"/> <input type="checkbox"/> Avon <input type="checkbox"/> <input type="checkbox"/> bioré <input type="checkbox"/> <input type="checkbox"/> Biotherm <input type="checkbox"/> <input type="checkbox"/> Cetaphil <input type="checkbox"/> <input type="checkbox"/> Clarins <input type="checkbox"/> <input type="checkbox"/> Clearasil <input type="checkbox"/> <input type="checkbox"/>			FACIAL MOISTURIZERS TYPES: Cream <input type="checkbox"/> <input type="checkbox"/> Lotion <input type="checkbox"/> <input type="checkbox"/> Gel <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> KINDS: Fragrance Free <input type="checkbox"/> <input type="checkbox"/> Hypoallergenic <input type="checkbox"/> <input type="checkbox"/> Oil Free <input type="checkbox"/> <input type="checkbox"/> Regular <input type="checkbox"/> <input type="checkbox"/> With Sunscreen (SPF) <input type="checkbox"/> <input type="checkbox"/> HOW USED: Anti-Wrinkle/Anti-Aging <input type="checkbox"/> <input type="checkbox"/> Exfoliating <input type="checkbox"/> <input type="checkbox"/> Eye Cream <input type="checkbox"/> <input type="checkbox"/> Moisturizing <input type="checkbox"/> <input type="checkbox"/> Night Cream <input type="checkbox"/> <input type="checkbox"/> Sunscreen <input type="checkbox"/> <input type="checkbox"/> Under Make-Up <input type="checkbox"/> <input type="checkbox"/>			PERSONALLY USE YES <input type="checkbox"/> NO <input type="checkbox"/> None <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-9 <input type="checkbox"/> 10-14 <input type="checkbox"/> 15+ <input type="checkbox"/>					
PERSONALLY USE Most Often <input type="checkbox"/> Others Sometimes <input type="checkbox"/>			PERSONALLY USE Most Often <input type="checkbox"/> Others Sometimes <input type="checkbox"/>			PERSONALLY USE Most Often <input type="checkbox"/> Others Sometimes <input type="checkbox"/>					
PERSONALLY USE Past 6 Months <input type="checkbox"/> Times/Past 7 Days <input type="checkbox"/>			PERSONALLY USE Past 6 Months <input type="checkbox"/> Times/Past 7 Days <input type="checkbox"/>			PERSONALLY USE Past 6 Months <input type="checkbox"/> Times/Past 7 Days <input type="checkbox"/>					
PERSONALLY USE Most Often <input type="checkbox"/> Others Sometimes <input type="checkbox"/>			PERSONALLY USE Most Often <input type="checkbox"/> Others Sometimes <input type="checkbox"/>			PERSONALLY USE Most Often <input type="checkbox"/> Others Sometimes <input type="checkbox"/>					
PERSONALLY USE Most Often <input type="checkbox"/> Others Sometimes <input type="checkbox"/>			PERSONALLY USE Most Often <input type="checkbox"/> Others Sometimes <input type="checkbox"/>			PERSONALLY USE Most Often <input type="checkbox"/> Others Sometimes <input type="checkbox"/>					
PERSONALLY USE Most Often <input type="checkbox"/> Others Sometimes <input type="checkbox"/>			PERSONALLY USE Most Often <input type="checkbox"/> Others Sometimes <input type="checkbox"/>			PERSONALLY USE Most Often <input type="checkbox"/> Others Sometimes <input type="checkbox"/>					
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PERSONALLY USE Most Often <input type="checkbox"/> Others Sometimes <input type="checkbox"/>			PERSONALLY USE Most Often <input type="checkbox"/> Others Sometimes <input type="checkbox"/>			PERSONALLY USE Most Often <input type="checkbox"/> Others Sometimes <input type="checkbox"/>					
PERSONALLY USE Most Often <input type="checkbox"/> Others Sometimes <input type="checkbox"/>			PERSONALLY USE Most Often <input type="checkbox"/> Others Sometimes <input type="checkbox"/>			PERSONALLY USE Most Often <input type="checkbox"/> Others Sometimes <input type="checkbox"/>					
PERSONALLY USE Most Often <input type="checkbox"/> Others Sometimes <input type="checkbox"/>			PERSONALLY USE Most Often <input type="checkbox"/> Others Sometimes <input type="checkbox"/>			PERSONALLY USE Most Often <input type="checkbox"/> Others Sometimes <input type="checkbox"/>					
PERSONALLY USE Most Often <input type="checkbox"/> Others Sometimes <input type="checkbox"/>			PERSONALLY USE Most Often <input type="checkbox"/> Others Sometimes <input type="checkbox"/>			PERSONALLY USE Most Often <input type="checkbox"/> Others Sometimes <input type="checkbox"/>					
PERSONALLY USE Most Often <input type="checkbox"/> Others Sometimes <input type="checkbox"/>			PERSONALLY USE Most Often <input type="checkbox"/> Others Sometimes <input type="checkbox"/>			PERSONALLY USE Most Often <input type="checkbox"/> Others Sometimes <input type="checkbox"/>					
PERSONALLY USE Most Often <input type="checkbox"/> Others Sometimes <input type="checkbox"/>			PERSONALLY USE Most Often <input type="checkbox"/> Others Sometimes <input type="checkbox"/>			PERSONALLY USE Most Often <input type="checkbox"/> Others Sometimes <input type="checkbox"/>					
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PERSONAL CARE, HEALTH AND BEAUTY AIDS

ACNE PRODUCTS	PERSONALLY USE		RAZORS/ SHAVERS	PERSONALLY USE		HAIR REMOVAL	PERSONALLY USE	
	Most Often	Others Sometimes		Times/ Past 7 Days	Most Often		Others Sometimes	Most Often
BRANDS:								
Clean & Clear	<input type="checkbox"/>	<input type="checkbox"/>	None	<input type="checkbox"/>		TYPES:		
Clearasil	<input type="checkbox"/>	<input type="checkbox"/>	1-2	<input type="checkbox"/>		Bladeless Kits	<input type="checkbox"/>	<input type="checkbox"/>
Neutrogena	<input type="checkbox"/>	<input type="checkbox"/>	3-5	<input type="checkbox"/>		Cream/Lotion	<input type="checkbox"/>	<input type="checkbox"/>
Oxy	<input type="checkbox"/>	<input type="checkbox"/>	6-9	<input type="checkbox"/>		Electrolysis	<input type="checkbox"/>	<input type="checkbox"/>
Spectro Jel	<input type="checkbox"/>	<input type="checkbox"/>	10-14	<input type="checkbox"/>		Laser	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	15+	<input type="checkbox"/>		Wax —At Home (Hot)	<input type="checkbox"/>	<input type="checkbox"/>
						—At Home (Cold)	<input type="checkbox"/>	<input type="checkbox"/>
						—At Salon	<input type="checkbox"/>	<input type="checkbox"/>
COTTON SWABS								
PERSONALLY USE								
Past 6 Months		Times/ Past 7 Days						
YES	<input type="checkbox"/>							
NO	<input type="checkbox"/>							
None	<input type="checkbox"/>							
1-2	<input type="checkbox"/>							
3-5	<input type="checkbox"/>							
6-9	<input type="checkbox"/>							
10-14	<input type="checkbox"/>							
15+	<input type="checkbox"/>							
COTTON SWABS								
PERSONALLY USE								
Most Often		Others Sometimes						
BRANDS:								
Body Basics	<input type="checkbox"/>	<input type="checkbox"/>	None	<input type="checkbox"/>		COUGH DROPS	PERSONALLY USE	
Equate	<input type="checkbox"/>	<input type="checkbox"/>	1-2	<input type="checkbox"/>		Past 6 Months / Times/ Past 30 Days		
Exact	<input type="checkbox"/>	<input type="checkbox"/>	3-5	<input type="checkbox"/>		YES	<input type="checkbox"/>	
Life Brand	<input type="checkbox"/>	<input type="checkbox"/>	6-9	<input type="checkbox"/>		NO	<input type="checkbox"/>	
London Drugs	<input type="checkbox"/>	<input type="checkbox"/>	10-14	<input type="checkbox"/>		None	<input type="checkbox"/>	
Our Compliments	<input type="checkbox"/>	<input type="checkbox"/>	15+	<input type="checkbox"/>		1-2	<input type="checkbox"/>	
Personnelle	<input type="checkbox"/>	<input type="checkbox"/>				3-5	<input type="checkbox"/>	
Q-tips	<input type="checkbox"/>	<input type="checkbox"/>				6-9	<input type="checkbox"/>	
Rexall	<input type="checkbox"/>	<input type="checkbox"/>				10-14	<input type="checkbox"/>	
Safeway	<input type="checkbox"/>	<input type="checkbox"/>				15+	<input type="checkbox"/>	
Teddy's Choice	<input type="checkbox"/>	<input type="checkbox"/>						
Truly	<input type="checkbox"/>	<input type="checkbox"/>						
Other	<input type="checkbox"/>	<input type="checkbox"/>						
MEN'S AFTERSHAVE LOTION								
PERSONALLY USE								
Past 6 Months		Past 7 Days						
YES	<input type="checkbox"/>							
NO	<input type="checkbox"/>							
NUMBER OF TIMES:								
None	<input type="checkbox"/>							
1-2	<input type="checkbox"/>							
3-5	<input type="checkbox"/>							
6-9	<input type="checkbox"/>							
10-14	<input type="checkbox"/>							
15+	<input type="checkbox"/>							
MEN'S AFTERSHAVE LOTION								
PERSONALLY USE								
Most Often		Others Sometimes						
TYPES:								
After Shave Splash	<input type="checkbox"/>	<input type="checkbox"/>				COUGH DROPS	PERSONALLY USE	
After Shave Lotion	<input type="checkbox"/>	<input type="checkbox"/>				Most Often / Others Sometimes		
After Shave Gel	<input type="checkbox"/>	<input type="checkbox"/>				YES	<input type="checkbox"/>	
						NO	<input type="checkbox"/>	
						None	<input type="checkbox"/>	
						1-2	<input type="checkbox"/>	
						3-5	<input type="checkbox"/>	
						6-9	<input type="checkbox"/>	
						10-14	<input type="checkbox"/>	
						15+	<input type="checkbox"/>	
RAZORS/SHAVERS								
PERSONALLY USE								
Past 6 Months								
YES	<input type="checkbox"/>							
NO	<input type="checkbox"/>							
RAZORS/SHAVERS								
PERSONALLY USE								
Past 6 Months								
YES								
NO								
NUMBER OF TIMES:								
None	<input type="checkbox"/>							
1-2	<input type="checkbox"/>							
3-5	<input type="checkbox"/>							
6+	<input type="checkbox"/>							
HAIR REMOVAL								
PERSONALLY USE								
Past 6 Months		Times/ Past 30 Days						
YES								
NO								
TYPES:								
Cream/Foam	<input type="checkbox"/>	<input type="checkbox"/>	None	<input type="checkbox"/>		COUGH SYRUP	PERSONALLY USE	
Gel	<input type="checkbox"/>	<input type="checkbox"/>	1-2	<input type="checkbox"/>		Past 6 Months / Times/ Past 30 Days		
Soap	<input type="checkbox"/>	<input type="checkbox"/>	3-5	<input type="checkbox"/>		YES	<input type="checkbox"/>	
			6+	<input type="checkbox"/>		NO	<input type="checkbox"/>	
						None	<input type="checkbox"/>	
						1-2	<input type="checkbox"/>	
						3-5	<input type="checkbox"/>	
						6-9	<input type="checkbox"/>	
						10-14	<input type="checkbox"/>	
						15+	<input type="checkbox"/>	

PERSONAL CARE, HEALTH AND BEAUTY AIDS

COUGH SYRUP	PERSONALLY USE		EYE DROPS	PERSONALLY USE		TOPICAL PAIN RELIEVERS	PERSONALLY USE	
	Most Often	Others Sometimes		Most Often	Others Sometimes		Most Often	Others Sometimes
BRANDS: Benylin All-In-One <input type="checkbox"/> <input type="checkbox"/> Benylin Energy Boosting <input type="checkbox"/> <input type="checkbox"/> Benylin Extra Strength <input type="checkbox"/> <input type="checkbox"/> Benylin First Defense <input type="checkbox"/> <input type="checkbox"/> Benylin Regular Strength <input type="checkbox"/> <input type="checkbox"/> Buckley's <input type="checkbox"/> <input type="checkbox"/> Delsym <input type="checkbox"/> <input type="checkbox"/> Dimetapp <input type="checkbox"/> <input type="checkbox"/> Life Brand <input type="checkbox"/> <input type="checkbox"/> Robitussin <input type="checkbox"/> <input type="checkbox"/> Triaminic <input type="checkbox"/> <input type="checkbox"/> Tylenol <input type="checkbox"/> <input type="checkbox"/> Vicks Formula 44 <input type="checkbox"/> <input type="checkbox"/> Vicks Dayquil <input type="checkbox"/> <input type="checkbox"/> Vicks Nyquil <input type="checkbox"/> <input type="checkbox"/> Store Brands <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>			BRANDS (Continued): Opticrom Anti-Allergy <input type="checkbox"/> <input type="checkbox"/> Optrex <input type="checkbox"/> <input type="checkbox"/> Refresh Liquigel Drops <input type="checkbox"/> <input type="checkbox"/> Refresh Tears <input type="checkbox"/> <input type="checkbox"/> Systane <input type="checkbox"/> <input type="checkbox"/> Tears Naturale II <input type="checkbox"/> <input type="checkbox"/> Visine —Advance Triple Action <input type="checkbox"/> <input type="checkbox"/> —Advance True Tears <input type="checkbox"/> <input type="checkbox"/> —Advance True Tears UniDose <input type="checkbox"/> <input type="checkbox"/> —Allergy <input type="checkbox"/> <input type="checkbox"/> —Advance Allergy <input type="checkbox"/> <input type="checkbox"/> —Contact Lens <input type="checkbox"/> <input type="checkbox"/> —Cool <input type="checkbox"/> <input type="checkbox"/> —Original <input type="checkbox"/> <input type="checkbox"/> —Workplace <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>			BRANDS (Continued): Rub A535/Antiphlogistine —Regular Strength <input type="checkbox"/> <input type="checkbox"/> —Extra Strength <input type="checkbox"/> <input type="checkbox"/> —No Odour <input type="checkbox"/> <input type="checkbox"/> —Sport-Ultra Heat <input type="checkbox"/> <input type="checkbox"/> —Sport-Ice <input type="checkbox"/> <input type="checkbox"/> —Dual Action Patch <input type="checkbox"/> <input type="checkbox"/> —Dual Action Sleeve <input type="checkbox"/> <input type="checkbox"/> Tensor —Heat Patch <input type="checkbox"/> <input type="checkbox"/> —Hot/Cold Compress <input type="checkbox"/> <input type="checkbox"/> Tiger Balm <input type="checkbox"/> <input type="checkbox"/> Thermacare —Lower Back Wrap <input type="checkbox"/> <input type="checkbox"/> —Knee Wrap <input type="checkbox"/> <input type="checkbox"/> —Neck/Arm Wrap <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>		
MEDICATED THROAT REMEDIES			TOPICAL PAIN RELIEVERS			USED FOR: Arthritis/Rheumatism <input type="checkbox"/> <input type="checkbox"/> Backaches <input type="checkbox"/> <input type="checkbox"/> General Muscle Aches & Pain <input type="checkbox"/> <input type="checkbox"/> Job Related Pain <input type="checkbox"/> <input type="checkbox"/> Sports/Exercise Related Pain <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>		
YES <input type="checkbox"/> NO <input type="checkbox"/> None <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-9 <input type="checkbox"/> 10-14 <input type="checkbox"/> 15+ <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/> None <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-9 <input type="checkbox"/> 10-14 <input type="checkbox"/> 15+ <input type="checkbox"/>			FIRST AID CREAMS/OINTMENTS		
MEDICATED THROAT REMEDIES			TOPICAL PAIN RELIEVERS			YES <input type="checkbox"/> NO <input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/>		
KINDS: Spray <input type="checkbox"/> <input type="checkbox"/> Lozenges <input type="checkbox"/> <input type="checkbox"/>			FORMS: Rubs <input type="checkbox"/> <input type="checkbox"/> Microwave/Freezer Compress <input type="checkbox"/> <input type="checkbox"/> Patch <input type="checkbox"/> <input type="checkbox"/> Wraps/Sleeve <input type="checkbox"/> <input type="checkbox"/>			FIRST AID CREAMS/OINTMENTS		
EYE DROPS			KINDS: Hot <input type="checkbox"/> <input type="checkbox"/> Cold <input type="checkbox"/> <input type="checkbox"/> Hot/Cold Combination <input type="checkbox"/> <input type="checkbox"/>			None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/>		
EYE DROPS			TYPES: Natural Sourced Remedy <input type="checkbox"/> <input type="checkbox"/> No Odour <input type="checkbox"/> <input type="checkbox"/> Strengths —Regular <input type="checkbox"/> <input type="checkbox"/> —Ultra/Extra <input type="checkbox"/> <input type="checkbox"/>			PERSONALLY USE Most Often <input type="checkbox"/> Others Sometimes <input type="checkbox"/>		
TYPES: Non-Prescription <input type="checkbox"/> <input type="checkbox"/> Prescription <input type="checkbox"/> <input type="checkbox"/>			BRANDS: Absorbine Junior <input type="checkbox"/> <input type="checkbox"/> Bengay <input type="checkbox"/> <input type="checkbox"/> Icy Hot —Rub <input type="checkbox"/> <input type="checkbox"/> —Patch <input type="checkbox"/> <input type="checkbox"/> —Sleeve <input type="checkbox"/> <input type="checkbox"/> Lakota —Arthritis Rub <input type="checkbox"/> <input type="checkbox"/> —Cool Sport Rub <input type="checkbox"/> <input type="checkbox"/> —Joint Care Roll-On <input type="checkbox"/> <input type="checkbox"/> Mentholatum Deep Cold —Rub <input type="checkbox"/> <input type="checkbox"/> —Patch <input type="checkbox"/> <input type="checkbox"/> Mentholatum Deep Heating —Rub <input type="checkbox"/> <input type="checkbox"/> —Patch <input type="checkbox"/> <input type="checkbox"/> Myoflex <input type="checkbox"/> <input type="checkbox"/> O24 <input type="checkbox"/> <input type="checkbox"/>			PERSONALLY USE Most Often <input type="checkbox"/> Others Sometimes <input type="checkbox"/>		
BRANDS: Bausch & Lomb <input type="checkbox"/> <input type="checkbox"/> CIBA Vision <input type="checkbox"/> <input type="checkbox"/> Clear Eyes <input type="checkbox"/> <input type="checkbox"/> Clear Eyes Allergy <input type="checkbox"/> <input type="checkbox"/> Genteal <input type="checkbox"/> <input type="checkbox"/> Murine <input type="checkbox"/> <input type="checkbox"/> Opticrom <input type="checkbox"/> <input type="checkbox"/>			PERSONALLY USE Most Often <input type="checkbox"/> Others Sometimes <input type="checkbox"/>			PAIN RELIEVERS FOR ARTHRITIS/RHEUMATISM		
PERSONALLY USE Most Often <input type="checkbox"/> Others Sometimes <input type="checkbox"/>			PERSONALLY USE Most Often <input type="checkbox"/> Others Sometimes <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/> None <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-9 <input type="checkbox"/> 10-14 <input type="checkbox"/> 15+ <input type="checkbox"/>		

PERSONAL CARE, HEALTH AND BEAUTY AIDS

PAIN RELIEVERS FOR ARTHRITIS/RHEUMATISM	PERSONALLY USE		PAIN RELIEVERS FOR HEADACHES	PERSONALLY USE		NON-PRESCRIPTION PRODUCTS FOR PREVENTING HEART ATTACK/STROKE	PERSONALLY USE	
	Most Often	Others Sometimes		Most Often	Others Sometimes		Most Often	Others Sometimes
BRANDS:			TYPES:			BRANDS:		
Advil	<input type="checkbox"/>	<input type="checkbox"/>	Caplets	<input type="checkbox"/>	<input type="checkbox"/>	Advil	<input type="checkbox"/>	<input type="checkbox"/>
Advil ES	<input type="checkbox"/>	<input type="checkbox"/>	Capsules	<input type="checkbox"/>	<input type="checkbox"/>	Asaphen Low Dose	<input type="checkbox"/>	<input type="checkbox"/>
Aspirin Arthritis Pain Relief (Bayer)	<input type="checkbox"/>	<input type="checkbox"/>	Gelcaps	<input type="checkbox"/>	<input type="checkbox"/>	Aspirin (Bayer)	<input type="checkbox"/>	<input type="checkbox"/>
Aspirin Coated (Bayer)	<input type="checkbox"/>	<input type="checkbox"/>	Liquigels	<input type="checkbox"/>	<input type="checkbox"/>	Children's Aspirin	<input type="checkbox"/>	<input type="checkbox"/>
Aspirin Extra Strength (Bayer)	<input type="checkbox"/>	<input type="checkbox"/>	Tablets	<input type="checkbox"/>	<input type="checkbox"/>	Cholestanol	<input type="checkbox"/>	<input type="checkbox"/>
Bengay	<input type="checkbox"/>	<input type="checkbox"/>	KINDS:			Coated Aspirin	<input type="checkbox"/>	<input type="checkbox"/>
Entrophen	<input type="checkbox"/>	<input type="checkbox"/>	With Codeine	<input type="checkbox"/>	<input type="checkbox"/>	Coated Aspirin Daily Low Dose	<input type="checkbox"/>	<input type="checkbox"/>
Lakota	<input type="checkbox"/>	<input type="checkbox"/>	Without Codeine	<input type="checkbox"/>	<input type="checkbox"/>	Entrophen	<input type="checkbox"/>	<input type="checkbox"/>
Motrin ES	<input type="checkbox"/>	<input type="checkbox"/>	BRANDS:			Equate Low Dose ASA	<input type="checkbox"/>	<input type="checkbox"/>
Motrin IB	<input type="checkbox"/>	<input type="checkbox"/>	Advil	<input type="checkbox"/>	<input type="checkbox"/>	Libracol	<input type="checkbox"/>	<input type="checkbox"/>
Myoflex	<input type="checkbox"/>	<input type="checkbox"/>	Advil ES	<input type="checkbox"/>	<input type="checkbox"/>	Life Brand Daily Low Dose	<input type="checkbox"/>	<input type="checkbox"/>
Rub A535/Antiphlogistine	<input type="checkbox"/>	<input type="checkbox"/>	Advil Liqui-Gels	<input type="checkbox"/>	<input type="checkbox"/>	London Drugs Low Dose ASA	<input type="checkbox"/>	<input type="checkbox"/>
Tylenol	<input type="checkbox"/>	<input type="checkbox"/>	Advil Migraine	<input type="checkbox"/>	<input type="checkbox"/>	Omega 3	<input type="checkbox"/>	<input type="checkbox"/>
Tylenol Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Aspirin Reg. Strength (Bayer)	<input type="checkbox"/>	<input type="checkbox"/>	Personnelle Low Dose	<input type="checkbox"/>	<input type="checkbox"/>
Tylenol EZ Tabs	<input type="checkbox"/>	<input type="checkbox"/>	Aspirin Extra Strength (Bayer)	<input type="checkbox"/>	<input type="checkbox"/>	Stanley	<input type="checkbox"/>	<input type="checkbox"/>
Store Brand	<input type="checkbox"/>	<input type="checkbox"/>	Motrin ES/SES	<input type="checkbox"/>	<input type="checkbox"/>	Tylenol	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other Natural or Herbal Remedies</i>	<input type="checkbox"/>	<input type="checkbox"/>	Motrin IB	<input type="checkbox"/>	<input type="checkbox"/>	Vegapure	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other</i>	<input type="checkbox"/>	<input type="checkbox"/>	Tylenol	<input type="checkbox"/>	<input type="checkbox"/>	Other ASA/Coated ASA	<input type="checkbox"/>	<input type="checkbox"/>
			Tylenol 8 Hour	<input type="checkbox"/>	<input type="checkbox"/>	Other Non-Prescription Product	<input type="checkbox"/>	<input type="checkbox"/>
			Tylenol EZ Tabs	<input type="checkbox"/>	<input type="checkbox"/>			
			Tylenol Ultra Relief	<input type="checkbox"/>	<input type="checkbox"/>			
			Store Brand	<input type="checkbox"/>	<input type="checkbox"/>			
			<i>Other</i>	<input type="checkbox"/>	<input type="checkbox"/>			
PAIN RELIEVERS FOR BACK PAIN	PERSONALLY USE		PAIN RELIEVERS FOR MUSCLE & BODY PAIN	PERSONALLY USE		COLD REMEDIES	PERSONALLY USE	
	Past 6 Months	Times/Past 30 Days		Past 6 Months	Times/Past 30 Days		Past 6 Months	Times/Past 30 Days
YES	<input type="checkbox"/>		YES	<input type="checkbox"/>		YES	<input type="checkbox"/>	
NO	<input type="checkbox"/>		NO	<input type="checkbox"/>		NO	<input type="checkbox"/>	
None		<input type="checkbox"/>	None		<input type="checkbox"/>	None		<input type="checkbox"/>
1-2		<input type="checkbox"/>	1-2		<input type="checkbox"/>	1-2		<input type="checkbox"/>
3-5		<input type="checkbox"/>	3-5		<input type="checkbox"/>	3-5		<input type="checkbox"/>
6-9		<input type="checkbox"/>	6-9		<input type="checkbox"/>	6-9		<input type="checkbox"/>
10-14		<input type="checkbox"/>	10-14		<input type="checkbox"/>	10-14		<input type="checkbox"/>
15+		<input type="checkbox"/>	15+		<input type="checkbox"/>	15+		<input type="checkbox"/>
PAIN RELIEVERS FOR BACK PAIN	PERSONALLY USE		PAIN RELIEVERS FOR MUSCLE & BODY PAIN	PERSONALLY USE		COLD REMEDIES	PERSONALLY USE	
	Most Often	Others Sometimes		Most Often	Others Sometimes		Most Often	Others Sometimes
BRANDS:			BRANDS:			KINDS:		
Advil	<input type="checkbox"/>	<input type="checkbox"/>	Advil	<input type="checkbox"/>	<input type="checkbox"/>	Caplets	<input type="checkbox"/>	<input type="checkbox"/>
Aspirin Reg. Strength (Bayer)	<input type="checkbox"/>	<input type="checkbox"/>	Advil ES	<input type="checkbox"/>	<input type="checkbox"/>	Capsules	<input type="checkbox"/>	<input type="checkbox"/>
Aspirin Extra Strength (Bayer)	<input type="checkbox"/>	<input type="checkbox"/>	Aspirin Reg. Strength (Bayer)	<input type="checkbox"/>	<input type="checkbox"/>	Gelcaps	<input type="checkbox"/>	<input type="checkbox"/>
Extra Strength Robaxacet	<input type="checkbox"/>	<input type="checkbox"/>	Aspirin Coated (Bayer)	<input type="checkbox"/>	<input type="checkbox"/>	Instant Dissolve Strips	<input type="checkbox"/>	<input type="checkbox"/>
Extra Strength Robaxisal	<input type="checkbox"/>	<input type="checkbox"/>	Aspirin Extra Strength (Bayer)	<input type="checkbox"/>	<input type="checkbox"/>	Liquid	<input type="checkbox"/>	<input type="checkbox"/>
Motrin IB	<input type="checkbox"/>	<input type="checkbox"/>	Entrophen	<input type="checkbox"/>	<input type="checkbox"/>	Powders	<input type="checkbox"/>	<input type="checkbox"/>
Norflex	<input type="checkbox"/>	<input type="checkbox"/>	Lakota	<input type="checkbox"/>	<input type="checkbox"/>	Rubs	<input type="checkbox"/>	<input type="checkbox"/>
Robaxacet	<input type="checkbox"/>	<input type="checkbox"/>	Motrin ES/SES	<input type="checkbox"/>	<input type="checkbox"/>	Tablets	<input type="checkbox"/>	<input type="checkbox"/>
Robaxisal	<input type="checkbox"/>	<input type="checkbox"/>	Motrin IB	<input type="checkbox"/>	<input type="checkbox"/>	BRANDS:		
Robax Platinum	<input type="checkbox"/>	<input type="checkbox"/>	Myoflex	<input type="checkbox"/>	<input type="checkbox"/>	Actifed	<input type="checkbox"/>	<input type="checkbox"/>
Tylenol	<input type="checkbox"/>	<input type="checkbox"/>	Tylenol	<input type="checkbox"/>	<input type="checkbox"/>	Advil Cold & Sinus	<input type="checkbox"/>	<input type="checkbox"/>
Tylenol Aches & Strains	<input type="checkbox"/>	<input type="checkbox"/>	Tylenol 8 Hour	<input type="checkbox"/>	<input type="checkbox"/>	Advil Cold & Sinus Plus	<input type="checkbox"/>	<input type="checkbox"/>
Store Brand	<input type="checkbox"/>	<input type="checkbox"/>	Tylenol EZ Tabs	<input type="checkbox"/>	<input type="checkbox"/>	Benylin All In One	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other</i>	<input type="checkbox"/>	<input type="checkbox"/>	Store Brand	<input type="checkbox"/>	<input type="checkbox"/>	Buckley's Cough, Cold, Flu Caplets	<input type="checkbox"/>	<input type="checkbox"/>
			<i>Other Natural or Herbal Remedies</i>	<input type="checkbox"/>	<input type="checkbox"/>	Cold F/X	<input type="checkbox"/>	<input type="checkbox"/>
			<i>Other</i>	<input type="checkbox"/>	<input type="checkbox"/>	Contac	<input type="checkbox"/>	<input type="checkbox"/>
						Coricidin II	<input type="checkbox"/>	<input type="checkbox"/>
						Dimetapp	<input type="checkbox"/>	<input type="checkbox"/>
						Dristan	<input type="checkbox"/>	<input type="checkbox"/>
						Neo Citran	<input type="checkbox"/>	<input type="checkbox"/>
						Sinutab	<input type="checkbox"/>	<input type="checkbox"/>
						Sudafed	<input type="checkbox"/>	<input type="checkbox"/>
						Triaminic	<input type="checkbox"/>	<input type="checkbox"/>
						Tylenol Allergy & Sinus	<input type="checkbox"/>	<input type="checkbox"/>
						Tylenol Cold	<input type="checkbox"/>	<input type="checkbox"/>
						Tylenol Flu	<input type="checkbox"/>	<input type="checkbox"/>
						Tylenol Sinus	<input type="checkbox"/>	<input type="checkbox"/>
						Vicks Dayquil	<input type="checkbox"/>	<input type="checkbox"/>
						Vicks Nyquil	<input type="checkbox"/>	<input type="checkbox"/>
						Vicks Vaporub	<input type="checkbox"/>	<input type="checkbox"/>
						Store Brands	<input type="checkbox"/>	<input type="checkbox"/>
						<i>Other</i>	<input type="checkbox"/>	<input type="checkbox"/>
PAIN RELIEVERS FOR HEADACHES	PERSONALLY USE		NON-PRESCRIPTION PRODUCTS FOR PREVENTING HEART ATTACK/STROKE	PERSONALLY USE				
	Past 6 Months	Times/Past 30 Days		Use	How Often			
YES	<input type="checkbox"/>		YES	<input type="checkbox"/>				
NO	<input type="checkbox"/>		NO	<input type="checkbox"/>				
None		<input type="checkbox"/>	Daily		<input type="checkbox"/>			
1-2		<input type="checkbox"/>	Every Other Day		<input type="checkbox"/>			
3-5		<input type="checkbox"/>	Once A Week		<input type="checkbox"/>			
6-9		<input type="checkbox"/>	Less Often		<input type="checkbox"/>			
10-14		<input type="checkbox"/>						
15+		<input type="checkbox"/>						

PERSONAL CARE, HEALTH AND BEAUTY AIDS

ALLERGY AND SINUS REMEDIES		PERSONALLY USE		UPSET STOMACH REMEDIES		PERSONALLY USE		ANTI-NAUSEANT/ MOTION SICKNESS REMEDIES		PERSONALLY USE			
		Past 6 Months	Times/ Past 30 Days			Past 6 Months	Times/ Past 30 Days			Most Often	Others Sometimes		
YES <input type="checkbox"/> NO <input type="checkbox"/> None <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-9 <input type="checkbox"/> 10-14 <input type="checkbox"/> 15+ <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/> None <input type="checkbox"/> 1-3 <input type="checkbox"/> 4-6 <input type="checkbox"/> 7+ <input type="checkbox"/>				BRANDS: Bonamine <input type="checkbox"/> <input type="checkbox"/> Gravol <input type="checkbox"/> <input type="checkbox"/> Novo/Apo Dimenate <input type="checkbox"/> <input type="checkbox"/> Transderme V <input type="checkbox"/> <input type="checkbox"/> Store Brand <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>					
ALLERGY AND SINUS REMEDIES		PERSONALLY USE		UPSET STOMACH REMEDIES		PERSONALLY USE		LAXATIVES		PERSONALLY USE			
		Most Often	Others Sometimes			Most Often	Others Sometimes			Past 6 Months	Times/ Past 30 Days		
KINDS: Caplets <input type="checkbox"/> <input type="checkbox"/> Capsules <input type="checkbox"/> <input type="checkbox"/> Gelcaps <input type="checkbox"/> <input type="checkbox"/> Instant Dissolve Strips <input type="checkbox"/> <input type="checkbox"/> Liquid <input type="checkbox"/> <input type="checkbox"/> Nose Strip <input type="checkbox"/> <input type="checkbox"/> Tablets <input type="checkbox"/> <input type="checkbox"/>				TYPES: Chewable Tablet <input type="checkbox"/> <input type="checkbox"/> Effervescent <input type="checkbox"/> <input type="checkbox"/> Liquid <input type="checkbox"/> <input type="checkbox"/> Pill/Caplet <input type="checkbox"/> <input type="checkbox"/> Softgel Capsules <input type="checkbox"/> <input type="checkbox"/> Soft Chews <input type="checkbox"/> <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/>					
BRANDS: Actifed <input type="checkbox"/> <input type="checkbox"/> Actifed Sinus <input type="checkbox"/> <input type="checkbox"/> Advil Cold & Sinus <input type="checkbox"/> <input type="checkbox"/> Aeriur <input type="checkbox"/> <input type="checkbox"/> Allegra 12 Hour <input type="checkbox"/> <input type="checkbox"/> Allegra 24 Hour <input type="checkbox"/> <input type="checkbox"/> Allegra D <input type="checkbox"/> <input type="checkbox"/> Apo-Certirizine <input type="checkbox"/> <input type="checkbox"/> Benadryl <input type="checkbox"/> <input type="checkbox"/> Chlor-tripolon <input type="checkbox"/> <input type="checkbox"/> Claritin <input type="checkbox"/> <input type="checkbox"/> Claritin Axeleris <input type="checkbox"/> <input type="checkbox"/> Claritin Extra <input type="checkbox"/> <input type="checkbox"/> Contac <input type="checkbox"/> <input type="checkbox"/> Dayquil <input type="checkbox"/> <input type="checkbox"/> Dimetapp <input type="checkbox"/> <input type="checkbox"/> Dristan <input type="checkbox"/> <input type="checkbox"/> Liberator <input type="checkbox"/> <input type="checkbox"/> Reactine <input type="checkbox"/> <input type="checkbox"/> Reactine Allergy & Sinus <input type="checkbox"/> <input type="checkbox"/> Sinutab <input type="checkbox"/> <input type="checkbox"/> Sudafed <input type="checkbox"/> <input type="checkbox"/> Sudafed Sinus Advance <input type="checkbox"/> <input type="checkbox"/> Tylenol Allergy Sinus <input type="checkbox"/> <input type="checkbox"/> Tylenol Sinus <input type="checkbox"/> <input type="checkbox"/>				BRANDS: Alka Seltzer <input type="checkbox"/> <input type="checkbox"/> Beano <input type="checkbox"/> <input type="checkbox"/> Bromo-Seltzer <input type="checkbox"/> <input type="checkbox"/> Diovol <input type="checkbox"/> <input type="checkbox"/> Eno <input type="checkbox"/> <input type="checkbox"/> Gas-X <input type="checkbox"/> <input type="checkbox"/> Gaviscon <input type="checkbox"/> <input type="checkbox"/> Maalox <input type="checkbox"/> <input type="checkbox"/> Mylanta <input type="checkbox"/> <input type="checkbox"/> Ovol <input type="checkbox"/> <input type="checkbox"/> Pepcid AC <input type="checkbox"/> <input type="checkbox"/> Pepcid Complete <input type="checkbox"/> <input type="checkbox"/> Pepto-Bismol <input type="checkbox"/> <input type="checkbox"/> Phazyme <input type="checkbox"/> <input type="checkbox"/> Roloids <input type="checkbox"/> <input type="checkbox"/> Tums <input type="checkbox"/> <input type="checkbox"/> Zantac 75 <input type="checkbox"/> <input type="checkbox"/> Store Brand <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>				LAXATIVES <td colspan="2"> YES <input type="checkbox"/> NO <input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/> </td> <td colspan="2"></td>		YES <input type="checkbox"/> NO <input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/>			
Prescriptions <input type="checkbox"/> <input type="checkbox"/> Store Brands <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>				USED FOR: Acid Indigestion <input type="checkbox"/> <input type="checkbox"/> Acid Reflux <input type="checkbox"/> <input type="checkbox"/> Calcium Supplement <input type="checkbox"/> <input type="checkbox"/> Gas/Bloating <input type="checkbox"/> <input type="checkbox"/> Heartburn <input type="checkbox"/> <input type="checkbox"/> Upset Stomach <input type="checkbox"/> <input type="checkbox"/>				LAXATIVES		PERSONALLY USE			
USED FOR: Allergy —Skin <input type="checkbox"/> <input type="checkbox"/> —Food <input type="checkbox"/> <input type="checkbox"/> —Other <input type="checkbox"/> <input type="checkbox"/> Sinus <input type="checkbox"/> <input type="checkbox"/>				USED FOR: Acid Indigestion <input type="checkbox"/> <input type="checkbox"/> Acid Reflux <input type="checkbox"/> <input type="checkbox"/> Calcium Supplement <input type="checkbox"/> <input type="checkbox"/> Gas/Bloating <input type="checkbox"/> <input type="checkbox"/> Heartburn <input type="checkbox"/> <input type="checkbox"/> Upset Stomach <input type="checkbox"/> <input type="checkbox"/>						Most Often	Others Sometimes		
SLEEPING TABLETS — Non-Prescription —		PERSONALLY USE		ANTI-NAUSEANT/ MOTION SICKNESS REMEDIES		PERSONALLY USE		DIARRHEA REMEDIES		PERSONALLY USE			
		Past 6 Months	Times/ Past 30 Days			Past 6 Months				Past 6 Months	Times/ Past 30 Days		
YES <input type="checkbox"/> NO <input type="checkbox"/> None <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6+ <input type="checkbox"/>				ANTI-NAUSEANT/ MOTION SICKNESS REMEDIES		YES <input type="checkbox"/> NO <input type="checkbox"/> NUMBER OF TIMES: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/> None <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6+ <input type="checkbox"/>					
				TYPES: Chewable Tablet <input type="checkbox"/> <input type="checkbox"/> Liquid <input type="checkbox"/> <input type="checkbox"/> Long Acting Caplet <input type="checkbox"/> <input type="checkbox"/> Natural/Herbal Products <input type="checkbox"/> <input type="checkbox"/> Natural Source Ginger <input type="checkbox"/> <input type="checkbox"/> Soft Gels <input type="checkbox"/> <input type="checkbox"/> Suppositories <input type="checkbox"/> <input type="checkbox"/> Swallowable Tablet <input type="checkbox"/> <input type="checkbox"/>				DIARRHEA REMEDIES <td colspan="2"> TYPES: Liquid <input type="checkbox"/> Pill <input type="checkbox"/> </td> <td colspan="2"></td>		TYPES: Liquid <input type="checkbox"/> Pill <input type="checkbox"/>			

PERSONAL CARE, HEALTH AND BEAUTY AIDS

HEMORRHOID REMEDIES		PERSONALLY USE		EYEWEAR		PERSONALLY		MEDICAL CONDITIONS/ PRESCRIPTIONS REMEDIES		PERSONALLY USE					
		Past 6 Months	Times/ Past 30 Days			Bought Past 12 Months				Past 6 Months					
YES <input type="checkbox"/> NO <input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/>				WHERE BOUGHT: F. Farhat <input type="checkbox"/> Greiche & Scaff <input type="checkbox"/> Hakim <input type="checkbox"/> Le Lunetier <input type="checkbox"/> Lenscrafters <input type="checkbox"/> Lunetterie New Look <input type="checkbox"/> Optical Factory <input type="checkbox"/> Pearl Vision <input type="checkbox"/> Sears <input type="checkbox"/> Shopper's Optical <input type="checkbox"/> Shorney's Optical <input type="checkbox"/> The Bay <input type="checkbox"/> Vogue Optical <input type="checkbox"/> Zellers <input type="checkbox"/> Other <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/> CONDITIONS: Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Chronic Excessive Sweating <input type="checkbox"/> Depression <input type="checkbox"/> Diabetes <input type="checkbox"/> Erectile Difficulties <input type="checkbox"/> Heart Attack <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> High Cholesterol <input type="checkbox"/> Incontinence <input type="checkbox"/> Overactive Bladder <input type="checkbox"/> Stroke <input type="checkbox"/> Ulcer <input type="checkbox"/>							
BRANDS: Anusol <input type="checkbox"/> Anusol Plus <input type="checkbox"/> Preparation H <input type="checkbox"/> Tucks <input type="checkbox"/> Store Brand <input type="checkbox"/> Other <input type="checkbox"/>				CONTACT LENS CLEANING SOLUTIONS		PERSONALLY USE				KINDS: Anti-Arthritics <input type="checkbox"/> Anti-Asthmatics <input type="checkbox"/> Anti-Cholesterol <input type="checkbox"/> Anti-Depressants <input type="checkbox"/> Anti-Hypertensives <input type="checkbox"/> Prescription Painkillers <input type="checkbox"/>					
ADHESIVE BANDAGES		PERSONALLY USE		ADHESIVE BANDAGES		PERSONALLY CONTROL		COSMETIC FACIAL TREATMENTS		PERSONALLY HAD DONE					
		Past 6 Months	Past 30 Days			Diet				Past 12 Months					
YES <input type="checkbox"/> NO <input type="checkbox"/> NUMBER OF TIMES: None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6+ <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/> None <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-9 <input type="checkbox"/> 10-14 <input type="checkbox"/> 15+ <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/> REASONS: Blood Sugar Level <input type="checkbox"/> Cholesterol Level <input type="checkbox"/> Lactose Intolerance <input type="checkbox"/> Maintain Weight <input type="checkbox"/> Physical Fitness <input type="checkbox"/> Regularity <input type="checkbox"/> Salt Restriction <input type="checkbox"/> Weight Gain <input type="checkbox"/> Weight Loss <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/> TREATMENTS: Chemical Peel <input type="checkbox"/> Cosmetic Dental Surgery <input type="checkbox"/> Dermabrasion <input type="checkbox"/> Injectable —Botox <input type="checkbox"/> —Collagen/Restylane/ Juvederm <input type="checkbox"/> Laser Resurfacing <input type="checkbox"/> Non-Surgical Face Lift <input type="checkbox"/> Other <input type="checkbox"/>			
TYPES : Clear <input type="checkbox"/> Fabric <input type="checkbox"/> Fast Acting <input type="checkbox"/> Foam <input type="checkbox"/> Liquid <input type="checkbox"/> Medicated <input type="checkbox"/> Plastic <input type="checkbox"/> Polysporin <input type="checkbox"/> Silver <input type="checkbox"/> Spray <input type="checkbox"/> Waterproof <input type="checkbox"/>				DIET CONTROL/ WEIGHT MANAGEMENT						TREATMENTS: Diet Pills <input type="checkbox"/> Exercise <input type="checkbox"/> Lactose Intolerance Medication <input type="checkbox"/> Meal Replacements <input type="checkbox"/> Monitor Diet <input type="checkbox"/> Nutritionist <input type="checkbox"/> Weight Control Centre <input type="checkbox"/> Other <input type="checkbox"/>					
ADHESIVE BANDAGES		PERSONALLY USE		EYEWEAR		PERSONALLY		SMOKING CESSATION PRODUCTS		PERSONALLY USED					
		Most Often	Others Sometimes			Wear		Past 12 Months		Past 6 Months					
BRANDS: 3M Nexcare <input type="checkbox"/> <input type="checkbox"/> Band-Aid <input type="checkbox"/> <input type="checkbox"/> Elastoplast <input type="checkbox"/> <input type="checkbox"/> New Skin <input type="checkbox"/> <input type="checkbox"/> Store Brand <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/> TYPES: Prescription Eyeglasses <input type="checkbox"/> Bi-Focals <input type="checkbox"/> Contact Lenses <input type="checkbox"/> Disposable Contact Lenses <input type="checkbox"/> Prescription Sunglasses <input type="checkbox"/> Non-Prescription Sunglasses <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>				VITAMINS, MINERALS, HERBAL SUPPLEMENTS			
AMOUNT SPENT ON LAST PAIR: Under \$50 <input type="checkbox"/> \$51-99 <input type="checkbox"/> \$100-199 <input type="checkbox"/> \$200-399 <input type="checkbox"/> \$400+ <input type="checkbox"/>				METHODS: Atkins <input type="checkbox"/> Dr. Bernstein <input type="checkbox"/> Glycemic Index Diet <input type="checkbox"/> High Protein Diet <input type="checkbox"/> Jenny Craig <input type="checkbox"/> Low Carbohydrate Diet <input type="checkbox"/> Mince a Vie <input type="checkbox"/> SlimFast Optima <input type="checkbox"/> Weight Watchers <input type="checkbox"/> Natural/Organic <input type="checkbox"/> Other <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/> 1 Per Day <input type="checkbox"/> 2 Per Day <input type="checkbox"/> 3 To 6 Per Day <input type="checkbox"/> 7 Or More Per Day <input type="checkbox"/>				Past 6 Months Number Taken Per Day			

COSMETICS, WOMEN'S PRODUCTS — WOMEN ONLY

EYE LINER		PERSONALLY USE		NAIL CARE PRODUCTS & POLISH		PERSONALLY USE		TAMPONS		PERSONALLY USE	
		Past 6 Months	Past 7 Days			Past 6 Months	Past 7 Days			Past 6 Months	Past 30 Days
YES		<input type="checkbox"/>		YES		<input type="checkbox"/>		YES		<input type="checkbox"/>	
NO		<input type="checkbox"/>		NO		<input type="checkbox"/>		NO		<input type="checkbox"/>	
NUMBER OF TIMES:				NUMBER OF TIMES:				NUMBER OF TIMES:			
None		<input type="checkbox"/>		None		<input type="checkbox"/>		None		<input type="checkbox"/>	
1-2		<input type="checkbox"/>		1-2		<input type="checkbox"/>		1-2		<input type="checkbox"/>	
3-5		<input type="checkbox"/>		3-5		<input type="checkbox"/>		3-5		<input type="checkbox"/>	
6-9		<input type="checkbox"/>		6-9		<input type="checkbox"/>		6-9		<input type="checkbox"/>	
10-14		<input type="checkbox"/>		10-14		<input type="checkbox"/>		10-14		<input type="checkbox"/>	
15+		<input type="checkbox"/>		15+		<input type="checkbox"/>		15+		<input type="checkbox"/>	
EYE LINER		PERSONALLY USE		TYPES: Basecoat		PERSONALLY USE		TAMPONS		PERSONALLY USE	
		Most Often	Others Sometimes							Most Often	Others Sometimes
TYPES:				Remover		<input type="checkbox"/>		APPLICATOR:			
Cake		<input type="checkbox"/>		False Nails		<input type="checkbox"/>		Plastic		<input type="checkbox"/>	
Liquid		<input type="checkbox"/>		FEMININE HYGIENE/ CLEANSING & CARE		PERSONALLY USE		Cardboard/Flushable		<input type="checkbox"/>	
Pen (Felt Tip)		<input type="checkbox"/>						No Applicator		<input type="checkbox"/>	
Pencil		<input type="checkbox"/>		YES		<input type="checkbox"/>		BRANDS:			
				NO		<input type="checkbox"/>		Kotex		<input type="checkbox"/>	
MASCARA		PERSONALLY USE		NUMBER OF TIMES:				o.b.			
		Past 6 Months	Times/ Past 7 Days	None		<input type="checkbox"/>		—Regular		<input type="checkbox"/>	
YES		<input type="checkbox"/>		1-2		<input type="checkbox"/>		—Multipack		<input type="checkbox"/>	
NO		<input type="checkbox"/>		3-5		<input type="checkbox"/>		—SilkEase		<input type="checkbox"/>	
				6-9		<input type="checkbox"/>		—To Go		<input type="checkbox"/>	
				10-14		<input type="checkbox"/>		Playtex			
				15+		<input type="checkbox"/>		—Beyond		<input type="checkbox"/>	
TYPES:				KINDS:				—Portables		<input type="checkbox"/>	
Regular		<input type="checkbox"/>		Douche		<input type="checkbox"/>		—Slimfits		<input type="checkbox"/>	
Waterproof		<input type="checkbox"/>		External Feminine Itch Relief		<input type="checkbox"/>		—Soft Comfort		<input type="checkbox"/>	
BRANDS:				Feminine Bath & Shower Gel		<input type="checkbox"/>		Tampax			
Almay		<input type="checkbox"/>		Feminine Cleansing Cloths		<input type="checkbox"/>		—Cardboard		<input type="checkbox"/>	
Annabelle		<input type="checkbox"/>		Feminine Deodorant Spray		<input type="checkbox"/>		—Compak		<input type="checkbox"/>	
Avon		<input type="checkbox"/>		Feminine Powder		<input type="checkbox"/>		—Multipack		<input type="checkbox"/>	
Bonne Bell		<input type="checkbox"/>		Feminine Wash		<input type="checkbox"/>		—Pearl		<input type="checkbox"/>	
Clinique		<input type="checkbox"/>		FEMININE HYGIENE/ CLEANSING & CARE		PERSONALLY USE		—Satin/Satin Teen		<input type="checkbox"/>	
Cover Girl		<input type="checkbox"/>						Most Often		Others Sometimes	
Dior		<input type="checkbox"/>		BRANDS:				Other		<input type="checkbox"/>	
Elizabeth Arden		<input type="checkbox"/>		Always (Cleansing Cloths)		<input type="checkbox"/>					
Estée Lauder		<input type="checkbox"/>		Bacti-Control		<input type="checkbox"/>					
Lancôme		<input type="checkbox"/>		FDS		<input type="checkbox"/>					
L'Oreal		<input type="checkbox"/>		Massengill		<input type="checkbox"/>					
Lise Watier		<input type="checkbox"/>		Playtex (Cleansing Cloths)		<input type="checkbox"/>					
MAC		<input type="checkbox"/>		Private Label		<input type="checkbox"/>					
Marcelle		<input type="checkbox"/>		Summer's Eve		<input type="checkbox"/>					
Mary Kay		<input type="checkbox"/>		Vagisil		<input type="checkbox"/>					
Maybelline		<input type="checkbox"/>		Other		<input type="checkbox"/>					
Personnelle		<input type="checkbox"/>									
Revlon		<input type="checkbox"/>									
Rimmel		<input type="checkbox"/>									
Other		<input type="checkbox"/>									

COSMETICS, WOMEN'S PRODUCTS — WOMEN ONLY

	PERSONALLY USE		PERSONALLY USE
SANITARY NAPKINS	Past 6 Months	Number/ Past 30 Days	
YES	<input type="checkbox"/>		
NO	<input type="checkbox"/>		
None		<input type="checkbox"/>	
1-2		<input type="checkbox"/>	
3-5		<input type="checkbox"/>	
6-9		<input type="checkbox"/>	
10-14		<input type="checkbox"/>	
15+		<input type="checkbox"/>	
SANITARY NAPKINS	PERSONALLY USE		
	Most Often	Others Sometimes	
TYPES:			
Thick	<input type="checkbox"/>	<input type="checkbox"/>	
Ultra-thin	<input type="checkbox"/>	<input type="checkbox"/>	
KINDS:			
Wings	<input type="checkbox"/>	<input type="checkbox"/>	
Non-wings	<input type="checkbox"/>	<input type="checkbox"/>	
BRANDS:			
Always	<input type="checkbox"/>	<input type="checkbox"/>	
Incognito	<input type="checkbox"/>	<input type="checkbox"/>	
Kotex	<input type="checkbox"/>	<input type="checkbox"/>	
Stayfree/Stayfree Prima	<input type="checkbox"/>	<input type="checkbox"/>	
Store Brand	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	
PANTLINERS	Past 6 Months	Number/ Past 30 Days	
YES	<input type="checkbox"/>		
NO	<input type="checkbox"/>		
None		<input type="checkbox"/>	
1-2		<input type="checkbox"/>	
3-5		<input type="checkbox"/>	
6-9		<input type="checkbox"/>	
10-14		<input type="checkbox"/>	
15+		<input type="checkbox"/>	
PANTLINERS	PERSONALLY USE		
	Most Often	Others Sometimes	
TYPES:			
Regular	<input type="checkbox"/>	<input type="checkbox"/>	
Long	<input type="checkbox"/>	<input type="checkbox"/>	
Thong	<input type="checkbox"/>	<input type="checkbox"/>	
KINDS:			
Black	<input type="checkbox"/>	<input type="checkbox"/>	
White	<input type="checkbox"/>	<input type="checkbox"/>	
BRANDS:			
Alldays/Always	<input type="checkbox"/>	<input type="checkbox"/>	
Carefree	<input type="checkbox"/>	<input type="checkbox"/>	
Incognito	<input type="checkbox"/>	<input type="checkbox"/>	
Kotex Lightdays	<input type="checkbox"/>	<input type="checkbox"/>	
Store Brand	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	
IN-HOME PREGNANCY TEST	PERSONALLY USE		
	Past 12 Months		
YES	<input type="checkbox"/>		
NO	<input type="checkbox"/>		
PRE-MENSTRUAL OR PERIOD PAIN REMEDIES	PERSONALLY USE		
	Past 6 Months	Past 30 Days	
YES	<input type="checkbox"/>		
NO	<input type="checkbox"/>		
NUMBER OF TIMES:			
None		<input type="checkbox"/>	
1-2		<input type="checkbox"/>	
3-5		<input type="checkbox"/>	
6-9		<input type="checkbox"/>	
10+		<input type="checkbox"/>	
PRE-MENSTRUAL OR PERIOD PAIN REMEDIES	PERSONALLY USE		
	Most Often	Others Sometimes	
BRANDS:			
Advil	<input type="checkbox"/>	<input type="checkbox"/>	
Advil Extra Strength	<input type="checkbox"/>	<input type="checkbox"/>	
Aspirin (Bayer)	<input type="checkbox"/>	<input type="checkbox"/>	
Evening Primrose Oil	<input type="checkbox"/>	<input type="checkbox"/>	
Midol			
—Teen	<input type="checkbox"/>	<input type="checkbox"/>	
—PMS Extra Strength	<input type="checkbox"/>	<input type="checkbox"/>	
—Menstrual Extra Strength	<input type="checkbox"/>	<input type="checkbox"/>	
Motrin Extra/Super Extra Strength	<input type="checkbox"/>	<input type="checkbox"/>	
Pamprin	<input type="checkbox"/>	<input type="checkbox"/>	
Tylenol			
—Regular	<input type="checkbox"/>	<input type="checkbox"/>	
—8 Hour	<input type="checkbox"/>	<input type="checkbox"/>	
—Menstrual	<input type="checkbox"/>	<input type="checkbox"/>	
Store Brand	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	
USED FOR:			
Backaches	<input type="checkbox"/>	<input type="checkbox"/>	
Bloating	<input type="checkbox"/>	<input type="checkbox"/>	
Breast Tenderness	<input type="checkbox"/>	<input type="checkbox"/>	
Cramps	<input type="checkbox"/>	<input type="checkbox"/>	
Food Cravings	<input type="checkbox"/>	<input type="checkbox"/>	
Headaches	<input type="checkbox"/>	<input type="checkbox"/>	
Mood Swing/Irritability	<input type="checkbox"/>	<input type="checkbox"/>	
MENOPAUSE REMEDIES	PERSONALLY USE		
	Past 6 Months	Past 30 Days	
YES	<input type="checkbox"/>		
NO	<input type="checkbox"/>		
NUMBER OF TIMES:			
None		<input type="checkbox"/>	
1-5		<input type="checkbox"/>	
6-9		<input type="checkbox"/>	
10-14		<input type="checkbox"/>	
15-29		<input type="checkbox"/>	
30+		<input type="checkbox"/>	
TYPES:			
Patches		<input type="checkbox"/>	
Pills		<input type="checkbox"/>	
Other		<input type="checkbox"/>	
KINDS:			
Natural/Herbal Products		<input type="checkbox"/>	
Other		<input type="checkbox"/>	
YEAST INFECTION PRODUCTS	PERSONALLY USE		
	Past 12 Months		
YES	<input type="checkbox"/>		
NO	<input type="checkbox"/>		
NUMBER OF TIMES:			
1		<input type="checkbox"/>	
2-4		<input type="checkbox"/>	
5+		<input type="checkbox"/>	
YEAST INFECTION PRODUCTS	PERSONALLY USE		
	Most Often	Others Sometimes	
BRANDS:			
Canesten 1-Day	<input type="checkbox"/>	<input type="checkbox"/>	
Canesten 3-Day	<input type="checkbox"/>	<input type="checkbox"/>	
Canesten 6-Day	<input type="checkbox"/>	<input type="checkbox"/>	
Certified 3-Day	<input type="checkbox"/>	<input type="checkbox"/>	
Diflucan	<input type="checkbox"/>	<input type="checkbox"/>	
Equate 3-Day	<input type="checkbox"/>	<input type="checkbox"/>	
Exact 3-Day	<input type="checkbox"/>	<input type="checkbox"/>	
Life Brand 1-Day	<input type="checkbox"/>	<input type="checkbox"/>	
Life Brand 3-Day	<input type="checkbox"/>	<input type="checkbox"/>	
London Drugs 3-Day	<input type="checkbox"/>	<input type="checkbox"/>	
Monistat 1	<input type="checkbox"/>	<input type="checkbox"/>	
Monistat 3	<input type="checkbox"/>	<input type="checkbox"/>	
Monistat 7	<input type="checkbox"/>	<input type="checkbox"/>	
Monistat With Wipes	<input type="checkbox"/>	<input type="checkbox"/>	
Option Plus 3-Day	<input type="checkbox"/>	<input type="checkbox"/>	
Personnelle 3-Day	<input type="checkbox"/>	<input type="checkbox"/>	
Personnelle 7-Day	<input type="checkbox"/>	<input type="checkbox"/>	
Proxim 3-Day	<input type="checkbox"/>	<input type="checkbox"/>	
Rexall 3-Day	<input type="checkbox"/>	<input type="checkbox"/>	
Other Prescription Oral	<input type="checkbox"/>	<input type="checkbox"/>	
Other Store Brand	<input type="checkbox"/>	<input type="checkbox"/>	