

PERSONAL CARE, HEALTH AND BEAUTY AIDS

	PERSONALLY USE	PERSONALLY USE	PERSONALLY USE
DENTURES	Have		
YES	<input type="checkbox"/>		
NO	<input type="checkbox"/>		
TYPES:			
Full	<input type="checkbox"/>		
Partial	<input type="checkbox"/>		
Both Full And Partial	<input type="checkbox"/>		
BREATH FRESHENERS	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"/>		
LIP CARE	Most Often	Others Sometimes	
BRANDS:			
Abreva	<input type="checkbox"/>	<input type="checkbox"/>	
Aveeno	<input type="checkbox"/>	<input type="checkbox"/>	
Blistex	<input type="checkbox"/>	<input type="checkbox"/>	
Burt's Bees	<input type="checkbox"/>	<input type="checkbox"/>	
Carmex	<input type="checkbox"/>	<input type="checkbox"/>	
Chapstick	<input type="checkbox"/>	<input type="checkbox"/>	
Labello	<input type="checkbox"/>	<input type="checkbox"/>	
Lipactin	<input type="checkbox"/>	<input type="checkbox"/>	
Neutrogena	<input type="checkbox"/>	<input type="checkbox"/>	
Polysporin	<input type="checkbox"/>	<input type="checkbox"/>	
Store Brand	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	
DENTURE CLEANSERS	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"/>		
BREATH FRESHENERS	Most Often	Others Sometimes	
TYPES:			
Breath Spray	<input type="checkbox"/>	<input type="checkbox"/>	
Gum	<input type="checkbox"/>	<input type="checkbox"/>	
Instant Dissolve Strip	<input type="checkbox"/>	<input type="checkbox"/>	
Mints	<input type="checkbox"/>	<input type="checkbox"/>	
Mini Mints	<input type="checkbox"/>	<input type="checkbox"/>	
BRANDS:			
Altoids	<input type="checkbox"/>	<input type="checkbox"/>	
Binaca Gel Blasts	<input type="checkbox"/>	<input type="checkbox"/>	
BreathSavers	<input type="checkbox"/>	<input type="checkbox"/>	
Certs —Regular	<input type="checkbox"/>	<input type="checkbox"/>	
—Power	<input type="checkbox"/>	<input type="checkbox"/>	
Clorets Breath Strips	<input type="checkbox"/>	<input type="checkbox"/>	
Clorets Gum	<input type="checkbox"/>	<input type="checkbox"/>	
Clorets Mints	<input type="checkbox"/>	<input type="checkbox"/>	
Dentyne	<input type="checkbox"/>	<input type="checkbox"/>	
Dentyne Fire —Gum	<input type="checkbox"/>	<input type="checkbox"/>	
—Mints	<input type="checkbox"/>	<input type="checkbox"/>	
Dentyne Frost Bites	<input type="checkbox"/>	<input type="checkbox"/>	
Dentyne Ice —Gum	<input type="checkbox"/>	<input type="checkbox"/>	
—Mints	<input type="checkbox"/>	<input type="checkbox"/>	
Dentyne Mint	<input type="checkbox"/>	<input type="checkbox"/>	
Excel Cool Blast	<input type="checkbox"/>	<input type="checkbox"/>	
Excel Extreme	<input type="checkbox"/>	<input type="checkbox"/>	
Excel Fuse	<input type="checkbox"/>	<input type="checkbox"/>	
Excel Gum	<input type="checkbox"/>	<input type="checkbox"/>	
Excel Mints	<input type="checkbox"/>	<input type="checkbox"/>	
Extra	<input type="checkbox"/>	<input type="checkbox"/>	
Frisk	<input type="checkbox"/>	<input type="checkbox"/>	
Ice Breakers Mints	<input type="checkbox"/>	<input type="checkbox"/>	
LifeSavers (Mint)	<input type="checkbox"/>	<input type="checkbox"/>	
Listerine PocketPaks	<input type="checkbox"/>	<input type="checkbox"/>	
Listerine Pocket Mist	<input type="checkbox"/>	<input type="checkbox"/>	
Mentos —Gum	<input type="checkbox"/>	<input type="checkbox"/>	
—Mints	<input type="checkbox"/>	<input type="checkbox"/>	
Tic-Tac	<input type="checkbox"/>	<input type="checkbox"/>	
Trident	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	
DEODORANTS/ ANTIPERSPIRANTS	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"/>		
DEODORANTS/ ANTIPERSPIRANTS	Most Often	Others Sometimes	
TYPES:			
Scented	<input type="checkbox"/>	<input type="checkbox"/>	
Unscented	<input type="checkbox"/>	<input type="checkbox"/>	
KINDS:			
Anti Perspirant/Deodorant	<input type="checkbox"/>	<input type="checkbox"/>	
Deodorant Only	<input type="checkbox"/>	<input type="checkbox"/>	
FORMS:			
Aerosol	<input type="checkbox"/>	<input type="checkbox"/>	
Body Sprays	<input type="checkbox"/>	<input type="checkbox"/>	
Clear Gel	<input type="checkbox"/>	<input type="checkbox"/>	
Clear Stick	<input type="checkbox"/>	<input type="checkbox"/>	
Invisible White Stick	<input type="checkbox"/>	<input type="checkbox"/>	
Roll-on	<input type="checkbox"/>	<input type="checkbox"/>	
Soft Solid	<input type="checkbox"/>	<input type="checkbox"/>	
Stick	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	
DENTURE CLEANSERS	Most Often	Others Sometimes	
TYPES:			
Powder	<input type="checkbox"/>	<input type="checkbox"/>	
Paste	<input type="checkbox"/>	<input type="checkbox"/>	
Effervescent Tablet	<input type="checkbox"/>	<input type="checkbox"/>	
Foam	<input type="checkbox"/>	<input type="checkbox"/>	
BRANDS:			
Efferdent	<input type="checkbox"/>	<input type="checkbox"/>	
Novadent	<input type="checkbox"/>	<input type="checkbox"/>	
Polident Fresh Cleanse	<input type="checkbox"/>	<input type="checkbox"/>	
Polident Paste	<input type="checkbox"/>	<input type="checkbox"/>	
Polident Tablets	<input type="checkbox"/>	<input type="checkbox"/>	
Store Brand	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	
DENTURE ADHESIVE	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+	<input type="checkbox"/>		
LIP CARE	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"/>		
LIP CARE	Most Often	Others Sometimes	
KINDS:			
Lip Balm	<input type="checkbox"/>	<input type="checkbox"/>	
Cold Sore Remedies	<input type="checkbox"/>	<input type="checkbox"/>	
DEODORANTS/ ANTIPERSPIRANTS	Most Often	Others Sometimes	
BRANDS:			
Adidas —Men	<input type="checkbox"/>	<input type="checkbox"/>	
—Women	<input type="checkbox"/>	<input type="checkbox"/>	
Arm & Hammer	<input type="checkbox"/>	<input type="checkbox"/>	
Arrid	<input type="checkbox"/>	<input type="checkbox"/>	
Axe	<input type="checkbox"/>	<input type="checkbox"/>	
Ban	<input type="checkbox"/>	<input type="checkbox"/>	
Degree —Men	<input type="checkbox"/>	<input type="checkbox"/>	
—Women	<input type="checkbox"/>	<input type="checkbox"/>	
Dove	<input type="checkbox"/>	<input type="checkbox"/>	
Dry Idea	<input type="checkbox"/>	<input type="checkbox"/>	
Gillette Series	<input type="checkbox"/>	<input type="checkbox"/>	
Mennen —Lady Speedstick	<input type="checkbox"/>	<input type="checkbox"/>	
—Speedstick	<input type="checkbox"/>	<input type="checkbox"/>	
Mitchum	<input type="checkbox"/>	<input type="checkbox"/>	
Mitchum For Women	<input type="checkbox"/>	<input type="checkbox"/>	
Old Spice —High Endurance	<input type="checkbox"/>	<input type="checkbox"/>	
—Red Zone	<input type="checkbox"/>	<input type="checkbox"/>	
Right Guard —Regular	<input type="checkbox"/>	<input type="checkbox"/>	
—Sport	<input type="checkbox"/>	<input type="checkbox"/>	
—X-treme	<input type="checkbox"/>	<input type="checkbox"/>	
Secret	<input type="checkbox"/>	<input type="checkbox"/>	
Soft & Dri	<input type="checkbox"/>	<input type="checkbox"/>	
Tag	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

PERSONAL CARE, HEALTH AND BEAUTY AIDS

PERFUME & COLOGNE WOMEN'S OR MEN'S		PERSONALLY USE		BODY WASH		PERSONALLY USE		SHAMPOO		PERSONALLY USE		
		Past 6 Months	Times/ Past 7 Days			Most Often	Others Sometimes			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"/>				BRANDS (Continued):				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"/>				
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"/>				PERSONAL CARE SOAPS		PERSONALLY USE		KINDS:		PERSONALLY USE		
PERFUME & COLOGNE WOMEN'S OR MEN'S		AMOUNT PERSONALLY SPENT PAST 12 MONTHS		PERSONAL CARE SOAPS		PERSONALLY USE		KINDS:		PERSONALLY USE		
		For Self	Gifts For Women	Gifts For Men			Most Often	Others Sometimes			Most Often	Others Sometimes
\$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		KINDS:		PERSONALLY USE		
BODY WASH		PERSONALLY USE		PERSONAL CARE SOAPS		PERSONALLY USE		KINDS:		PERSONALLY USE		
		Past 6 Months	Times/ Past 7 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"/>				PERSONAL CARE SOAPS		PERSONALLY USE		KINDS:		PERSONALLY USE		
BODY WASH		PERSONALLY USE		PERSONAL CARE SOAPS		PERSONALLY USE		KINDS:		PERSONALLY USE		
		Most Often	Others Sometimes			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"/>				PERSONAL CARE SOAPS		PERSONALLY USE		KINDS:		PERSONALLY USE		
BODY WASH		PERSONALLY USE		PERSONAL CARE SOAPS		PERSONALLY USE		KINDS:		PERSONALLY USE		
		Most Often	Others Sometimes			Most Often	Others Sometimes					
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 Cream Oil <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 <input type="checkbox"/> <input type="checkbox"/> Baby Wash <input type="checkbox"/> <input type="checkbox"/>				PERSONAL CARE SOAPS		PERSONALLY USE		KINDS:		PERSONALLY USE		
BODY WASH		PERSONALLY USE		PERSONAL CARE SOAPS		PERSONALLY USE		KINDS:		PERSONALLY USE		
		Most Often	Others Sometimes			Most Often	Others Sometimes					
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"/> Dove <input type="checkbox"/> <input type="checkbox"/> Down Under Naturals <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"/> 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"/> Sunsil <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"/>				PERSONAL CARE SOAPS		PERSONALLY USE		KINDS:		PERSONALLY USE		

PERSONAL CARE, HEALTH AND BEAUTY AIDS

HAIR CONDITIONERS	PERSONALLY USE		HAIR SPRAYS	PERSONALLY USE		HAIR STYLING MOUSSES	PERSONALLY USE	
	Past 6 Months	Times/ Past 7 Days		Most Often	Others Sometimes		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"/> 6-7 <input type="checkbox"/> 8-10 <input type="checkbox"/> 11+ <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"/> 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-Une <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"/>			BRANDS (Continued): Thermasilk <input type="checkbox"/> <input type="checkbox"/> Tresemmé <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 CONDITIONERS	PERSONALLY USE		HAIR STYLING MOUSSES	PERSONALLY USE		HAIR STYLING GELS	PERSONALLY USE	
	Most Often	Others Sometimes		Past 6 Months	Times/ Past 7 Days		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: Alberto Balsam <input type="checkbox"/> <input type="checkbox"/> Alberto European <input type="checkbox"/> <input type="checkbox"/> Aussie <input type="checkbox"/> <input type="checkbox"/> Dove <input type="checkbox"/> <input type="checkbox"/> Down Under Naturals <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"/> Sunsil <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"/>			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		HAIR STYLING MOUSSES	PERSONALLY USE		HAIR STYLING GELS	PERSONALLY USE	
	Past 6 Months	Times/ Past 7 Days		Most Often	Others Sometimes		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"/> 6-7 <input type="checkbox"/> 8-10 <input type="checkbox"/> 11+ <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"/>			KINDS: Anti-Frizz <input type="checkbox"/> <input type="checkbox"/> Creams <input type="checkbox"/> <input type="checkbox"/> Mud <input type="checkbox"/> <input type="checkbox"/> Pomades <input type="checkbox"/> <input type="checkbox"/> Regular <input type="checkbox"/> <input type="checkbox"/> Shine <input type="checkbox"/> <input type="checkbox"/> Straightening <input type="checkbox"/> <input type="checkbox"/> Waxes <input type="checkbox"/> <input type="checkbox"/>		
HAIR COLOURING PRODUCTS	PERSONALLY USE		HAIR COLOURING PRODUCTS	PERSONALLY USE		HAIR COLOURING PRODUCTS	PERSONALLY USE	
	Past 6 Months	Times/ Past 7 Days		Past 6 Months	Times/ Past 7 Days		Past 6 Months	Times/ Past 7 Days
YES <input type="checkbox"/> NO <input type="checkbox"/> None <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7+ <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/> None <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7+ <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"/> —Feria <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			
SMALL APPLIANCES					HAND & BODY CREAM/LOTION							
			Past 6 Months		Past 30 Days							
YES <input type="checkbox"/> NO <input type="checkbox"/> TYPE: Blow Dryer <input type="checkbox"/> Curling Iron <input type="checkbox"/> Electric Curlers <input type="checkbox"/> Hair Straightener/Flat Iron <input type="checkbox"/>					TYPES: Aloe <input type="checkbox"/> <input type="checkbox"/> Anti Age/Wrinkle <input type="checkbox"/> <input type="checkbox"/> Medicated <input type="checkbox"/> <input type="checkbox"/> Night Time <input type="checkbox"/> <input type="checkbox"/> Regular <input type="checkbox"/> <input type="checkbox"/> Self-Tanning <input type="checkbox"/> <input type="checkbox"/> Skin Firming <input type="checkbox"/> <input type="checkbox"/> With Sunscreen <input type="checkbox"/> <input type="checkbox"/> With Vitamins <input type="checkbox"/> <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"/>							
HAIR SALON			PERSONALLY USE		FACE & BODY SKINCARE							
			Past 6 Months		Past 30 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"/>					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"/>			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"/> Dove Energy Glow Beauty Body Lotion <input type="checkbox"/> <input type="checkbox"/> Dove Firming Beauty Body Lotion <input type="checkbox"/> <input type="checkbox"/> Dove pro-age <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"/>				

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): Neutrogena <input type="checkbox"/> <input type="checkbox"/> Nivea <input type="checkbox"/> <input type="checkbox"/> Nivea Extra Nourishing Milk <input type="checkbox"/> <input type="checkbox"/> 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 Cocoa Butter <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): Cetaphil <input type="checkbox"/> <input type="checkbox"/> Clarins <input type="checkbox"/> <input type="checkbox"/> Clearasil <input type="checkbox"/> <input type="checkbox"/> Clinique <input type="checkbox"/> <input type="checkbox"/> Dove <input type="checkbox"/> <input type="checkbox"/> Dove Sensitive Skin <input type="checkbox"/> <input type="checkbox"/> Estée Lauder <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"/> 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"/> Dove Pro-Age <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 Revitalift <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 Q10 Plus <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"/> Revlon <input type="checkbox"/> <input type="checkbox"/> ROC <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"/>					
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			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"/>		
HAND & BODY CREAM/LOTION Dry <input type="checkbox"/> Extra Dry <input type="checkbox"/> Normal <input type="checkbox"/> Oily <input type="checkbox"/> Sensitive <input type="checkbox"/>			FACIAL CLEANSERS 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"/>			FACIAL MOISTURIZERS 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"/>			ACNE PRODUCTS 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"/>		
FACIAL CLEANSERS Most Often <input type="checkbox"/> Others Sometimes <input type="checkbox"/>			FACIAL MOISTURIZERS Most Often <input type="checkbox"/> Others Sometimes <input type="checkbox"/>			ACNE PRODUCTS Most Often <input type="checkbox"/> Others Sometimes <input type="checkbox"/>					
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"/>			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: Medicated (Prescription) <input type="checkbox"/> <input type="checkbox"/> Medicated (Non-Prescription) <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"/>			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"/>			TYPES: Astringent/Toner <input type="checkbox"/> <input type="checkbox"/> Body Wash <input type="checkbox"/> <input type="checkbox"/> Cleanser <input type="checkbox"/> <input type="checkbox"/> Cover Up <input type="checkbox"/> <input type="checkbox"/> Cream/Lotion <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"/>			FORMS: Bottles <input type="checkbox"/> <input type="checkbox"/> Cleansing Cloths <input type="checkbox"/> <input type="checkbox"/> Pads <input type="checkbox"/> <input type="checkbox"/> Sticks <input type="checkbox"/> <input type="checkbox"/> Tubes <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>			FORMS: Bottles <input type="checkbox"/> <input type="checkbox"/> Cleansing Cloths <input type="checkbox"/> <input type="checkbox"/> Pads <input type="checkbox"/> <input type="checkbox"/> Sticks <input type="checkbox"/> <input type="checkbox"/> Tubes <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>					

PERSONAL CARE, HEALTH AND BEAUTY AIDS

ACNE PRODUCTS	PERSONALLY USE		RAZORS/ SHAVERS	PERSONALLY USE		HAIR REMOVAL	PERSONALLY USE					
	Most Often	Others Sometimes		Most Often	Others Sometimes		Most Often	Others Sometimes				
BRANDS:												
Clean & Clear	<input type="checkbox"/>	<input type="checkbox"/>	KINDS:	Electric Shaver	<input type="checkbox"/>	<input type="checkbox"/>	TYPES:	Bladeless Kits	<input type="checkbox"/>	<input type="checkbox"/>		
Clearasil	<input type="checkbox"/>	<input type="checkbox"/>		Disposable Razor	<input type="checkbox"/>	<input type="checkbox"/>		Cream/Lotion	<input type="checkbox"/>	<input type="checkbox"/>		
Neutrogena	<input type="checkbox"/>	<input type="checkbox"/>		Manual Razors With Replacement Blades	<input type="checkbox"/>	<input type="checkbox"/>		Electrolysis	<input type="checkbox"/>	<input type="checkbox"/>		
Oxy	<input type="checkbox"/>	<input type="checkbox"/>		BRANDS:	Gillette ATRA/Trac II	<input type="checkbox"/>		<input type="checkbox"/>	Laser	<input type="checkbox"/>	<input type="checkbox"/>	
Spectro Acne Care	<input type="checkbox"/>	<input type="checkbox"/>			Gillette Fusion	<input type="checkbox"/>		<input type="checkbox"/>	Non-Razor	<input type="checkbox"/>	<input type="checkbox"/>	
Spectro Jel	<input type="checkbox"/>	<input type="checkbox"/>			Gillette M3 Power	<input type="checkbox"/>		<input type="checkbox"/>	Wax —At Home (Hot)	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>			Gillette Mach 3/Turbo	<input type="checkbox"/>		<input type="checkbox"/>	—At Home (Cold)	<input type="checkbox"/>	<input type="checkbox"/>	
					Gillette Power	<input type="checkbox"/>		<input type="checkbox"/>	—At Salon	<input type="checkbox"/>	<input type="checkbox"/>	
					Gillette Sensor/Sensor Excel	<input type="checkbox"/>		<input type="checkbox"/>	BRANDS:	Alexandria	<input type="checkbox"/>	<input type="checkbox"/>
					Gillette Venus	<input type="checkbox"/>		<input type="checkbox"/>		Andrea	<input type="checkbox"/>	<input type="checkbox"/>
					Gillette Venus Divine	<input type="checkbox"/>		<input type="checkbox"/>		Nair	<input type="checkbox"/>	<input type="checkbox"/>
					Gillette Venus Vibrance	<input type="checkbox"/>		<input type="checkbox"/>		Parissa	<input type="checkbox"/>	<input type="checkbox"/>
					Schick Intuition/Intuition Plus	<input type="checkbox"/>		<input type="checkbox"/>		Sally Hansen	<input type="checkbox"/>	<input type="checkbox"/>
				Schick Quattro	<input type="checkbox"/>	<input type="checkbox"/>		Veet		<input type="checkbox"/>	<input type="checkbox"/>	
				Other Manual Razors With Replacement Blades	<input type="checkbox"/>	<input type="checkbox"/>		Other		<input type="checkbox"/>	<input type="checkbox"/>	
			BIC Disposables	<input type="checkbox"/>	<input type="checkbox"/>							
			Gillette Disposables	<input type="checkbox"/>	<input type="checkbox"/>							
			Gillette Venus Disposables	<input type="checkbox"/>	<input type="checkbox"/>							
			Schick ST	<input type="checkbox"/>	<input type="checkbox"/>							
			Schick Xtreme 3	<input type="checkbox"/>	<input type="checkbox"/>							
			Other Schick Disposables	<input type="checkbox"/>	<input type="checkbox"/>							
			Other Disposables	<input type="checkbox"/>	<input type="checkbox"/>							
			Braun Electric	<input type="checkbox"/>	<input type="checkbox"/>							
			Philips Electric	<input type="checkbox"/>	<input type="checkbox"/>							
			Remington Electric	<input type="checkbox"/>	<input type="checkbox"/>							
			Other Electric Shaver	<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"/>										
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"/>										
After Shave Lotion	<input type="checkbox"/>	<input type="checkbox"/>										
After Shave Gel	<input type="checkbox"/>	<input type="checkbox"/>										
RAZORS/SHAVERS												
PERSONALLY USE												
			Past 6 Months									
YES	<input type="checkbox"/>											
NO	<input type="checkbox"/>											
RAZORS/SHAVERS												
PERSONALLY USE												
			Times/ Past 7 Days									
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"/>										
HAIR REMOVAL												
PERSONALLY USE												
			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"/>										
HAIR REMOVAL												
PERSONALLY USE												
			Most Often			Others Sometimes						
KINDS:												
Tubs	<input type="checkbox"/>	<input type="checkbox"/>										
Strips	<input type="checkbox"/>	<input type="checkbox"/>										
COUGH DROPS												
PERSONALLY USE												
			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"/>										
6-9		<input type="checkbox"/>										
10-14		<input type="checkbox"/>										
15+		<input type="checkbox"/>										
COUGH DROPS												
PERSONALLY USE												
			Most Often			Others Sometimes						
BRANDS:												
Bentasil	<input type="checkbox"/>	<input type="checkbox"/>										
Cepacol	<input type="checkbox"/>	<input type="checkbox"/>										
Cloraseptic	<input type="checkbox"/>	<input type="checkbox"/>										
Fisherman's Friend	<input type="checkbox"/>	<input type="checkbox"/>										
Halls	<input type="checkbox"/>	<input type="checkbox"/>										
Halls Centres	<input type="checkbox"/>	<input type="checkbox"/>										
Halls Fruit Breezers	<input type="checkbox"/>	<input type="checkbox"/>										
Halls Extra Strong	<input type="checkbox"/>	<input type="checkbox"/>										
Halls Oxygen	<input type="checkbox"/>	<input type="checkbox"/>										
Herbon	<input type="checkbox"/>	<input type="checkbox"/>										
Natural/Herbal Products	<input type="checkbox"/>	<input type="checkbox"/>										
Ricola	<input type="checkbox"/>	<input type="checkbox"/>										
Strepsils	<input type="checkbox"/>	<input type="checkbox"/>										
Valda Pastilles	<input type="checkbox"/>	<input type="checkbox"/>										
Vicks	<input type="checkbox"/>	<input type="checkbox"/>										
Other	<input type="checkbox"/>	<input type="checkbox"/>										
COUGH SYRUP												
PERSONALLY USE												
			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"/>										
6-9		<input type="checkbox"/>										
10-14		<input type="checkbox"/>										
15+		<input type="checkbox"/>										
USED FOR:												
Allergy	<input type="checkbox"/>	<input type="checkbox"/>										
Cough	<input type="checkbox"/>	<input type="checkbox"/>										
Preventing A Cold	<input type="checkbox"/>	<input type="checkbox"/>										
Sore Throat	<input type="checkbox"/>	<input type="checkbox"/>										
Stuffy Nose	<input type="checkbox"/>	<input type="checkbox"/>										
Other	<input type="checkbox"/>	<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: Benlyn All-In-One <input type="checkbox"/> <input type="checkbox"/> Benlyn Extra Strength <input type="checkbox"/> <input type="checkbox"/> Benlyn 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 Cool Burst Cold & Flu <input type="checkbox"/> <input type="checkbox"/> Tylenol Cool Burst Cough & Cold <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"/> Store Brand <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	PERSONALLY USE		TOPICAL PAIN RELIEVERS	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"/>	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"/> 6-9 <input type="checkbox"/> 10-14 <input type="checkbox"/> 15+ <input type="checkbox"/>	Past 6 Months	Times/Past 30 Days			
MEDICATED THROAT REMEDIES	PERSONALLY USE		TOPICAL PAIN RELIEVERS	PERSONALLY USE				
YES <input type="checkbox"/> NO <input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/>	Most Often	Others Sometimes	YES <input type="checkbox"/> NO <input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/>	Most Often	Others Sometimes			
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"/>					
EYE DROPS	PERSONALLY USE		KINDS: Hot <input type="checkbox"/> <input type="checkbox"/> Cold <input type="checkbox"/> <input type="checkbox"/> Hot/Cold Combination <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"/>	Past 6 Months	Times/Past 30 Days	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"/>					
EYE DROPS	PERSONALLY USE		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—Rub <input type="checkbox"/> <input type="checkbox"/> —Patch <input type="checkbox"/> <input type="checkbox"/> O24 <input type="checkbox"/> <input type="checkbox"/>					
TYPES: Non-Prescription <input type="checkbox"/> <input type="checkbox"/> Prescription <input type="checkbox"/> <input type="checkbox"/>	Most Often	Others Sometimes	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"/>					
						FIRST AID CREAMS/OINTMENTS	PERSONALLY USE	
						YES <input type="checkbox"/> NO <input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/>	Past 6 Months	Times/Past 30 Days
						FIRST AID CREAMS/OINTMENTS	PERSONALLY USE	
						YES <input type="checkbox"/> NO <input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/>	Most Often	Others Sometimes
						TYPES: Cream <input type="checkbox"/> <input type="checkbox"/> Ointment <input type="checkbox"/> <input type="checkbox"/>		
						BRANDS: Baciguent <input type="checkbox"/> <input type="checkbox"/> Band-Aid <input type="checkbox"/> <input type="checkbox"/> Lanacane <input type="checkbox"/> <input type="checkbox"/> Ozonol <input type="checkbox"/> <input type="checkbox"/> Polysporin <input type="checkbox"/> <input type="checkbox"/> Polytopic <input type="checkbox"/> <input type="checkbox"/> Store Brand <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>		
						PAIN RELIEVERS FOR ARTHRITIS/RHEUMATISM	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"/>	Past 6 Months	Times/Past 30 Days

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 Regular Strength (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"/>	<input type="checkbox"/>	YES	<input type="checkbox"/>	<input type="checkbox"/>	YES	<input type="checkbox"/>	<input type="checkbox"/>
NO	<input type="checkbox"/>	<input type="checkbox"/>	NO	<input type="checkbox"/>	<input type="checkbox"/>	NO	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	None	<input type="checkbox"/>	<input type="checkbox"/>	None	<input type="checkbox"/>	<input type="checkbox"/>
1-2	<input type="checkbox"/>	<input type="checkbox"/>	1-2	<input type="checkbox"/>	<input type="checkbox"/>	1-2	<input type="checkbox"/>	<input type="checkbox"/>
3-5	<input type="checkbox"/>	<input type="checkbox"/>	3-5	<input type="checkbox"/>	<input type="checkbox"/>	3-5	<input type="checkbox"/>	<input type="checkbox"/>
6-9	<input type="checkbox"/>	<input type="checkbox"/>	6-9	<input type="checkbox"/>	<input type="checkbox"/>	6-9	<input type="checkbox"/>	<input type="checkbox"/>
10-14	<input type="checkbox"/>	<input type="checkbox"/>	10-14	<input type="checkbox"/>	<input type="checkbox"/>	10-14	<input type="checkbox"/>	<input type="checkbox"/>
15+	<input type="checkbox"/>	<input type="checkbox"/>	15+	<input type="checkbox"/>	<input type="checkbox"/>	15+	<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	
	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"/>	Aspirin Nighttime	<input type="checkbox"/>	<input type="checkbox"/>	Powders	<input type="checkbox"/>	<input type="checkbox"/>
Norflex	<input type="checkbox"/>	<input type="checkbox"/>	Entrophen	<input type="checkbox"/>	<input type="checkbox"/>	Rubs	<input type="checkbox"/>	<input type="checkbox"/>
Robaxacet	<input type="checkbox"/>	<input type="checkbox"/>	Lakota	<input type="checkbox"/>	<input type="checkbox"/>	Tablets	<input type="checkbox"/>	<input type="checkbox"/>
Robaxisal	<input type="checkbox"/>	<input type="checkbox"/>	Motrin ES/SES	<input type="checkbox"/>	<input type="checkbox"/>	BRANDS:		
Robax Platinum	<input type="checkbox"/>	<input type="checkbox"/>	Motrin IB	<input type="checkbox"/>	<input type="checkbox"/>	Actifed	<input type="checkbox"/>	<input type="checkbox"/>
Tylenol	<input type="checkbox"/>	<input type="checkbox"/>	Myoflex	<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	<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 8 Hour	<input type="checkbox"/>	<input type="checkbox"/>	Benlyn All In One	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other</i>	<input type="checkbox"/>	<input type="checkbox"/>	Tylenol EZ Tabs	<input type="checkbox"/>	<input type="checkbox"/>	Benlyn Cold & Sinus	<input type="checkbox"/>	<input type="checkbox"/>
			Store Brand	<input type="checkbox"/>	<input type="checkbox"/>	Benlyn Cold & Sinus Plus	<input type="checkbox"/>	<input type="checkbox"/>
			<i>Other Natural or Herbal Remedies</i>	<input type="checkbox"/>	<input type="checkbox"/>	Benlyn Rapid Gels	<input type="checkbox"/>	<input type="checkbox"/>
			<i>Other</i>	<input type="checkbox"/>	<input type="checkbox"/>	Breathe Right	<input type="checkbox"/>	<input type="checkbox"/>
						Buckley's Cough, Cold, Flu Caplets	<input type="checkbox"/>	<input type="checkbox"/>
						Cold F/X	<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 Sinus Pain & Congestion	<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"/>
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"/>	<input type="checkbox"/>	YES	<input type="checkbox"/>	<input type="checkbox"/>			
NO	<input type="checkbox"/>	<input type="checkbox"/>	NO	<input type="checkbox"/>	<input type="checkbox"/>			
None	<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/>	<input type="checkbox"/>			
1-2	<input type="checkbox"/>	<input type="checkbox"/>	Every Other Day	<input type="checkbox"/>	<input type="checkbox"/>			
3-5	<input type="checkbox"/>	<input type="checkbox"/>	Once A Week	<input type="checkbox"/>	<input type="checkbox"/>			
6-9	<input type="checkbox"/>	<input type="checkbox"/>	Less Often	<input type="checkbox"/>	<input type="checkbox"/>			
10-14	<input type="checkbox"/>	<input type="checkbox"/>						
15+	<input type="checkbox"/>	<input type="checkbox"/>						

PERSONAL CARE, HEALTH AND BEAUTY AIDS

COLD REMEDIES	PERSONALLY USE		SLEEPING TABLETS — Non-Prescription —	PERSONALLY USE		ANTI-NAUSEANT/ MOTION SICKNESS REMEDIES	PERSONALLY USE	
	Most Often	Others Sometimes		Past 6 Months	Times/ Past 30 Days		Past 6 Months	Others Sometimes
BRANDS (Continued): 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"/> 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+ <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/> NUMBER OF TIMES: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/>		
ALLERGY AND SINUS REMEDIES	PERSONALLY USE		UPSET STOMACH REMEDIES	PERSONALLY USE		ANTI-NAUSEANT/ MOTION SICKNESS REMEDIES	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"/>				Past 6 Months	Times/ Past 30 Days		Most Often	Others Sometimes
ALLERGY AND SINUS REMEDIES	PERSONALLY USE		UPSET STOMACH REMEDIES	PERSONALLY USE		ANTI-NAUSEANT/ MOTION SICKNESS REMEDIES	PERSONALLY USE	
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"/> Nasal Strip <input type="checkbox"/> <input type="checkbox"/> Tablets <input type="checkbox"/> <input type="checkbox"/> BRANDS: Actifed <input type="checkbox"/> <input type="checkbox"/> Advil Cold & Sinus <input type="checkbox"/> <input type="checkbox"/> Aleris <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"/> Breathe Right <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"/> Tylenol Allergy <input type="checkbox"/> <input type="checkbox"/> Tylenol Sinus <input type="checkbox"/> <input type="checkbox"/> Tylenol Sinus Pain & Congestion <input type="checkbox"/> <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"/>				Most Often	Others Sometimes		Most Often	Others Sometimes
LAXATIVES	PERSONALLY USE		UPSET STOMACH REMEDIES	PERSONALLY USE		ANTI-NAUSEANT/ MOTION SICKNESS REMEDIES	PERSONALLY USE	
YES <input type="checkbox"/> NO <input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/>				Past 6 Months	Times/ Past 30 Days		Most Often	Others Sometimes
LAXATIVES	PERSONALLY USE		UPSET STOMACH REMEDIES	PERSONALLY USE		ANTI-NAUSEANT/ MOTION SICKNESS REMEDIES	PERSONALLY USE	
KINDS: Chewable Tablets <input type="checkbox"/> <input type="checkbox"/> Liquids <input type="checkbox"/> <input type="checkbox"/> Natural Bulk Fibre <input type="checkbox"/> <input type="checkbox"/> Pills <input type="checkbox"/> <input type="checkbox"/> BRANDS: Citrucel <input type="checkbox"/> <input type="checkbox"/> Correctol <input type="checkbox"/> <input type="checkbox"/> Dulcolax <input type="checkbox"/> <input type="checkbox"/> Ex-Lax <input type="checkbox"/> <input type="checkbox"/> Metamucil <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>				Most Often	Others Sometimes		Most Often	Others Sometimes
			UPSET STOMACH REMEDIES	PERSONALLY USE		ANTI-NAUSEANT/ MOTION SICKNESS REMEDIES	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"/>				Most Often	Others Sometimes		Most Often	Others Sometimes
			UPSET STOMACH REMEDIES	PERSONALLY USE		ANTI-NAUSEANT/ MOTION SICKNESS REMEDIES	PERSONALLY USE	
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		Most Often	Others Sometimes

PERSONAL CARE, HEALTH AND BEAUTY AIDS

DIARRHEA REMEDIES	PERSONALLY USE	EYEWEAR	PERSONALLY	DIET CONTROL/ WEIGHT MANAGEMENT	PERSONALLY CONTROL
	Past 6 Months Times/ Past 30 Days		Bought Past 12 Months		Diet
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: Liquid <input type="checkbox"/> Pill <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"/> 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"/> 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"/> Pearle Vision <input type="checkbox"/> Sears <input type="checkbox"/> The Bay <input type="checkbox"/> Vogue Optical <input type="checkbox"/> Wal-Mart <input type="checkbox"/> Zellers <input type="checkbox"/> Other <input type="checkbox"/>		METHODS: Atkins <input type="checkbox"/> Dr. Bernstein <input type="checkbox"/> Glycemic Index Diet <input type="checkbox"/> Herbal Magic <input type="checkbox"/> High Protein Diet <input type="checkbox"/> Jenny Craig <input type="checkbox"/> Low Carbohydrate Diet <input type="checkbox"/> Mince à Vie <input type="checkbox"/> SlimFast Optima <input type="checkbox"/> Weight Watchers <input type="checkbox"/> Natural/Organic <input type="checkbox"/> Other <input type="checkbox"/>	
HEMORRHOID REMEDIES	PERSONALLY USE			MEDICAL CONDITIONS/ PRESCRIPTION REMEDIES	PERSONALLY USE/HAVE
	Past 6 Months Times/ Past 30 Days				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"/>				YES <input type="checkbox"/> NO <input type="checkbox"/> CONDITIONS: Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Decreased Female Sexual Desire <input type="checkbox"/> Depression <input type="checkbox"/> Diabetes <input type="checkbox"/> Erectile Difficulties <input type="checkbox"/> Fibromyalgia <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> High Cholesterol <input type="checkbox"/> Incontinence <input type="checkbox"/> Insomnia <input type="checkbox"/> Irritable Bowel Syndrome <input type="checkbox"/> Migraine <input type="checkbox"/> Overactive Bladder <input type="checkbox"/> Ulcer <input type="checkbox"/> Ulcerative Colitis <input type="checkbox"/> 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"/> Anti-Migraine <input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Prescription Painkillers <input type="checkbox"/> BRANDS: Accupril <input type="checkbox"/> Actonel <input type="checkbox"/> Celebrex <input type="checkbox"/> Crestor <input type="checkbox"/> Lipitor <input type="checkbox"/> Viagra <input type="checkbox"/> Other <input type="checkbox"/>	
ADHESIVE BANDAGES	PERSONALLY USE		CONTACT LENS CLEANING SOLUTIONS		
	Past 6 Months Past 30 Days		PERSONALLY USE		
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"/> 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"/> Spray <input type="checkbox"/> Waterproof <input type="checkbox"/>			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"/> 6-9 <input type="checkbox"/> 10-14 <input type="checkbox"/> 15+ <input type="checkbox"/>		
ADHESIVE BANDAGES	PERSONALLY USE		DIET CONTROL/ WEIGHT MANAGEMENT		PERSONALLY CONTROL
	Most Often Others Sometimes				Diet
BRANDS: 3M Nexcare <input type="checkbox"/> Band-Aid <input type="checkbox"/> Elastoplast <input type="checkbox"/> New Skin <input type="checkbox"/> Store Brand <input type="checkbox"/> Other <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"/> 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"/>			
EYEWEAR	PERSONALLY			COSMETIC FACIAL TREATMENTS	HAD DONE BY PHYSICIAN/SPECIALIST
	Wear				Past 12 Months
YES <input type="checkbox"/> NO <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 Fillers —Botox <input type="checkbox"/> —Collagen/Restylane/Juvéderm <input type="checkbox"/> Laser Resurfacing <input type="checkbox"/> Other <input type="checkbox"/>	

PERSONAL CARE, HEALTH AND BEAUTY AIDS

SMOKING CESSATION PRODUCTS	PERSONALLY USED	HEALTH CARE	PERSONALLY VISITED	SUNTAN & SUNSCREEN PRODUCTS	PERSONALLY BOUGHT
YES <input type="checkbox"/> NO <input type="checkbox"/>	Past 12 Months	Acupuncturist <input type="checkbox"/> Aromatherapy <input type="checkbox"/> Chiropractor <input type="checkbox"/> Cosmetic Surgeon <input type="checkbox"/> GP/Family Physician <input type="checkbox"/> Homeopathy <input type="checkbox"/> Massage Therapy <input type="checkbox"/> Naturopathy <input type="checkbox"/> Osteopathy <input type="checkbox"/> Physiotherapist <input type="checkbox"/>	Past 6 Months	YES <input type="checkbox"/> NO <input type="checkbox"/>	Past 12 Months
VITAMINS, MINERALS, HERBAL SUPPLEMENTS	PERSONALLY USE Past 6 Months <input type="checkbox"/> Number Taken Per Day <input type="checkbox"/>	HOME HEALTH CARE PRODUCTS YOU PERSONALLY Have		NUMBER OF CONTAINERS: 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6+ <input type="checkbox"/>	
YES <input type="checkbox"/> NO <input type="checkbox"/>		Hearing Aid <input type="checkbox"/> Prosthetic Device <input type="checkbox"/> Supports And Braces <input type="checkbox"/> Therapeutic Mattress <input type="checkbox"/> Walker <input type="checkbox"/> Wheelchair <input type="checkbox"/>		SUNTAN & SUNSCREEN PRODUCTS PERSONALLY BOUGHT Most Often <input type="checkbox"/> Others Sometimes <input type="checkbox"/>	
VITAMINS, MINERALS, HERBAL SUPPLEMENTS	PERSONALLY Use	INCONTINENCE PRODUCTS PERSONALLY USED Past 6 Months		KINDS: Suntan Oil <input type="checkbox"/> Sunscreen <input type="checkbox"/> Self Tanner <input type="checkbox"/>	
VITAMINS & MINERALS: Vitamin A Or D <input type="checkbox"/> B Vitamins <input type="checkbox"/> Vitamin C <input type="checkbox"/> Vitamin E <input type="checkbox"/> Folic Acid <input type="checkbox"/> Calcium Magnesium <input type="checkbox"/> Calcium <input type="checkbox"/> Glucosamine/Chondroitin Sulfate <input type="checkbox"/> Coenzyme Q10 <input type="checkbox"/> Iron <input type="checkbox"/> Other <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>		TYPES: SPF 1-14 <input type="checkbox"/> SPF 15 <input type="checkbox"/> SPF 16-35 <input type="checkbox"/> SPF 36+ <input type="checkbox"/>	
HERBAL SUPPLEMENTS:		BRANDS: Attends <input type="checkbox"/> Depend <input type="checkbox"/> Poise Pads <input type="checkbox"/> Other <input type="checkbox"/>		BRANDS: Avon <input type="checkbox"/> Bain de Soleil <input type="checkbox"/> Biotherm <input type="checkbox"/> Clinique <input type="checkbox"/> Coppertone <input type="checkbox"/> Estée Lauder <input type="checkbox"/> Hawaiian Tropic <input type="checkbox"/> Johnsons Baby Oil <input type="checkbox"/> Lancôme <input type="checkbox"/> LaRoche Posay Anthelios <input type="checkbox"/> L'Oreal Sublime Bronze <input type="checkbox"/> Neutrogena <input type="checkbox"/> Nivea <input type="checkbox"/> Ombrelle <input type="checkbox"/> Sea & Ski <input type="checkbox"/> Vichy Capital Soleil <input type="checkbox"/> Other <input type="checkbox"/>	
Chamomile <input type="checkbox"/> Don Quai <input type="checkbox"/> Echinacea <input type="checkbox"/> Evening Primrose Oil <input type="checkbox"/> Flax Seed Oil <input type="checkbox"/> Garlic <input type="checkbox"/> Ginkgo Biloba <input type="checkbox"/> Ginseng <input type="checkbox"/> Lecithin/Omega (Essential) <input type="checkbox"/> Omega 3/Fish Oil <input type="checkbox"/> Plant Sterols <input type="checkbox"/> Saw Palmetto <input type="checkbox"/> St. John's Wort <input type="checkbox"/> Other <input type="checkbox"/>		CONDOMS/ CONTRACEPTIVES PERSONALLY BOUGHT Past 6 Months		SUNBURN/ AFTER SUN PRODUCTS PERSONALLY BOUGHT Past 12 Months	
MULTI-VITAMINS	PERSONALLY USE Past 30 Days	YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Daily <input type="checkbox"/> Every Other Day <input type="checkbox"/> Once A Week <input type="checkbox"/> Less Often <input type="checkbox"/>		CONDOMS/ CONTRACEPTIVES PERSONALLY BOUGHT Most Often <input type="checkbox"/> Others Sometimes <input type="checkbox"/>		NUMBER OF CONTAINERS: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/>	
BRANDS: One-A-Day Women's <input type="checkbox"/> One-A-Day Men's <input type="checkbox"/> One-A-Day Women's 50+ <input type="checkbox"/> One-A-Day Men's 50+ <input type="checkbox"/> Jamieson Vita-Vim <input type="checkbox"/> Centrum Performance <input type="checkbox"/> Centrum Forte <input type="checkbox"/> Centrum Protegra <input type="checkbox"/> Centrum Select <input type="checkbox"/> Centrum Silver <input type="checkbox"/> Multi-Sure <input type="checkbox"/> Prevention <input type="checkbox"/> Life Brand <input type="checkbox"/> Health Food Store Brand <input type="checkbox"/> Other <input type="checkbox"/>		TYPES: Condoms —Regular <input type="checkbox"/> —Textured <input type="checkbox"/> —Thin/Sensitive <input type="checkbox"/> —Flavours/Colours <input type="checkbox"/> —Non-Latex <input type="checkbox"/> Spermicidal Foams, Creams Or Jellies <input type="checkbox"/> Birth Control Pills <input type="checkbox"/> Other <input type="checkbox"/>		TYPES: Cream <input type="checkbox"/> Gel <input type="checkbox"/> Spray <input type="checkbox"/>	
		BRANDS OF CONDOMS: Durex <input type="checkbox"/> Durex Avanti <input type="checkbox"/> Lifestyles <input type="checkbox"/> Lifestyles Mr. Big <input type="checkbox"/> Trojan <input type="checkbox"/> Trojan Elexa <input type="checkbox"/> Trojan Her Pleasure <input type="checkbox"/> Trojan Supra <input type="checkbox"/> Trojan Magnum Large <input type="checkbox"/> Other <input type="checkbox"/>		INSECT REPELLENTS PERSONALLY BOUGHT Past 12 Months	
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
				NUMBER OF CONTAINERS: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6+ <input type="checkbox"/>	

COSMETICS, WOMEN'S PRODUCTS — WOMEN ONLY

MAKE-UP	PERSONALLY BOUGHT		FOUNDATION MAKE-UP	PERSONALLY USE		LIPSTICK, LIPLINER, LIP GLOSS	PERSONALLY USE	
	Past 30 Days			Most Often	Others Sometimes		Past 6 Months	Past 7 Days
YES	<input type="checkbox"/>		TYPES: Cream	<input type="checkbox"/>	<input type="checkbox"/>	YES	<input type="checkbox"/>	
NO	<input type="checkbox"/>			Cream/Powder Compact	<input type="checkbox"/>	<input type="checkbox"/>	NO	<input type="checkbox"/>
AMOUNT SPENT:			Liquid	<input type="checkbox"/>	<input type="checkbox"/>	NUMBER OF TIMES:		
\$1-4	<input type="checkbox"/>		Powder Compact	<input type="checkbox"/>	<input type="checkbox"/>	None	<input type="checkbox"/>	
\$5-9	<input type="checkbox"/>		Stick Foundation	<input type="checkbox"/>	<input type="checkbox"/>	1-2	<input type="checkbox"/>	
\$10-19	<input type="checkbox"/>					3-5	<input type="checkbox"/>	
\$20-49	<input type="checkbox"/>		KINDS:			6-9	<input type="checkbox"/>	
\$50-99	<input type="checkbox"/>		Anti-Aging	<input type="checkbox"/>	<input type="checkbox"/>	10-14	<input type="checkbox"/>	
\$100+	<input type="checkbox"/>		Long Wear	<input type="checkbox"/>	<input type="checkbox"/>	15+	<input type="checkbox"/>	
WHERE BOUGHT:			With Sunscreen	<input type="checkbox"/>	<input type="checkbox"/>	TYPES:		
Costco	<input type="checkbox"/>		Regular	<input type="checkbox"/>	<input type="checkbox"/>	Lipstick	<input type="checkbox"/>	
Holt Renfrew	<input type="checkbox"/>					Lip Gloss	<input type="checkbox"/>	
Les Ailes de la Mode	<input type="checkbox"/>		BRANDS:			Lipstick With SPF	<input type="checkbox"/>	
Ogilvy	<input type="checkbox"/>		Almay	<input type="checkbox"/>	<input type="checkbox"/>	Lipliner	<input type="checkbox"/>	
Sears	<input type="checkbox"/>		Annabelle	<input type="checkbox"/>	<input type="checkbox"/>	BRANDS:		
The Bay	<input type="checkbox"/>		Avon	<input type="checkbox"/>	<input type="checkbox"/>	Almay	<input type="checkbox"/>	
Wal-Mart	<input type="checkbox"/>		Bonne Bell	<input type="checkbox"/>	<input type="checkbox"/>	Annabelle	<input type="checkbox"/>	
Zellers	<input type="checkbox"/>		Clinique	<input type="checkbox"/>	<input type="checkbox"/>	Avon	<input type="checkbox"/>	
			Cover Girl	<input type="checkbox"/>	<input type="checkbox"/>	Bonne Bell	<input type="checkbox"/>	
Brunet	<input type="checkbox"/>		Elizabeth Arden	<input type="checkbox"/>	<input type="checkbox"/>	Clinique	<input type="checkbox"/>	
Famili-prix	<input type="checkbox"/>		Estée Lauder	<input type="checkbox"/>	<input type="checkbox"/>	Cover Girl	<input type="checkbox"/>	
Guardian Drug	<input type="checkbox"/>		Lancôme	<input type="checkbox"/>	<input type="checkbox"/>	Elizabeth Arden	<input type="checkbox"/>	
IDA	<input type="checkbox"/>		L'Oréal	<input type="checkbox"/>	<input type="checkbox"/>	Estée Lauder	<input type="checkbox"/>	
Jean Coutu	<input type="checkbox"/>		Lise Watier	<input type="checkbox"/>	<input type="checkbox"/>	Lancôme	<input type="checkbox"/>	
Lawton's	<input type="checkbox"/>		MAC	<input type="checkbox"/>	<input type="checkbox"/>	L'Oréal	<input type="checkbox"/>	
London Drugs	<input type="checkbox"/>		Marcelle	<input type="checkbox"/>	<input type="checkbox"/>	Lise Watier	<input type="checkbox"/>	
Pharma Plus	<input type="checkbox"/>		Maybelline	<input type="checkbox"/>	<input type="checkbox"/>	MAC	<input type="checkbox"/>	
Pharmasave	<input type="checkbox"/>		Personnelle	<input type="checkbox"/>	<input type="checkbox"/>	Max Factor	<input type="checkbox"/>	
Proxim	<input type="checkbox"/>		Quo	<input type="checkbox"/>	<input type="checkbox"/>	Maybelline	<input type="checkbox"/>	
Shoppers Drug Mart/Pharmaprix	<input type="checkbox"/>		Revlon	<input type="checkbox"/>	<input type="checkbox"/>	NYC	<input type="checkbox"/>	
Uniprix	<input type="checkbox"/>		Rimmel	<input type="checkbox"/>	<input type="checkbox"/>	Personnelle	<input type="checkbox"/>	
Other Drug Store	<input type="checkbox"/>		Other	<input type="checkbox"/>	<input type="checkbox"/>	Prestige	<input type="checkbox"/>	
						Quo	<input type="checkbox"/>	
Crabtree & Evelyn	<input type="checkbox"/>					Revlon	<input type="checkbox"/>	
Dans un jardin	<input type="checkbox"/>					Rimmel	<input type="checkbox"/>	
Faces	<input type="checkbox"/>					Wet 'n' Wild	<input type="checkbox"/>	
Fruits et Passion	<input type="checkbox"/>					Other	<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/Supermarkets	<input type="checkbox"/>							
Other Stores	<input type="checkbox"/>							
Mail Order	<input type="checkbox"/>							
			FACE POWDER	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"/>				
			TYPES:					
			Pressed Face Compact Powder	<input type="checkbox"/>				
			Loose Face Powder	<input type="checkbox"/>				
			BLUSH	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"/>				
			TYPES:					
			Cream/Gel/Liquid	<input type="checkbox"/>				
			Powder/Cake	<input type="checkbox"/>				
						EYE SHADOW	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"/>	
						EYE SHADOW	PERSONALLY USE	
							Most Often	Others Sometimes
						TYPES:		
						Crayon/Pencil	<input type="checkbox"/>	<input type="checkbox"/>
						Cream	<input type="checkbox"/>	<input type="checkbox"/>
						Powder	<input type="checkbox"/>	<input type="checkbox"/>

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

COSMETICS, WOMEN'S PRODUCTS — WOMEN ONLY

SANITARY NAPKINS		PERSONALLY USE		IN-HOME PREGNANCY TEST		PERSONALLY USE		MENOPAUSE REMEDIES		PERSONALLY USE	
		Past 6 Months	Number/ Past 30 Days			Past 12 Months				Past 6 Months	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"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>			
SANITARY NAPKINS		PERSONALLY USE		IN-HOME PREGNANCY TEST		PERSONALLY USE		MENOPAUSE REMEDIES		PERSONALLY USE	
		Most Often	Others Sometimes			Most Often	Others Sometimes				
TYPES: Thick <input type="checkbox"/> <input type="checkbox"/> Ultra-thin <input type="checkbox"/> <input type="checkbox"/>				TYPES: Non Digital Tests <input type="checkbox"/> <input type="checkbox"/> Digital Tests <input type="checkbox"/> <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"/>			
KINDS: Wings <input type="checkbox"/> <input type="checkbox"/> Non-wings <input type="checkbox"/> <input type="checkbox"/>				BRANDS: First Response <input type="checkbox"/> <input type="checkbox"/> Clearblue <input type="checkbox"/> <input type="checkbox"/> Fact Plus <input type="checkbox"/> <input type="checkbox"/> Private Label <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>				TYPES: Patches <input type="checkbox"/> Pills <input type="checkbox"/> Other <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"/>				PRE-MENSTRUAL OR PERIOD PAIN REMEDIES		PERSONALLY USE		YEAST INFECTION PRODUCTS		PERSONALLY USE	
						Past 6 Months	Past 30 Days			Past 12 Months	
YES <input type="checkbox"/> NO <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>				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"/>				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"/>				NUMBER OF TIMES: 1 <input type="checkbox"/> 2-4 <input type="checkbox"/> 5+ <input type="checkbox"/>			
PANTILINERS		PERSONALLY USE		PRE-MENSTRUAL OR PERIOD PAIN REMEDIES		PERSONALLY USE		YEAST INFECTION PRODUCTS		PERSONALLY USE	
		Past 6 Months	Number/ Past 30 Days			Most Often	Others Sometimes			Most Often	Others Sometimes
YES <input type="checkbox"/> NO <input type="checkbox"/>				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 <input type="checkbox"/> <input type="checkbox"/> —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 <input type="checkbox"/> <input type="checkbox"/> Strength <input type="checkbox"/> <input type="checkbox"/> Pamprin <input type="checkbox"/> <input type="checkbox"/> Tylenol <input type="checkbox"/> <input type="checkbox"/> —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"/>				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"/> Personelle 3-Day <input type="checkbox"/> <input type="checkbox"/> Personelle 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"/>			
TYPES: Regular <input type="checkbox"/> <input type="checkbox"/> Long <input type="checkbox"/> <input type="checkbox"/> Thong <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"/> Headaches <input type="checkbox"/> <input type="checkbox"/> Mood Swing/Irritability <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"/>											