



# PERSONAL CARE, HEALTH AND BEAUTY AIDS

MOUTHWASH/ DENTAL RINSE	PERSONALLY USE		DENTURE ADHESIVE	PERSONALLY USE		LIP CARE	PERSONALLY USE	
	Most Often	Others Sometimes		Past 6 Months	Times/ Past 7 Days		Past 6 Months	Times/ Past 7 Days
<b>KINDS:</b> Alcohol Based <input type="checkbox"/> <input type="checkbox"/> Non-Alcohol Based <input type="checkbox"/> <input type="checkbox"/>								
<b>BRANDS:</b> Biotène <input type="checkbox"/> <input type="checkbox"/> Cepacol <input type="checkbox"/> <input type="checkbox"/> Crest Pro Health <input type="checkbox"/> <input type="checkbox"/> Equate <input type="checkbox"/> <input type="checkbox"/> Exact <input type="checkbox"/> <input type="checkbox"/> Life Brand <input type="checkbox"/> <input type="checkbox"/> Listerine <input type="checkbox"/> <input type="checkbox"/> —Advanced <input type="checkbox"/> <input type="checkbox"/> —Cool Citrus (Orange) <input type="checkbox"/> <input type="checkbox"/> —Cool Mint (Blue) <input type="checkbox"/> <input type="checkbox"/> —Fluoride (Green) <input type="checkbox"/> <input type="checkbox"/> —Freshburst (Green) <input type="checkbox"/> <input type="checkbox"/> —Original (Amber) <input type="checkbox"/> <input type="checkbox"/> —Tartar Control (Blue) <input type="checkbox"/> <input type="checkbox"/> —Vanilla Mint <input type="checkbox"/> <input type="checkbox"/> —Whitening <input type="checkbox"/> <input type="checkbox"/> Oral B <input type="checkbox"/> <input type="checkbox"/> Plax <input type="checkbox"/> <input type="checkbox"/> Scope <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"/>								
			PERSONALLY USE					
			DENTURE ADHESIVE					
			Most Often		Others Sometimes			
<b>BRANDS:</b> Fixodent—Paste <input type="checkbox"/> <input type="checkbox"/> Fixodent—Powder <input type="checkbox"/> <input type="checkbox"/> Poli-Grip—Comfort Strips <input type="checkbox"/> <input type="checkbox"/> Poli-Grip—Paste <input type="checkbox"/> <input type="checkbox"/> Poli-Grip—Powder <input type="checkbox"/> <input type="checkbox"/> Sea-Bond Liner <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>								
			PERSONALLY USE					
			BREATH FRESHENERS					
			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"/>								
DENTURES		PERSONALLY						
		Have						
YES <input type="checkbox"/>		NO <input type="checkbox"/>						
<b>TYPES:</b> Full <input type="checkbox"/> Partial <input type="checkbox"/> Both Full And Partial <input type="checkbox"/>								
DENTURE CLEANSERS		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"/>						
DENTURE CLEANSERS		PERSONALLY USE						
		Most Often		Others Sometimes				
<b>TYPES:</b> 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"/>								
<b>BRANDS:</b> 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"/>								
			PERSONALLY USE					
			BREATH FRESHENERS					
			Most Often		Others Sometimes			
<b>TYPES:</b> 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"/>								
<b>BRANDS:</b> Altoids <input type="checkbox"/> <input type="checkbox"/> Binaca Gel Blasts <input type="checkbox"/> <input type="checkbox"/> BreathSavers <input type="checkbox"/> <input type="checkbox"/> Certs <input type="checkbox"/> <input type="checkbox"/> —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 <input type="checkbox"/> <input type="checkbox"/> —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 <input type="checkbox"/> <input type="checkbox"/> —Gum <input type="checkbox"/> <input type="checkbox"/> —Mints <input type="checkbox"/> <input type="checkbox"/> Dentyne Mint <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 <input type="checkbox"/> <input type="checkbox"/> —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"/>								
			PERSONALLY USE					
			LIP CARE					
			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"/>								
			PERSONALLY USE					
			LIP CARE					
			Most Often		Others Sometimes			
<b>KINDS:</b> Lip Balm <input type="checkbox"/> <input type="checkbox"/> Cold Sore Remedies <input type="checkbox"/> <input type="checkbox"/>								
<b>BRANDS:</b> 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"/>								
			PERSONALLY USE					
			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"/>					
			PERSONALLY USE					
			DEODORANTS/ ANTIPERSPIRANTS					
			Most Often		Others Sometimes			
<b>TYPES:</b> Scented <input type="checkbox"/> <input type="checkbox"/> Unscented <input type="checkbox"/> <input type="checkbox"/>								
<b>KINDS:</b> Anti Perspirant/Deodorant <input type="checkbox"/> <input type="checkbox"/> Deodorant Only <input type="checkbox"/> <input type="checkbox"/>								
<b>FORMS:</b> 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"/>								

# PERSONAL CARE, HEALTH AND BEAUTY AIDS

DEODORANTS/ ANTIPERSPIRANTS	PERSONALLY USE		BODY WASH	PERSONALLY USE		PERSONAL CARE SOAPS	PERSONALLY USE						
	Most Often	Others Sometimes		Most Often	Others Sometimes		Most Often	Others Sometimes					
<b>BRANDS:</b> 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"/>			<b>TYPES:</b> 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"/>  <b>BRANDS:</b> 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"/> Dove Go Fresh <input type="checkbox"/> ..... <input type="checkbox"/> Down Under Naturals <input type="checkbox"/> ..... <input type="checkbox"/> Fa <input type="checkbox"/> ..... <input type="checkbox"/> Herbal Essences <input type="checkbox"/> ..... <input type="checkbox"/> Ivory <input type="checkbox"/> ..... <input type="checkbox"/> Jergens <input type="checkbox"/> ..... <input type="checkbox"/> Johnson & Johnson Baby Wash <input type="checkbox"/> ..... <input type="checkbox"/> Keri <input type="checkbox"/> ..... <input type="checkbox"/> Lever 2000 <input type="checkbox"/> ..... <input type="checkbox"/> Neutrogena <input type="checkbox"/> ..... <input type="checkbox"/> Olay <input type="checkbox"/> ..... <input type="checkbox"/> Olay Ribbons <input type="checkbox"/> ..... <input type="checkbox"/> Old Spice <input type="checkbox"/> ..... <input type="checkbox"/> Rialto Healing Garden <input type="checkbox"/> ..... <input type="checkbox"/> Soft Soap <input type="checkbox"/> ..... <input type="checkbox"/> St. Ives <input type="checkbox"/> ..... <input type="checkbox"/> Suave <input type="checkbox"/> ..... <input type="checkbox"/> Zest <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand <input type="checkbox"/> ..... <input type="checkbox"/> Other <input type="checkbox"/> ..... <input type="checkbox"/>			<b>BRANDS:</b> Baby's Own <input type="checkbox"/> ..... <input type="checkbox"/> Body Shop <input type="checkbox"/> ..... <input type="checkbox"/> Canus Goat's Milk <input type="checkbox"/> ..... <input type="checkbox"/> Cetaphil <input type="checkbox"/> ..... <input type="checkbox"/> Clinique <input type="checkbox"/> ..... <input type="checkbox"/> Dial <input type="checkbox"/> ..... <input type="checkbox"/> Dove Baby <input type="checkbox"/> ..... <input type="checkbox"/> Dove Bar <input type="checkbox"/> ..... <input type="checkbox"/> Dove Cool Moisture <input type="checkbox"/> ..... <input type="checkbox"/> Dove Go Fresh <input type="checkbox"/> ..... <input type="checkbox"/> Dove Nourishing Hand Wash <input type="checkbox"/> ..... <input type="checkbox"/> Dove Sensitive Skin <input type="checkbox"/> ..... <input type="checkbox"/> Fa <input type="checkbox"/> ..... <input type="checkbox"/> Irish Spring <input type="checkbox"/> ..... <input type="checkbox"/> Ivory <input type="checkbox"/> ..... <input type="checkbox"/> Jergens <input type="checkbox"/> ..... <input type="checkbox"/> Johnson & Johnson Baby <input type="checkbox"/> ..... <input type="checkbox"/> Lever 2000 <input type="checkbox"/> ..... <input type="checkbox"/> Method Hand Liquid <input type="checkbox"/> ..... <input type="checkbox"/> Neutrogena <input type="checkbox"/> ..... <input type="checkbox"/> Olay <input type="checkbox"/> ..... <input type="checkbox"/> Pears <input type="checkbox"/> ..... <input type="checkbox"/> Softsoap Hand Liquid <input type="checkbox"/> ..... <input type="checkbox"/> Zest <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand <input type="checkbox"/> ..... <input type="checkbox"/> Other <input type="checkbox"/> ..... <input type="checkbox"/>							
<b>PERFUME &amp; COLOGNE WOMEN'S OR MEN'S</b>	PERSONALLY USE		<b>PERSONAL CARE SOAPS</b>	PERSONALLY USE		<b>SHAMPOO</b>	PERSONALLY USE						
YES <input type="checkbox"/> ..... <input type="checkbox"/> NO <input type="checkbox"/> ..... <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 7 Days	YES <input type="checkbox"/> ..... <input type="checkbox"/> NO <input type="checkbox"/> ..... <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 7 Days	YES <input type="checkbox"/> ..... <input type="checkbox"/> NO <input type="checkbox"/> ..... <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"/>	Past 6 Months	Times/ Past 7 Days					
<b>PERFUME &amp; COLOGNE WOMEN'S OR MEN'S</b>	PERSONALLY USE		<b>PERSONAL CARE SOAPS</b>	PERSONALLY USE		<b>SHAMPOO</b>	PERSONALLY USE						
<b>TYPES:</b> 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"/>	Most Often	Others Sometimes	YES <input type="checkbox"/> ..... <input type="checkbox"/> NO <input type="checkbox"/> ..... <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"/>	Most Often	Others Sometimes	Most Often	Others Sometimes						
<b>PERFUME &amp; COLOGNE WOMEN'S OR MEN'S</b>	AMOUNT PERSONALLY SPENT PAST 12 MONTHS		<b>PERSONAL CARE SOAPS</b>	PERSONALLY USE		<b>KINDS:</b> Anti-Frizz <input type="checkbox"/> ..... <input type="checkbox"/> Baby Shampoo <input type="checkbox"/> ..... <input type="checkbox"/> Children's Shampoo <input type="checkbox"/> ..... <input type="checkbox"/> Clarifying <input type="checkbox"/> ..... <input type="checkbox"/> Colour Retention <input type="checkbox"/> ..... <input type="checkbox"/> Colour Specific <input type="checkbox"/> ..... <input type="checkbox"/> Combination Shampoo/ Conditioner <input type="checkbox"/> ..... <input type="checkbox"/> Curly Hair <input type="checkbox"/> ..... <input type="checkbox"/> Dry Hair <input type="checkbox"/> ..... <input type="checkbox"/> Medicated/Anti-Dandruff <input type="checkbox"/> ..... <input type="checkbox"/> Moisturizing <input type="checkbox"/> ..... <input type="checkbox"/> Regular Shampoo <input type="checkbox"/> ..... <input type="checkbox"/> Smoothing <input type="checkbox"/> ..... <input type="checkbox"/> Strengthening <input type="checkbox"/> ..... <input type="checkbox"/> Thickening <input type="checkbox"/> ..... <input type="checkbox"/> Volumizing <input type="checkbox"/> ..... <input type="checkbox"/>	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"/>			<b>TYPES:</b> Antibacterial <input type="checkbox"/> ..... <input type="checkbox"/> Baby <input type="checkbox"/> ..... <input type="checkbox"/> Complexion/Moisturizer <input type="checkbox"/> ..... <input type="checkbox"/> Deodorant <input type="checkbox"/> ..... <input type="checkbox"/> Exfoliating <input type="checkbox"/> ..... <input type="checkbox"/> Regular <input type="checkbox"/> ..... <input type="checkbox"/> Sensitive Skin <input type="checkbox"/> ..... <input type="checkbox"/>	Most Often	Others Sometimes	Bar <input type="checkbox"/> ..... <input type="checkbox"/> Liquid <input type="checkbox"/> ..... <input type="checkbox"/>	Most Often	Others Sometimes					
<b>BODY WASH</b>	PERSONALLY USE		<b>FORMS:</b> Bar <input type="checkbox"/> ..... <input type="checkbox"/> Liquid <input type="checkbox"/> ..... <input type="checkbox"/>	PERSONALLY USE		<b>KINDS:</b> Scented <input type="checkbox"/> ..... <input type="checkbox"/> Unscented <input type="checkbox"/> ..... <input type="checkbox"/>	PERSONALLY USE						
YES <input type="checkbox"/> ..... <input type="checkbox"/> NO <input type="checkbox"/> ..... <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 7 Days	YES <input type="checkbox"/> ..... <input type="checkbox"/> NO <input type="checkbox"/> ..... <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"/>	Most Often	Others Sometimes	YES <input type="checkbox"/> ..... <input type="checkbox"/> NO <input type="checkbox"/> ..... <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"/>	Most Often	Others Sometimes					

# PERSONAL CARE, HEALTH AND BEAUTY AIDS

SHAMPOO	PERSONALLY USE		HAIR CONDITIONERS	PERSONALLY USE		HAIR STYLING MOUSSES	PERSONALLY USE				
	Most Often	Others Sometimes		Most Often	Others Sometimes		Past 6 Months	Times/ Past 7 Days			
<b>BRANDS:</b> 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"/> Sunsilk ..... <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"/>			<b>BRANDS (Continued):</b> Garnier Fructis ..... <input type="checkbox"/> ..... <input type="checkbox"/> Herbal Essences ..... <input type="checkbox"/> ..... <input type="checkbox"/> Infusium 23 ..... <input type="checkbox"/> ..... <input type="checkbox"/> Inner Science ..... <input type="checkbox"/> ..... <input type="checkbox"/> Jhirmack ..... <input type="checkbox"/> ..... <input type="checkbox"/> John Frieda ..... <input type="checkbox"/> ..... <input type="checkbox"/> L'Oreal Vive Pro ..... <input type="checkbox"/> ..... <input type="checkbox"/> Neutrogena ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pantene Colour Expressions ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pantene Pro V ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pantene Restoratives ..... <input type="checkbox"/> ..... <input type="checkbox"/> Redken ..... <input type="checkbox"/> ..... <input type="checkbox"/> Revlon Outrageous ..... <input type="checkbox"/> ..... <input type="checkbox"/> Salon Selectives ..... <input type="checkbox"/> ..... <input type="checkbox"/> St. Ives Hair Repair ..... <input type="checkbox"/> ..... <input type="checkbox"/> Suave ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sunsilk ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tame ..... <input type="checkbox"/> ..... <input type="checkbox"/> 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"/>					
<b>HAIR CONDITIONERS</b>			PERSONALLY USE Past 6 Months      Times/ Past 7 Days		<b>HAIR STYLING MOUSSES</b>			PERSONALLY USE 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"/>			<b>HAIR SPRAYS</b>		PERSONALLY USE Past 6 Months      Times/ Past 7 Days			<b>BRANDS:</b> 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"/> Sunsilk ..... <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"/>			
<b>HAIR CONDITIONERS</b>			PERSONALLY USE Most Often      Others Sometimes		<b>HAIR STYLING MOUSSES</b>			PERSONALLY USE Most Often      Others Sometimes			
<b>KINDS:</b> Anti-Frizz ..... <input type="checkbox"/> ..... <input type="checkbox"/> Clarifying ..... <input type="checkbox"/> ..... <input type="checkbox"/> Colour Retention ..... <input type="checkbox"/> ..... <input type="checkbox"/> Colour Specific ..... <input type="checkbox"/> ..... <input type="checkbox"/> 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"/>			<b>HAIR SPRAYS</b>		<b>TYPES:</b> Aerosol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Manual Pump ..... <input type="checkbox"/> ..... <input type="checkbox"/>			<b>HAIR STYLING GELS</b>		PERSONALLY USE Past 6 Months      Times/ Past 7 Days	
<b>BRANDS:</b> 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"/>			<b>HAIR SPRAYS</b>		<b>BRANDS:</b> 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-Unc ..... <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"/> Sunsilk ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tame ..... <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"/>			<b>HAIR STYLING GELS</b>		PERSONALLY USE Most Often      Others Sometimes	
<b>BRANDS:</b> Alberto European ..... <input type="checkbox"/> ..... <input type="checkbox"/> Aussie ..... <input type="checkbox"/> ..... <input type="checkbox"/> Brylcream ..... <input type="checkbox"/> ..... <input type="checkbox"/>			<b>HAIR STYLING GELS</b>		<b>KINDS:</b> 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"/>			<b>BRANDS:</b> Alberto European ..... <input type="checkbox"/> ..... <input type="checkbox"/> Aussie ..... <input type="checkbox"/> ..... <input type="checkbox"/> Brylcream ..... <input type="checkbox"/> ..... <input type="checkbox"/>			

# PERSONAL CARE, HEALTH AND BEAUTY AIDS

HAIR STYLING GELS	PERSONALLY USE		HAIR COLOURING PRODUCTS	PERSONALLY USE		FACE & BODY SKINCARE	PERSONALLY BOUGHT			
	Most Often	Others Sometimes		Most Often	Others Sometimes		Past 30 Days			
<b>BRANDS (Continued):</b>										
Dippity Do	<input type="checkbox"/>	<input type="checkbox"/>	Dove	<input type="checkbox"/>	<input type="checkbox"/>	YES	<input type="checkbox"/>			
Down Under Naturals	<input type="checkbox"/>	<input type="checkbox"/>	—Excellence	<input type="checkbox"/>	<input type="checkbox"/>	NO	<input type="checkbox"/>			
European Formula	<input type="checkbox"/>	<input type="checkbox"/>	—Féria	<input type="checkbox"/>	<input type="checkbox"/>	<b>AMOUNT SPENT:</b>				
Frizz Ease	<input type="checkbox"/>	<input type="checkbox"/>	—Hi-Light Styliste	<input type="checkbox"/>	<input type="checkbox"/>	\$1-4	<input type="checkbox"/>			
Fructis Style	<input type="checkbox"/>	<input type="checkbox"/>	—Natural Match	<input type="checkbox"/>	<input type="checkbox"/>	\$5-9	<input type="checkbox"/>			
Got2B	<input type="checkbox"/>	<input type="checkbox"/>	—Perfect Blondissima	<input type="checkbox"/>	<input type="checkbox"/>	\$10-19	<input type="checkbox"/>			
Herbal Essences	<input type="checkbox"/>	<input type="checkbox"/>	—Preference	<input type="checkbox"/>	<input type="checkbox"/>	\$20-49	<input type="checkbox"/>			
Infusium 23	<input type="checkbox"/>	<input type="checkbox"/>	Marc Anthony Root Touch-Up	<input type="checkbox"/>	<input type="checkbox"/>	\$50-99	<input type="checkbox"/>			
L'Oreal Professional	<input type="checkbox"/>	<input type="checkbox"/>	Revlon Custom Effects	<input type="checkbox"/>	<input type="checkbox"/>	\$100+	<input type="checkbox"/>			
L'Oreal Studio Line	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<b>WHERE BOUGHT:</b>				
Pantene Pro V	<input type="checkbox"/>	<input type="checkbox"/>	<b>SMALL APPLIANCES</b>			PERSONALLY USE		Costco	<input type="checkbox"/>	
Redken	<input type="checkbox"/>	<input type="checkbox"/>				Past 6 Months	Past 30 Days	Holt Renfrew	<input type="checkbox"/>	
Salon Selectives	<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>			Past 6 Months <input type="checkbox"/> Past 30 Days <input type="checkbox"/>		Les Ailes de la Mode	<input type="checkbox"/>	
Suave	<input type="checkbox"/>	<input type="checkbox"/>						<b>TYPE:</b> Blow Dryer <input type="checkbox"/> Curling Iron <input type="checkbox"/> Electric Curlers <input type="checkbox"/> Hair Straightener/Flat Iron <input type="checkbox"/>		
Sunsilk	<input type="checkbox"/>	<input type="checkbox"/>	<b>HAIR SALON</b>			PERSONALLY USE				
Tresemme	<input type="checkbox"/>	<input type="checkbox"/>				Past 6 Months		Wal-Mart	<input type="checkbox"/>	
VO5	<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>			Past 6 Months <input type="checkbox"/>		Zellers	<input type="checkbox"/>	
Salon Brand (e.g. Joico)	<input type="checkbox"/>	<input type="checkbox"/>						<b>NUMBER OF TIMES:</b> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7+ <input type="checkbox"/>		
Store Brand	<input type="checkbox"/>	<input type="checkbox"/>	<b>HAIR COLOURING PRODUCTS</b>			PERSONALLY USE Past 6 Months <input type="checkbox"/>				
Other	<input type="checkbox"/>	<input type="checkbox"/>						YES <input type="checkbox"/> NO <input type="checkbox"/>		
<b>HAIR COLOURING PRODUCTS</b>										
		PERSONALLY USE								
		Past 6 Months								
YES <input type="checkbox"/>										
NO <input type="checkbox"/>										
<b>NUMBER OF TIMES:</b>										
1-2 <input type="checkbox"/>										
3-4 <input type="checkbox"/>										
5-6 <input type="checkbox"/>										
7+ <input type="checkbox"/>										
<b>HAIR COLOURING PRODUCTS</b>										
		PERSONALLY USE								
		Most Often		Others Sometimes						
<b>TYPES:</b>										
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"/>								
<b>FORMS:</b>										
Liquid/Lotion	<input type="checkbox"/>	<input type="checkbox"/>								
Mousse	<input type="checkbox"/>	<input type="checkbox"/>								
Gel/Creme	<input type="checkbox"/>	<input type="checkbox"/>								
<b>BEAUTY SALON/ SPA</b>										
		PERSONALLY USE								
		Past 6 Months								
YES <input type="checkbox"/>										
NO <input type="checkbox"/>										
<b>NUMBER OF TIMES:</b>										
1-2 <input type="checkbox"/>										
3-4 <input type="checkbox"/>										
5-6 <input type="checkbox"/>										
7+ <input type="checkbox"/>										
<b>TYPE OF SERVICE:</b>										
Facial	<input type="checkbox"/>	<input type="checkbox"/>								
Manicure	<input type="checkbox"/>	<input type="checkbox"/>								
Massage	<input type="checkbox"/>	<input type="checkbox"/>								
Pedicure	<input type="checkbox"/>	<input type="checkbox"/>								
Hair Removal	<input type="checkbox"/>	<input type="checkbox"/>								
<b>AMOUNT SPENT LAST TIME:</b>										
\$1-25 <input type="checkbox"/>										
\$26-50 <input type="checkbox"/>										
\$51-75 <input type="checkbox"/>										
\$76-100 <input type="checkbox"/>										
\$101+ <input type="checkbox"/>										
<b>HAND &amp; BODY CREAM/LOTION</b>										
		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"/>										
<b>HAIR STYLING GELS</b>										
		PERSONALLY USE								
		Most Often		Others Sometimes						
<b>TYPES:</b>										
Aloe	<input type="checkbox"/>	<input type="checkbox"/>								
Anti Age/Wrinkle	<input type="checkbox"/>	<input type="checkbox"/>								
Body Butter	<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"/>								
<b>FORMS:</b>										
Cream	<input type="checkbox"/>	<input type="checkbox"/>								
Lotion	<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
<b>KINDS:</b> 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"/>  <b>BRANDS:</b> 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 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 ..... <input type="checkbox"/> ..... <input type="checkbox"/> Lubriderm ..... <input type="checkbox"/> ..... <input type="checkbox"/> Moisturel ..... <input type="checkbox"/> ..... <input type="checkbox"/>  Neutrogena ..... <input type="checkbox"/> ..... <input type="checkbox"/> Nivea ..... <input type="checkbox"/> ..... <input type="checkbox"/> Nivea Extra Nourishing Milk ..... <input type="checkbox"/> ..... <input type="checkbox"/> 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 Intensive Rescue ..... <input type="checkbox"/> ..... <input type="checkbox"/> Vaseline (Other) ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>USED FOR:</b> 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"/>			<b>KINDS:</b> 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"/>  <b>BRANDS:</b> Almay ..... <input type="checkbox"/> ..... <input type="checkbox"/> Aveeno ..... <input type="checkbox"/> ..... <input type="checkbox"/> Avon ..... <input type="checkbox"/> ..... <input type="checkbox"/> bioRé ..... <input type="checkbox"/> ..... <input type="checkbox"/> Biotherm ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cetaphil ..... <input type="checkbox"/> ..... <input type="checkbox"/> Clarins ..... <input type="checkbox"/> ..... <input type="checkbox"/> Clearasil ..... <input type="checkbox"/> ..... <input type="checkbox"/> 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 ..... <input type="checkbox"/> ..... <input type="checkbox"/> Jergens ..... <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 ..... <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"/>			<b>TYPES:</b> 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"/>  <b>KINDS:</b> 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"/>  <b>HOW USED:</b> 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"/>  <b>BRANDS:</b> 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 ..... <input type="checkbox"/> ..... <input type="checkbox"/> Keri Lotion ..... <input type="checkbox"/> ..... <input type="checkbox"/> Lancôme ..... <input type="checkbox"/> ..... <input type="checkbox"/> L'Oreal ..... <input type="checkbox"/> ..... <input type="checkbox"/> L'Oreal Age Perfect ..... <input type="checkbox"/> ..... <input type="checkbox"/> L'Oreal Skin Genesis ..... <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"/>		
<b>HAND &amp; BODY CREAM/LOTION</b>	PERSONAL							
	Skin Condition							
Dry ..... <input type="checkbox"/> Extra Dry ..... <input type="checkbox"/> Normal ..... <input type="checkbox"/> Oily ..... <input type="checkbox"/> Sensitive ..... <input type="checkbox"/>								
<b>FACIAL CLEANSERS</b>	PERSONALLY USE			PERSONALLY USE			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"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15+ ..... <input type="checkbox"/>			<b>FACIAL MOISTURIZERS</b>			<b>ACNE PRODUCTS</b>		
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15+ ..... <input type="checkbox"/>			YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15+ ..... <input type="checkbox"/>					

# PERSONAL CARE, HEALTH AND BEAUTY AIDS

ACNE PRODUCTS	PERSONALLY USE		RAZORS/ SHAVERS	PERSONALLY USE		HAIR REMOVAL	PERSONALLY USE			
	Most Often	Others Sometimes		Times/ Past 7 Days	Past 6 Months		Past 30 Days			
<b>KINDS:</b> Medicated (Prescription) ..... <input type="checkbox"/> ..... <input type="checkbox"/> Medicated (Non-Prescription) ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>TYPES:</b> 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"/>  <b>FORMS:</b> 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"/>  <b>BRANDS:</b> Clean & Clear ..... <input type="checkbox"/> ..... <input type="checkbox"/> Clearasil ..... <input type="checkbox"/> ..... <input type="checkbox"/> Neutrogena ..... <input type="checkbox"/> ..... <input type="checkbox"/> Oxy ..... <input type="checkbox"/> ..... <input type="checkbox"/> Spectro Acne Care ..... <input type="checkbox"/> ..... <input type="checkbox"/> Spectro Jel ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <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"/>			<b>USED FOR:</b> Arms ..... <input type="checkbox"/> ..... <input type="checkbox"/> Bikini ..... <input type="checkbox"/> ..... <input type="checkbox"/> Face ..... <input type="checkbox"/> ..... <input type="checkbox"/> Legs ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>				
			RAZORS/ SHAVERS	PERSONALLY USE		HAIR REMOVAL	PERSONALLY USE			
							Most Often	Others Sometimes		
			<b>KINDS:</b> Electric Shaver ..... <input type="checkbox"/> ..... <input type="checkbox"/> Disposable Razor ..... <input type="checkbox"/> ..... <input type="checkbox"/> Manual Razors With Replacement Blades ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>BRANDS:</b> Gillette ATRA/Trac II ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gillette Fusion ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gillette M3 Power ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gillette Mach 3/Turbo ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gillette Power ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gillette Sensor/Sensor Excel ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gillette Venus ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gillette Venus Divine ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gillette Venus Vibrance ..... <input type="checkbox"/> ..... <input type="checkbox"/> Schick Intuition/Intuition Plus ..... <input type="checkbox"/> ..... <input type="checkbox"/> Schick Quattro ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other Manual Razors With Replacement Blades ..... <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"/>					<b>KINDS:</b> Tubs ..... <input type="checkbox"/> ..... <input type="checkbox"/> Strips ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>TYPES:</b> Bladeless Kits ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cream/Lotion ..... <input type="checkbox"/> ..... <input type="checkbox"/> Electrolysis ..... <input type="checkbox"/> ..... <input type="checkbox"/> Laser ..... <input type="checkbox"/> ..... <input type="checkbox"/> Non-Razor ..... <input type="checkbox"/> ..... <input type="checkbox"/> Wax — At Home (Hot) ..... <input type="checkbox"/> ..... <input type="checkbox"/> — At Home (Cold) ..... <input type="checkbox"/> ..... <input type="checkbox"/> — At Salon ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>BRANDS:</b> Alexandria ..... <input type="checkbox"/> ..... <input type="checkbox"/> Andrea ..... <input type="checkbox"/> ..... <input type="checkbox"/> Nair ..... <input type="checkbox"/> ..... <input type="checkbox"/> Parissa ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sally Hansen ..... <input type="checkbox"/> ..... <input type="checkbox"/> Veet ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <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		SHAVING CREAMS OR GELS	PERSONALLY USE		COUGH DROPS				
		Past 6 Months	Past 6 Months	Past 7 Days	Past 6 Months				Past 30 Days	
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>										
<b>NUMBER OF TIMES:</b> 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							
<b>TYPES:</b> 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		HAIR REMOVAL	PERSONALLY USE		COUGH DROPS				
		Past 6 Months	Past 6 Months	Times/ Past 30 Days	Most Often				Others Sometimes	
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>										
None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6+ ..... <input type="checkbox"/>										
						<b>BRANDS:</b> 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"/>				
						<b>USED FOR:</b> 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	
		Past 6 Months	Times/ Past 30 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"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15+ ..... <input type="checkbox"/>				<b>BRANDS:</b> 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"/> 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"/>				<b>BRANDS (Continued):</b> 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"/> Rub A535/Antiphlogistine —Arthritis Roll-On ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Arthritis Natural Source Cream ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Heat ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Extra Strength ..... <input type="checkbox"/> ..... <input type="checkbox"/> —No Odour ..... <input type="checkbox"/> ..... <input type="checkbox"/> —ProHeat Back Wrap ..... <input type="checkbox"/> ..... <input type="checkbox"/> —ProHeat Neck/Shoulder Wrap ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Sport-Ultra Heat ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Ice ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Dual Action Patch ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tensor —Heat Patch ..... <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"/>			
COUGH SYRUP		PERSONALLY USE		TOPICAL PAIN RELIEVERS		PERSONALLY USE		FIRST AID CREAMS/OINTMENTS		PERSONALLY USE	
		Most Often	Others Sometimes			Past 6 Months	Times/ Past 30 Days			Past 6 Months	Times/ Past 30 Days
<b>BRANDS:</b> 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"/> 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"/>				<b>FORMS:</b> 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"/>				<b>USED FOR:</b> Arthritis/Rheumatism ..... <input type="checkbox"/> ..... <input type="checkbox"/> Backaches ..... <input type="checkbox"/> ..... <input type="checkbox"/> General Muscle Aches & Pain ..... <input type="checkbox"/> ..... <input type="checkbox"/> Job Related Pain ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sports/Exercise Related Pain ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>			
MEDICATED THROAT REMEDIES		PERSONALLY USE		TOPICAL PAIN RELIEVERS		PERSONALLY USE		FIRST AID CREAMS/OINTMENTS		PERSONALLY USE	
		Past 6 Months	Times/ Past 30 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"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15+ ..... <input type="checkbox"/>				<b>KINDS:</b> Hot ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cold ..... <input type="checkbox"/> ..... <input type="checkbox"/> Hot/Cold Combination ..... <input type="checkbox"/> ..... <input type="checkbox"/>				None ..... <input type="checkbox"/> 1 ..... <input type="checkbox"/> 2 ..... <input type="checkbox"/> 3+ ..... <input type="checkbox"/>			
MEDICATED THROAT REMEDIES		PERSONALLY USE		EYE DROPS		PERSONALLY USE		FIRST AID CREAMS/OINTMENTS		PERSONALLY USE	
		Most Often	Others Sometimes			Past 6 Months	Times/ Past 30 Days			Most Often	Others Sometimes
<b>KINDS:</b> Spray ..... <input type="checkbox"/> ..... <input type="checkbox"/> Lozenges ..... <input type="checkbox"/> ..... <input type="checkbox"/>				<b>TYPES:</b> 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"/>				<b>BRANDS:</b> 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"/>			
EYE DROPS		PERSONALLY USE		EYE DROPS		PERSONALLY USE		FIRST AID CREAMS/OINTMENTS		PERSONALLY USE	
		Past 6 Months	Times/ Past 30 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"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15+ ..... <input type="checkbox"/>				<b>BRANDS:</b> 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 ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Extra Strength ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Back Pain ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mentholatum Deep Cold —Rub ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Patch ..... <input type="checkbox"/> ..... <input type="checkbox"/>				<b>TYPES:</b> Cream ..... <input type="checkbox"/> ..... <input type="checkbox"/> Ointment ..... <input type="checkbox"/> ..... <input type="checkbox"/>			
EYE DROPS		PERSONALLY USE		EYE DROPS		PERSONALLY USE		FIRST AID CREAMS/OINTMENTS		PERSONALLY USE	
		Most Often	Others Sometimes			Past 6 Months	Times/ Past 30 Days			Most Often	Others Sometimes
<b>TYPES:</b> Non-Prescription ..... <input type="checkbox"/> ..... <input type="checkbox"/> Prescription ..... <input type="checkbox"/> ..... <input type="checkbox"/>											

# PERSONAL CARE, HEALTH AND BEAUTY AIDS

PAIN RELIEVERS FOR ARTHRITIS/RHEUMATISM		PERSONALLY USE		PAIN RELIEVERS FOR HEADACHES		PERSONALLY USE		NON-PRESCRIPTION PRODUCTS FOR PREVENTING HEART ATTACK/STROKE		PERSONALLY USE	
		Past 6 Months	Times/ Past 30 Days			Past 6 Months	Times/ Past 30 Days			Use	How Often
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15+ ..... <input type="checkbox"/>				YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15+ ..... <input type="checkbox"/>				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"/>			
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
<b>BRANDS:</b> Advil ..... <input type="checkbox"/> ..... <input type="checkbox"/> Advil ES ..... <input type="checkbox"/> ..... <input type="checkbox"/> Aspirin Arthritis Pain Relief (Bayer) ..... <input type="checkbox"/> ..... <input type="checkbox"/> Aspirin Regular Strength (Bayer) ..... <input type="checkbox"/> ..... <input type="checkbox"/> Aspirin Extra Strength (Bayer) ..... <input type="checkbox"/> ..... <input type="checkbox"/> Bengay ..... <input type="checkbox"/> ..... <input type="checkbox"/> Entrophen ..... <input type="checkbox"/> ..... <input type="checkbox"/> Lakota ..... <input type="checkbox"/> ..... <input type="checkbox"/> Motrin ES ..... <input type="checkbox"/> ..... <input type="checkbox"/> Motrin IB ..... <input type="checkbox"/> ..... <input type="checkbox"/> Myoflex ..... <input type="checkbox"/> ..... <input type="checkbox"/> Rub A535/Antiphlogistine ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tylenol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tylenol Arthritis ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tylenol EZ Tabs ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> <i>Other Natural or Herbal Remedies</i> ..... <input type="checkbox"/> ..... <input type="checkbox"/> <i>Other</i> ..... <input type="checkbox"/> ..... <input type="checkbox"/>				<b>TYPES:</b> Caplets ..... <input type="checkbox"/> ..... <input type="checkbox"/> Capsules ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gelcaps ..... <input type="checkbox"/> ..... <input type="checkbox"/> Liquegels ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tablets ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>KINDS:</b> With Codeine ..... <input type="checkbox"/> ..... <input type="checkbox"/> Without Codeine ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>BRANDS:</b> Advil ..... <input type="checkbox"/> ..... <input type="checkbox"/> Advil ES ..... <input type="checkbox"/> ..... <input type="checkbox"/> Advil Liqui-Gels ..... <input type="checkbox"/> ..... <input type="checkbox"/> Advil Migraine ..... <input type="checkbox"/> ..... <input type="checkbox"/> Aspirin Reg. Strength (Bayer) ..... <input type="checkbox"/> ..... <input type="checkbox"/> Aspirin Extra Strength (Bayer) ..... <input type="checkbox"/> ..... <input type="checkbox"/> Motrin ES/SES ..... <input type="checkbox"/> ..... <input type="checkbox"/> Motrin IB ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tylenol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tylenol 8 Hour ..... <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"/>				<b>BRANDS:</b> Advil ..... <input type="checkbox"/> ..... <input type="checkbox"/> Asaphen Low Dose ..... <input type="checkbox"/> ..... <input type="checkbox"/> Aspirin (Bayer) ..... <input type="checkbox"/> ..... <input type="checkbox"/> Children's Aspirin ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cholestanol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Coated Aspirin ..... <input type="checkbox"/> ..... <input type="checkbox"/> Coated Aspirin Daily Low Dose ..... <input type="checkbox"/> ..... <input type="checkbox"/> Entrophen ..... <input type="checkbox"/> ..... <input type="checkbox"/> Equate Low Dose ASA ..... <input type="checkbox"/> ..... <input type="checkbox"/> Libracol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Life Brand Daily Low Dose ..... <input type="checkbox"/> ..... <input type="checkbox"/> London Drugs Low Dose ASA ..... <input type="checkbox"/> ..... <input type="checkbox"/> Omega 3 ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tylenol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ASA/Coated ASA ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other Non-Prescription Product ..... <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"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15+ ..... <input type="checkbox"/>				YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15+ ..... <input type="checkbox"/>				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"/>			
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
<b>BRANDS:</b> Advil ..... <input type="checkbox"/> ..... <input type="checkbox"/> Aspirin Reg. Strength (Bayer) ..... <input type="checkbox"/> ..... <input type="checkbox"/> Aspirin Extra Strength (Bayer) ..... <input type="checkbox"/> ..... <input type="checkbox"/> Extra Strength Robaxacet ..... <input type="checkbox"/> ..... <input type="checkbox"/> Extra Strength Robaxisal ..... <input type="checkbox"/> ..... <input type="checkbox"/> Motrin IB ..... <input type="checkbox"/> ..... <input type="checkbox"/> Robaxacet ..... <input type="checkbox"/> ..... <input type="checkbox"/> Robaxisal ..... <input type="checkbox"/> ..... <input type="checkbox"/> Robax Platinum ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tylenol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tylenol Aches & Strains ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> <i>Other</i> ..... <input type="checkbox"/> ..... <input type="checkbox"/>				<b>BRANDS:</b> Advil ..... <input type="checkbox"/> ..... <input type="checkbox"/> Advil ES ..... <input type="checkbox"/> ..... <input type="checkbox"/> Aspirin Reg. Strength (Bayer) ..... <input type="checkbox"/> ..... <input type="checkbox"/> Aspirin Coated (Bayer) ..... <input type="checkbox"/> ..... <input type="checkbox"/> Aspirin Extra Strength (Bayer) ..... <input type="checkbox"/> ..... <input type="checkbox"/> Aspirin Nighttime ..... <input type="checkbox"/> ..... <input type="checkbox"/> Entrophen ..... <input type="checkbox"/> ..... <input type="checkbox"/> Lakota ..... <input type="checkbox"/> ..... <input type="checkbox"/> Motrin ES/SES ..... <input type="checkbox"/> ..... <input type="checkbox"/> Motrin IB ..... <input type="checkbox"/> ..... <input type="checkbox"/> Myoflex ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tylenol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tylenol 8 Hour ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tylenol EZ Tabs ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> <i>Other Natural or Herbal Remedies</i> ..... <input type="checkbox"/> ..... <input type="checkbox"/> <i>Other</i> ..... <input type="checkbox"/> ..... <input type="checkbox"/>				<b>KINDS:</b> 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"/> Powders ..... <input type="checkbox"/> ..... <input type="checkbox"/> Rubs ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tablets ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>BRANDS:</b> Actifed ..... <input type="checkbox"/> ..... <input type="checkbox"/> Advil Cold & Sinus ..... <input type="checkbox"/> ..... <input type="checkbox"/> Advil Cold & Sinus Plus ..... <input type="checkbox"/> ..... <input type="checkbox"/> Benylin All In One ..... <input type="checkbox"/> ..... <input type="checkbox"/> Benylin Cold & Sinus ..... <input type="checkbox"/> ..... <input type="checkbox"/> Benylin Cold & Sinus Plus ..... <input type="checkbox"/> ..... <input type="checkbox"/> Benylin Rapid Gels ..... <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"/>			

# PERSONAL CARE, HEALTH AND BEAUTY AIDS

COLD REMEDIES	PERSONALLY USE		<b>SLEEPING TABLETS</b> — Non-Prescription —	PERSONALLY USE		<b>ANTI-NAUSEANT/ MOTION SICKNESS REMEDIES</b>	PERSONALLY USE				
	Most Often	Others Sometimes		Past 6 Months	Times/ Past 30 Days		Past 6 Months	Past 6 Months			
<b>BRANDS (Continued):</b> 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"/> 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"/>  <b>NUMBER OF TIMES:</b> 1 ..... <input type="checkbox"/> 2 ..... <input type="checkbox"/> 3+ ..... <input type="checkbox"/>					
			<b>UPSET STOMACH REMEDIES</b>		<b>ANTI-NAUSEANT/ MOTION SICKNESS REMEDIES</b>		PERSONALLY USE				
			PERSONALLY USE		PERSONALLY USE		Most Often Others Sometimes				
			Past 6 Months Times/ Past 30 Days		Past 6 Months Times/ Past 30 Days						
<b>ALLERGY AND SINUS REMEDIES</b>			YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15+ ..... <input type="checkbox"/>			YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1-3 ..... <input type="checkbox"/> 4-6 ..... <input type="checkbox"/> 7+ ..... <input type="checkbox"/>			<b>TYPES:</b> Chewable Tablet ..... <input type="checkbox"/> ..... <input type="checkbox"/> Liquid ..... <input type="checkbox"/> ..... <input type="checkbox"/> Long Acting Caplet ..... <input type="checkbox"/> ..... <input type="checkbox"/> Natural/Herbal Products ..... <input type="checkbox"/> ..... <input type="checkbox"/> Natural Source Ginger ..... <input type="checkbox"/> ..... <input type="checkbox"/> Soft Gels ..... <input type="checkbox"/> ..... <input type="checkbox"/> Suppositories ..... <input type="checkbox"/> ..... <input type="checkbox"/> Swallowable Tablet ..... <input type="checkbox"/> ..... <input type="checkbox"/> Transdermal Patch ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>BRANDS:</b> Bonamine ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gravol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Transderm V ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
<b>ALLERGY AND SINUS REMEDIES</b>			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"/>			<b>UPSET STOMACH REMEDIES</b>			<b>USED FOR:</b> Flu ..... <input type="checkbox"/> ..... <input type="checkbox"/> General ..... <input type="checkbox"/> ..... <input type="checkbox"/> Migraine ..... <input type="checkbox"/> ..... <input type="checkbox"/> Motion/Travel Sickness ..... <input type="checkbox"/> ..... <input type="checkbox"/> Nausea ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sleep Aid ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
<b>ALLERGY AND SINUS REMEDIES</b>			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"/>			<b>TYPES:</b> Chewable Tablet ..... <input type="checkbox"/> ..... <input type="checkbox"/> Effervescent ..... <input type="checkbox"/> ..... <input type="checkbox"/> Liquid ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pill/Caplet ..... <input type="checkbox"/> ..... <input type="checkbox"/> Softgel Capsules ..... <input type="checkbox"/> ..... <input type="checkbox"/> Soft Chews ..... <input type="checkbox"/> ..... <input type="checkbox"/> Thin Strips ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>BRANDS:</b> Alka Seltzer ..... <input type="checkbox"/> ..... <input type="checkbox"/> Beano ..... <input type="checkbox"/> ..... <input type="checkbox"/> Bromo-Seltzer ..... <input type="checkbox"/> ..... <input type="checkbox"/> Diovol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Eno ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gas-X ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gaviscon ..... <input type="checkbox"/> ..... <input type="checkbox"/> Maalox ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mylanta ..... <input type="checkbox"/> ..... <input type="checkbox"/> Ovol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pepcid AC ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pepcid Complete ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pepcid Max ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pepto-Bismol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Rolaid ..... <input type="checkbox"/> ..... <input type="checkbox"/> Rolaid Plus Gas ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tums ..... <input type="checkbox"/> ..... <input type="checkbox"/> Zantac 75 ..... <input type="checkbox"/> ..... <input type="checkbox"/> Zantac 150 ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>					
<b>ALLERGY AND SINUS REMEDIES</b>			YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1 ..... <input type="checkbox"/> 2 ..... <input type="checkbox"/> 3+ ..... <input type="checkbox"/>			<b>UPSET STOMACH REMEDIES</b>			<b>LAXATIVES</b>		
<b>ALLERGY AND SINUS REMEDIES</b>			YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1 ..... <input type="checkbox"/> 2 ..... <input type="checkbox"/> 3+ ..... <input type="checkbox"/>			<b>TYPES:</b> Chewable Tablet ..... <input type="checkbox"/> ..... <input type="checkbox"/> Liquid ..... <input type="checkbox"/> ..... <input type="checkbox"/> Long Acting Caplet ..... <input type="checkbox"/> ..... <input type="checkbox"/> Natural/Herbal Products ..... <input type="checkbox"/> ..... <input type="checkbox"/> Natural Source Ginger ..... <input type="checkbox"/> ..... <input type="checkbox"/> Soft Gels ..... <input type="checkbox"/> ..... <input type="checkbox"/> Suppositories ..... <input type="checkbox"/> ..... <input type="checkbox"/> Swallowable Tablet ..... <input type="checkbox"/> ..... <input type="checkbox"/> Transdermal Patch ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>BRANDS:</b> Bonamine ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gravol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Transderm V ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>					
<b>ALLERGY AND SINUS REMEDIES</b>			YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1 ..... <input type="checkbox"/> 2 ..... <input type="checkbox"/> 3+ ..... <input type="checkbox"/>			<b>UPSET STOMACH REMEDIES</b>			<b>LAXATIVES</b>		
<b>ALLERGY AND SINUS REMEDIES</b>			YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1 ..... <input type="checkbox"/> 2 ..... <input type="checkbox"/> 3+ ..... <input type="checkbox"/>			<b>TYPES:</b> Chewable Tablet ..... <input type="checkbox"/> ..... <input type="checkbox"/> Effervescent ..... <input type="checkbox"/> ..... <input type="checkbox"/> Liquid ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pill/Caplet ..... <input type="checkbox"/> ..... <input type="checkbox"/> Softgel Capsules ..... <input type="checkbox"/> ..... <input type="checkbox"/> Soft Chews ..... <input type="checkbox"/> ..... <input type="checkbox"/> Thin Strips ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>BRANDS:</b> Alka Seltzer ..... <input type="checkbox"/> ..... <input type="checkbox"/> Beano ..... <input type="checkbox"/> ..... <input type="checkbox"/> Bromo-Seltzer ..... <input type="checkbox"/> ..... <input type="checkbox"/> Diovol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Eno ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gas-X ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gaviscon ..... <input type="checkbox"/> ..... <input type="checkbox"/> Maalox ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mylanta ..... <input type="checkbox"/> ..... <input type="checkbox"/> Ovol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pepcid AC ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pepcid Complete ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pepcid Max ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pepto-Bismol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Rolaid ..... <input type="checkbox"/> ..... <input type="checkbox"/> Rolaid Plus Gas ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tums ..... <input type="checkbox"/> ..... <input type="checkbox"/> Zantac 75 ..... <input type="checkbox"/> ..... <input type="checkbox"/> Zantac 150 ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>					
<b>ALLERGY AND SINUS REMEDIES</b>			YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1 ..... <input type="checkbox"/> 2 ..... <input type="checkbox"/> 3+ ..... <input type="checkbox"/>			<b>UPSET STOMACH REMEDIES</b>			<b>LAXATIVES</b>		
<b>ALLERGY AND SINUS REMEDIES</b>			YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1 ..... <input type="checkbox"/> 2 ..... <input type="checkbox"/> 3+ ..... <input type="checkbox"/>			<b>TYPES:</b> Chewable Tablet ..... <input type="checkbox"/> ..... <input type="checkbox"/> Effervescent ..... <input type="checkbox"/> ..... <input type="checkbox"/> Liquid ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pill/Caplet ..... <input type="checkbox"/> ..... <input type="checkbox"/> Softgel Capsules ..... <input type="checkbox"/> ..... <input type="checkbox"/> Soft Chews ..... <input type="checkbox"/> ..... <input type="checkbox"/> Thin Strips ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>BRANDS:</b> Alka Seltzer ..... <input type="checkbox"/> ..... <input type="checkbox"/> Beano ..... <input type="checkbox"/> ..... <input type="checkbox"/> Bromo-Seltzer ..... <input type="checkbox"/> ..... <input type="checkbox"/> Diovol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Eno ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gas-X ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gaviscon ..... <input type="checkbox"/> ..... <input type="checkbox"/> Maalox ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mylanta ..... <input type="checkbox"/> ..... <input type="checkbox"/> Ovol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pepcid AC ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pepcid Complete ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pepcid Max ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pepto-Bismol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Rolaid ..... <input type="checkbox"/> ..... <input type="checkbox"/> Rolaid Plus Gas ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tums ..... <input type="checkbox"/> ..... <input type="checkbox"/> Zantac 75 ..... <input type="checkbox"/> ..... <input type="checkbox"/> Zantac 150 ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>					
<b>ALLERGY AND SINUS REMEDIES</b>			YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1 ..... <input type="checkbox"/> 2 ..... <input type="checkbox"/> 3+ ..... <input type="checkbox"/>			<b>UPSET STOMACH REMEDIES</b>			<b>LAXATIVES</b>		
<b>ALLERGY AND SINUS REMEDIES</b>			YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1 ..... <input type="checkbox"/> 2 ..... <input type="checkbox"/> 3+ ..... <input type="checkbox"/>			<b>TYPES:</b> Chewable Tablet ..... <input type="checkbox"/> ..... <input type="checkbox"/> Effervescent ..... <input type="checkbox"/> ..... <input type="checkbox"/> Liquid ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pill/Caplet ..... <input type="checkbox"/> ..... <input type="checkbox"/> Softgel Capsules ..... <input type="checkbox"/> ..... <input type="checkbox"/> Soft Chews ..... <input type="checkbox"/> ..... <input type="checkbox"/> Thin Strips ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>BRANDS:</b> Alka Seltzer ..... <input type="checkbox"/> ..... <input type="checkbox"/> Beano ..... <input type="checkbox"/> ..... <input type="checkbox"/> Bromo-Seltzer ..... <input type="checkbox"/> ..... <input type="checkbox"/> Diovol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Eno ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gas-X ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gaviscon ..... <input type="checkbox"/> ..... <input type="checkbox"/> Maalox ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mylanta ..... <input type="checkbox"/> ..... <input type="checkbox"/> Ovol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pepcid AC ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pepcid Complete ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pepcid Max ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pepto-Bismol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Rolaid ..... <input type="checkbox"/> ..... <input type="checkbox"/> Rolaid Plus Gas ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tums ..... <input type="checkbox"/> ..... <input type="checkbox"/> Zantac 75 ..... <input type="checkbox"/> ..... <input type="checkbox"/> Zantac 150 ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>					
<b>ALLERGY AND SINUS REMEDIES</b>			YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1 ..... <input type="checkbox"/> 2 ..... <input type="checkbox"/> 3+ ..... <input type="checkbox"/>			<b>UPSET STOMACH REMEDIES</b>			<b>LAXATIVES</b>		
<b>ALLERGY AND SINUS REMEDIES</b>			YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1 ..... <input type="checkbox"/> 2 ..... <input type="checkbox"/> 3+ ..... <input type="checkbox"/>			<b>TYPES:</b> Chewable Tablet ..... <input type="checkbox"/> ..... <input type="checkbox"/> Effervescent ..... <input type="checkbox"/> ..... <input type="checkbox"/> Liquid ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pill/Caplet ..... <input type="checkbox"/> ..... <input type="checkbox"/> Softgel Capsules ..... <input type="checkbox"/> ..... <input type="checkbox"/> Soft Chews ..... <input type="checkbox"/> ..... <input type="checkbox"/> Thin Strips ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>BRANDS:</b> Alka Seltzer ..... <input type="checkbox"/> ..... <input type="checkbox"/> Beano ..... <input type="checkbox"/> ..... <input type="checkbox"/> Bromo-Seltzer ..... <input type="checkbox"/> ..... <input type="checkbox"/> Diovol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Eno ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gas-X ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gaviscon ..... <input type="checkbox"/> ..... <input type="checkbox"/> Maalox ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mylanta ..... <input type="checkbox"/> ..... <input type="checkbox"/> Ovol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pepcid AC ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pepcid Complete ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pepcid Max ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pepto-Bismol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Rolaid ..... <input type="checkbox"/> ..... <input type="checkbox"/> Rolaid Plus Gas ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tums ..... <input type="checkbox"/> ..... <input type="checkbox"/> Zantac 75 ..... <input type="checkbox"/> ..... <input type="checkbox"/> Zantac 150 ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>					
<b>ALLERGY AND SINUS REMEDIES</b>			YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1 ..... <input type="checkbox"/> 2 ..... <input type="checkbox"/> 3+ ..... <input type="checkbox"/>			<b>UPSET STOMACH REMEDIES</b>			<b>LAXATIVES</b>		
<b>ALLERGY AND SINUS REMEDIES</b>			YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1 ..... <input type="checkbox"/> 2 ..... <input type="checkbox"/> 3+ ..... <input type="checkbox"/>			<b>TYPES:</b> Chewable Tablet ..... <input type="checkbox"/> ..... <input type="checkbox"/> Effervescent ..... <input type="checkbox"/> ..... <input type="checkbox"/> Liquid ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pill/Caplet ..... <input type="checkbox"/> ..... <input type="checkbox"/> Softgel Capsules ..... <input type="checkbox"/> ..... <input type="checkbox"/> Soft Chews ..... <input type="checkbox"/> ..... <input type="checkbox"/> Thin Strips ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>BRANDS:</b> Alka Seltzer ..... <input type="checkbox"/> ..... <input type="checkbox"/> Beano ..... <input type="checkbox"/> ..... <input type="checkbox"/> Bromo-Seltzer ..... <input type="checkbox"/> ..... <input type="checkbox"/> Diovol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Eno ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gas-X ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gaviscon ..... <input type="checkbox"/> ..... <input type="checkbox"/> Maalox ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mylanta ..... <input type="checkbox"/> ..... <input type="checkbox"/> Ovol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pepcid AC ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pepcid Complete ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pepcid Max ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pepto-Bismol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Rolaid ..... <input type="checkbox"/> ..... <input type="checkbox"/> Rolaid Plus Gas ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tums ..... <input type="checkbox"/> ..... <input type="checkbox"/> Zantac 75 ..... <input type="checkbox"/> ..... <input type="checkbox"/> Zantac 150 ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>					
<b>ALLERGY AND SINUS REMEDIES</b>			YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1 ..... <input type="checkbox"/> 2 ..... <input type="checkbox"/> 3+ ..... <input type="checkbox"/>			<b>UPSET STOMACH REMEDIES</b>			<b>LAXATIVES</b>		
<b>ALLERGY AND SINUS REMEDIES</b>			YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1 ..... <input type="checkbox"/> 2 ..... <input type="checkbox"/> 3+ ..... <input type="checkbox"/>			<b>TYPES:</b> Chewable Tablet ..... <input type="checkbox"/> ..... <input type="checkbox"/> Effervescent ..... <input type="checkbox"/> ..... <input type="checkbox"/> Liquid ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pill/Caplet ..... <input type="checkbox"/> ..... <input type="checkbox"/> Softgel Capsules ..... <input type="checkbox"/> ..... <input type="checkbox"/> Soft Chews ..... <input type="checkbox"/> ..... <input type="checkbox"/> Thin Strips ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>BRANDS:</b> Alka Seltzer ..... <input type="checkbox"/> ..... <input type="checkbox"/> Beano ..... <input type="checkbox"/> ..... <input type="checkbox"/> Bromo-Seltzer ..... <input type="checkbox"/> ..... <input type="checkbox"/> Diovol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Eno ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gas-X ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gaviscon ..... <input type="checkbox"/> ..... <input type="checkbox"/> Maalox ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mylanta ..... <input type="checkbox"/> ..... <input type="checkbox"/> Ovol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pepcid AC ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pepcid Complete ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pepcid Max ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pepto-Bismol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Rolaid ..... <input type="checkbox"/> ..... <input type="checkbox"/> Rolaid Plus Gas ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tums ..... <input type="checkbox"/> ..... <input type="checkbox"/> Zantac 75 ..... <input type="checkbox"/> ..... <input type="checkbox"/> Zantac 150 ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>					
<b>ALLERGY AND SINUS REMEDIES</b>			YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1 ..... <input type="checkbox"/> 2 ..... <input type="checkbox"/> 3+ ..... <input type="checkbox"/>			<b>UPSET STOMACH REMEDIES</b>			<b>LAXATIVES</b>		
<b>ALLERGY AND SINUS REMEDIES</b>			YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1 ..... <input type="checkbox"/> 2 ..... <input type="checkbox"/> 3+ ..... <input type="checkbox"/>			<b>TYPES:</b> Chewable Tablet ..... <input type="checkbox"/> ..... <input type="checkbox"/> Effervescent ..... <input type="checkbox"/> ..... <input type="checkbox"/> Liquid ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pill/Caplet ..... <input type="checkbox"/> ..... <input type="checkbox"/> Softgel Capsules ..... <input type="checkbox"/> ..... <input type="checkbox"/> Soft Chews ..... <input type="checkbox"/> ..... <input type="checkbox"/> Thin Strips ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>BRANDS:</b> Alka Seltzer ..... <input type="checkbox"/> ..... <input type="checkbox"/> Beano ..... <input type="checkbox"/> ..... <input type="checkbox"/> Bromo-Seltzer ..... <input type="checkbox"/> ..... <input type="checkbox"/> Diovol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Eno ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gas-X ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gaviscon ..... <input type="checkbox"/> ..... <input type="checkbox"/> Maalox ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mylanta ..... <input type="checkbox"/> ..... <input type="checkbox"/> Ovol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pepcid AC ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pepcid Complete ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pepcid Max ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pepto-Bismol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Rolaid ..... <input type="checkbox"/> ..... <input type="checkbox"/> Rolaid Plus Gas ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tums ..... <input type="checkbox"/> ..... <input type="checkbox"/> Zantac 75 ..... <input type="checkbox"/> ..... <input type="checkbox"/> Zantac 150 ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>					
<b>ALLERGY AND SINUS REMEDIES</b>			YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1 ..... <input type="checkbox"/> 2 ..... <input type="checkbox"/> 3+ ..... <input type="checkbox"/>			<b>UPSET STOMACH REMEDIES</b>			<b>LAXATIVES</b>		
<b>ALLERGY AND SINUS REMEDIES</b>			YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1 ..... <input type="checkbox"/> 2 ..... <input type="checkbox"/> 3+ ..... <input type="checkbox"/>			<b>TYPES:</b> Chewable Tablet ..... <input type="checkbox"/> ..... <input type="checkbox"/> Effervescent ..... <input type="checkbox"/> ..... <input type="checkbox"/> Liquid ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pill/Caplet ..... <input type="checkbox"/> ..... <input type="checkbox"/> Softgel Capsules ..... <input type="checkbox"/> ..... <input type="checkbox"/> Soft Chews ..... <input type="checkbox"/> ..... <input type="checkbox"/> Thin Strips ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>BRANDS:</b> Alka Seltzer ..... <input type="checkbox"/> ..... <input type="checkbox"/> Beano ..... <input type="checkbox"/> ..... <input type="checkbox"/> Bromo-Seltzer ..... <input type="checkbox"/> ..... <input type="checkbox"/> Diovol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Eno ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gas-X ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gaviscon ..... <input type="checkbox"/> ..... <input type="checkbox"/> Maalox ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mylanta ..... <input type="checkbox"/> ..... <input type="checkbox"/> Ovol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pepcid AC ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pepcid Complete ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pepcid Max ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pepto-Bismol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Rolaid ..... <input type="checkbox"/> ..... <input type="checkbox"/> Rolaid Plus Gas ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tums ..... <input type="checkbox"/> ..... <input type="checkbox"/> Zantac 75 ..... <input type="checkbox"/> ..... <input type="checkbox"/> Zantac 150 ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>					
<b>ALLERGY AND SINUS REMEDIES</b>			YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1 ..... <input type="checkbox"/> 2 ..... <input type="checkbox"/> 3+ ..... <input type="checkbox"/>			<b>UPSET STOMACH REMEDIES</b>			<b>LAXATIVES</b>		
<b>ALLERGY AND SINUS REMEDIES</b>			YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1 ..... <input type="checkbox"/> 2 ..... <input type="checkbox"/> 3+ ..... <input type="checkbox"/>			<b>TYPES:</b> Chewable Tablet ..... <input type="checkbox"/> ..... <input type="checkbox"/> Effervescent ..... <input type="checkbox"/> ..... <input type="checkbox"/> Liquid ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pill/Caplet ..... <input type="checkbox"/> ..... <input type="checkbox"/> Softgel Capsules ..... <input type="checkbox"/> ..... <input type="checkbox"/> Soft Chews ..... <input type="checkbox"/> ..... <input type="checkbox"/> Thin Strips ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>BRANDS:</b> Alka Seltzer ..... <input type="checkbox"/> ..... <input type="checkbox"/> Beano ..... <input type="checkbox"/> ..... <input type="checkbox"/> Bromo-Seltzer ..... <input type="checkbox"/> ..... <input type="checkbox"/> Diovol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Eno ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gas-X ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gaviscon ..... <input type="checkbox"/> ..... <input type="checkbox"/> Maalox ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mylanta ..... <input type="checkbox"/> ..... <input type="checkbox"/> Ovol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pepcid AC ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pepcid Complete ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pepcid Max ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pepto-Bismol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Rolaid ..... <input type="checkbox"/> ..... <input type="checkbox"/> Rolaid Plus Gas ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tums ..... <input type="checkbox"/> ..... <input type="checkbox"/> Zantac 75 ..... <input type="checkbox"/> ..... <input type="checkbox"/> Zantac 150 ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>					
<b>ALLERGY AND SINUS REMEDIES</b>			YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1 ..... <input type="checkbox"/> 2 ..... <input type="checkbox"/> 3+ ..... <input type="checkbox"/>			<b>UPSET STOMACH REMEDIES</b>			<b>LAXATIVES</b>		
<b>ALLERGY AND SINUS REMEDIES</b>			YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1 ..... <input type="checkbox"/> 2 ..... <input type="checkbox"/> 3+ ..... <input type="checkbox"/>			<b>TYPES:</b> Chewable Tablet ..... <input type="checkbox"/> ..... <input type="checkbox"/> Effervescent ..... <input type="checkbox"/> ..... <input type="checkbox"/> Liquid ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pill/Caplet ..... <input type="checkbox"/> ..... <input type="checkbox"/> Softgel Capsules ..... <input type="checkbox"/> ..... <input type="checkbox"/> Soft Chews ..... <input type="checkbox"/> ..... <input type="checkbox"/> Thin Strips ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>BRANDS:</b> Alka Seltzer ..... <input type="checkbox"/> ..... <input type="checkbox"/> Beano ..... <input type="checkbox"/> ..... <input type="checkbox"/> Bromo-Seltzer ..... <input type="checkbox"/> ..... <input type="checkbox"/> Diovol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Eno ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gas-X ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gaviscon ..... <input type="checkbox"/> ..... <input type="checkbox"/> Maalox ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mylanta ..... <input type="checkbox"/> ..... <input type="checkbox"/> Ovol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pepcid AC ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pepcid Complete ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pepcid Max ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pepto-Bismol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Rolaid ..... <input type="checkbox"/> ..... <input type="checkbox"/> Rolaid Plus Gas ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tums ..... <input type="checkbox"/> ..... <input type="checkbox"/> Zantac 75 ..... <input type="checkbox"/> ..... <input type="checkbox"/> Zantac 150 ..... <					

# PERSONAL CARE, HEALTH AND BEAUTY AIDS

<b>DIARRHEA REMEDIES</b>	PERSONALLY USE	<b>EYEWEAR</b>	PERSONALLY	<b>DIET CONTROL/ WEIGHT MANAGEMENT</b>	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"/>  <b>TYPES:</b> Liquid ..... <input type="checkbox"/> Pill ..... <input type="checkbox"/>		<b>TYPES:</b> 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"/>  <b>AMOUNT SPENT ON LAST PAIR:</b> Under \$50 ..... <input type="checkbox"/> \$51-99 ..... <input type="checkbox"/> \$100-199 ..... <input type="checkbox"/> \$200-399 ..... <input type="checkbox"/> \$400+ ..... <input type="checkbox"/>  <b>WHERE BOUGHT:</b> 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"/>		<b>METHODS:</b> Atkins ..... <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"/> Minçavi ..... <input type="checkbox"/> Slim-Fast ..... <input type="checkbox"/> Weight Watchers ..... <input type="checkbox"/> Natural/Organic ..... <input type="checkbox"/> Other ..... <input type="checkbox"/>		
<b>HEMORRHOID REMEDIES</b>	PERSONALLY USE			<b>MEDICAL CONDITIONS/ PRESCRIPTION REMEDIES</b>	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"/>  <b>CONDITIONS:</b> Arthritis ..... <input type="checkbox"/> Asthma ..... <input type="checkbox"/> Chronic Excessive Sweating ..... <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"/>  <b>KINDS:</b> 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"/>  <b>BRANDS:</b> Actonel ..... <input type="checkbox"/> Celebrex ..... <input type="checkbox"/> Champix ..... <input type="checkbox"/> Crestor ..... <input type="checkbox"/> Detrol ..... <input type="checkbox"/> Viagra ..... <input type="checkbox"/> Other ..... <input type="checkbox"/>		
<b>ADHESIVE BANDAGES</b>	PERSONALLY USE					
	Past 6 Months      Past 30 Days					
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF TIMES:</b> None ..... <input type="checkbox"/> 1 ..... <input type="checkbox"/> 2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6+ ..... <input type="checkbox"/>  <b>TYPES :</b> 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"/>						
<b>ADHESIVE BANDAGES</b>	PERSONALLY USE		<b>CONTACT LENS CLEANING SOLUTIONS</b>			
	Most Often      Others Sometimes		PERSONALLY USE			
<b>BRANDS:</b> 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"/>  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			
		<b>DIET CONTROL/ WEIGHT MANAGEMENT</b>		PERSONALLY CONTROL		
				Diet		
		YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>REASONS:</b> 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"/>  <b>TREATMENTS:</b> 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"/>				
<b>EYEWEAR</b>	PERSONALLY			<b>COSMETIC FACIAL TREATMENTS</b>	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"/>  <b>TREATMENTS:</b> Chemical Peel ..... <input type="checkbox"/> Cosmetic Dental Surgery ..... <input type="checkbox"/> Dermabrasion ..... <input type="checkbox"/> Injectable Fillers ..... <input type="checkbox"/> —Botox ..... <input type="checkbox"/> —Collagen/Restylane/Juvéderm ..... <input type="checkbox"/> Laser Resurfacing ..... <input type="checkbox"/> Non-Surgical Face Lift ..... <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"/> Dentist ..... <input type="checkbox"/> GP/Family Physician ..... <input type="checkbox"/> Homeopathy ..... <input type="checkbox"/> Massage Therapy ..... <input type="checkbox"/> Naturopathy ..... <input type="checkbox"/> Osteopath ..... <input type="checkbox"/> Physiotherapist ..... <input type="checkbox"/>	Past 6 Months	YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF CONTAINERS:</b> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6+ ..... <input type="checkbox"/>	Past 12 Months	
VITAMINS, MINERALS, HERBAL SUPPLEMENTS	PERSONALLY USE	HOME HEALTH CARE PRODUCTS	YOU PERSONALLY	SUNTAN & SUNSCREEN PRODUCTS	PERSONALLY BOUGHT	
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  1 Per Day ..... <input type="checkbox"/> 2 Per Day ..... <input type="checkbox"/> 3 To 6 Per Day ..... <input type="checkbox"/> 7 Or More Per Day ..... <input type="checkbox"/>	Past 6 Months Number Taken Per Day	Have	Have	KINDS: Suntan Oil ..... <input type="checkbox"/> Sunscreen ..... <input type="checkbox"/> Self Tanner ..... <input type="checkbox"/>  <b>TYPES:</b> SPF 1-14 ..... <input type="checkbox"/> SPF 15 ..... <input type="checkbox"/> SPF 16-35 ..... <input type="checkbox"/> SPF 36+ ..... <input type="checkbox"/>	Most Often Others Sometimes	
VITAMINS, MINERALS, HERBAL SUPPLEMENTS	PERSONALLY	INCONTINENCE PRODUCTS	PERSONALLY USED	SUNTAN & SUNSCREEN PRODUCTS	PERSONALLY BOUGHT	
Use	Use	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"/>	Past 6 Months	<b>TYPES:</b> SPF 1-14 ..... <input type="checkbox"/> SPF 15 ..... <input type="checkbox"/> SPF 16-35 ..... <input type="checkbox"/> SPF 36+ ..... <input type="checkbox"/>	<b>BRANDS:</b> 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"/>	
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/Chondrotin Sulfate ..... <input type="checkbox"/> Coenzyme Q10 ..... <input type="checkbox"/> Iron ..... <input type="checkbox"/> Other ..... <input type="checkbox"/>	CONDOMS/ CONTRACEPTIVES	YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>BRANDS:</b> Attends ..... <input type="checkbox"/> Depend ..... <input type="checkbox"/> Poise Pads ..... <input type="checkbox"/> Other ..... <input type="checkbox"/>	SUNBURN/ AFTER SUN PRODUCTS	YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF CONTAINERS:</b> 1 ..... <input type="checkbox"/> 2 ..... <input type="checkbox"/> 3+ ..... <input type="checkbox"/>	
HERBAL SUPPLEMENTS:	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	YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>	INSECT REPELLENTS	YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF CONTAINERS:</b> 1 ..... <input type="checkbox"/> 2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6+ ..... <input type="checkbox"/>	
MULTI-VITAMINS	PERSONALLY USE	CONDOMS/ CONTRACEPTIVES	PERSONALLY BOUGHT	SUNTAN & SUNSCREEN PRODUCTS	PERSONALLY BOUGHT	
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"/>	Past 30 Days	<b>TYPES:</b> 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"/>	Most Often Others Sometimes	YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>	Past 12 Months	
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"/>	BRANDS OF CONDOMS:	Durex ..... <input type="checkbox"/> Durex Avanti ..... <input type="checkbox"/> Lifestyles ..... <input type="checkbox"/> Lifestyles Mr. Big ..... <input type="checkbox"/> One ..... <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"/>	CONDOMS/ CONTRACEPTIVES	YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>	Past 12 Months

# 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
<p>YES ..... <input type="checkbox"/></p> <p>NO ..... <input type="checkbox"/></p> <p><b>AMOUNT SPENT:</b></p> <p>\$1-4 ..... <input type="checkbox"/></p> <p>\$5-9 ..... <input type="checkbox"/></p> <p>\$10-19 ..... <input type="checkbox"/></p> <p>\$20-49 ..... <input type="checkbox"/></p> <p>\$50-99 ..... <input type="checkbox"/></p> <p>\$100+ ..... <input type="checkbox"/></p> <p><b>WHERE BOUGHT:</b></p> <p>Costco ..... <input type="checkbox"/></p> <p>Holt Renfrew ..... <input type="checkbox"/></p> <p>Sears ..... <input type="checkbox"/></p> <p>The Bay ..... <input type="checkbox"/></p> <p>Wal-Mart ..... <input type="checkbox"/></p> <p>Zellers ..... <input type="checkbox"/></p> <p>Brunet ..... <input type="checkbox"/></p> <p>Famili-prix ..... <input type="checkbox"/></p> <p>IDA ..... <input type="checkbox"/></p> <p>Jean Coutu ..... <input type="checkbox"/></p> <p>London Drugs ..... <input type="checkbox"/></p> <p>Pharma Plus ..... <input type="checkbox"/></p> <p>Pharmasave ..... <input type="checkbox"/></p> <p>Proxim ..... <input type="checkbox"/></p> <p>Shoppers Drug Mart/Pharmaprix ..... <input type="checkbox"/></p> <p>Uniprix ..... <input type="checkbox"/></p> <p><i>Other Drug Store</i> ..... <input type="checkbox"/></p> <p>Fruits et Passion ..... <input type="checkbox"/></p> <p>Merle Norman ..... <input type="checkbox"/></p> <p>The Body Shop ..... <input type="checkbox"/></p> <p>Yves Rocher ..... <input type="checkbox"/></p> <p><i>Other Specialty Store</i> ..... <input type="checkbox"/></p> <p>Loblaws/Loblaws Superstore ..... <input type="checkbox"/></p> <p>Real Canadian Superstore ..... <input type="checkbox"/></p> <p>Grocery Stores/Supermarkets ..... <input type="checkbox"/></p> <p><i>Other Stores</i> ..... <input type="checkbox"/></p> <p>Mail Order ..... <input type="checkbox"/></p>			<p><b>TYPES:</b></p> <p>Cream ..... <input type="checkbox"/></p> <p>Cream/Powder Compact ..... <input type="checkbox"/></p> <p>Liquid ..... <input type="checkbox"/></p> <p>Powder Compact ..... <input type="checkbox"/></p> <p>Stick Foundation ..... <input type="checkbox"/></p> <p><b>KINDS:</b></p> <p>Anti-Aging ..... <input type="checkbox"/></p> <p>Long Wear ..... <input type="checkbox"/></p> <p>With Sunscreen ..... <input type="checkbox"/></p> <p>Regular ..... <input type="checkbox"/></p> <p><b>BRANDS:</b></p> <p>Almay ..... <input type="checkbox"/></p> <p>Annabelle ..... <input type="checkbox"/></p> <p>Avon ..... <input type="checkbox"/></p> <p>Bonne Bell ..... <input type="checkbox"/></p> <p>Clinique ..... <input type="checkbox"/></p> <p>Cover Girl ..... <input type="checkbox"/></p> <p>Elizabeth Arden ..... <input type="checkbox"/></p> <p>Estée Lauder ..... <input type="checkbox"/></p> <p>Lancôme ..... <input type="checkbox"/></p> <p>L'Oreal ..... <input type="checkbox"/></p> <p>Lise Watier ..... <input type="checkbox"/></p> <p>MAC ..... <input type="checkbox"/></p> <p>Marcelle ..... <input type="checkbox"/></p> <p>Maybelline ..... <input type="checkbox"/></p> <p>Personnelle ..... <input type="checkbox"/></p> <p>Quo ..... <input type="checkbox"/></p> <p>Revlon ..... <input type="checkbox"/></p> <p>Rimmel ..... <input type="checkbox"/></p> <p><i>Other</i> ..... <input type="checkbox"/></p>			<p>YES ..... <input type="checkbox"/></p> <p>NO ..... <input type="checkbox"/></p> <p><b>NUMBER OF TIMES:</b></p> <p>None ..... <input type="checkbox"/></p> <p>1-2 ..... <input type="checkbox"/></p> <p>3-5 ..... <input type="checkbox"/></p> <p>6-9 ..... <input type="checkbox"/></p> <p>10-14 ..... <input type="checkbox"/></p> <p>15+ ..... <input type="checkbox"/></p> <p><b>TYPES:</b></p> <p>Lipstick ..... <input type="checkbox"/></p> <p>Lip Gloss ..... <input type="checkbox"/></p> <p>Lipstick With SPF ..... <input type="checkbox"/></p> <p>Lipliner ..... <input type="checkbox"/></p> <p><b>BRANDS:</b></p> <p>Almay ..... <input type="checkbox"/></p> <p>Annabelle ..... <input type="checkbox"/></p> <p>Avon ..... <input type="checkbox"/></p> <p>Bonne Bell ..... <input type="checkbox"/></p> <p>Clinique ..... <input type="checkbox"/></p> <p>Cover Girl ..... <input type="checkbox"/></p> <p>Elizabeth Arden ..... <input type="checkbox"/></p> <p>Estée Lauder ..... <input type="checkbox"/></p> <p>Lancôme ..... <input type="checkbox"/></p> <p>L'Oreal ..... <input type="checkbox"/></p> <p>Lise Watier ..... <input type="checkbox"/></p> <p>MAC ..... <input type="checkbox"/></p> <p>Marcelle ..... <input type="checkbox"/></p> <p>Maybelline ..... <input type="checkbox"/></p> <p>NYC ..... <input type="checkbox"/></p> <p>Personnelle ..... <input type="checkbox"/></p> <p>Quo ..... <input type="checkbox"/></p> <p>Revlon ..... <input type="checkbox"/></p> <p>Rimmel ..... <input type="checkbox"/></p> <p>Wet 'n' Wild ..... <input type="checkbox"/></p> <p><i>Other</i> ..... <input type="checkbox"/></p>		
FOUNDATION MAKE-UP	PERSONALLY USE		FACE POWDER	PERSONALLY USE		EYE SHADOW	PERSONALLY USE	
	Past 6 Months	Past 7 Days	<p>YES ..... <input type="checkbox"/></p> <p>NO ..... <input type="checkbox"/></p> <p><b>NUMBER OF TIMES:</b></p> <p>None ..... <input type="checkbox"/></p> <p>1-2 ..... <input type="checkbox"/></p> <p>3-5 ..... <input type="checkbox"/></p> <p>6-9 ..... <input type="checkbox"/></p> <p>10-14 ..... <input type="checkbox"/></p> <p>15+ ..... <input type="checkbox"/></p> <p><b>TYPES:</b></p> <p>Pressed Face Compact Powder ..... <input type="checkbox"/></p> <p>Loose Face Powder ..... <input type="checkbox"/></p>	Past 6 Months	Past 7 Days	<p>YES ..... <input type="checkbox"/></p> <p>NO ..... <input type="checkbox"/></p> <p><b>NUMBER OF TIMES:</b></p> <p>None ..... <input type="checkbox"/></p> <p>1-2 ..... <input type="checkbox"/></p> <p>3-5 ..... <input type="checkbox"/></p> <p>6-9 ..... <input type="checkbox"/></p> <p>10-14 ..... <input type="checkbox"/></p> <p>15+ ..... <input type="checkbox"/></p>	Past 6 Months	Past 7 Days
FOUNDATION MAKE-UP	PERSONALLY USE		BLUSH	PERSONALLY USE		EYE SHADOW	PERSONALLY USE	
	Past 6 Months	Past 7 Days	<p>YES ..... <input type="checkbox"/></p> <p>NO ..... <input type="checkbox"/></p> <p><b>NUMBER OF TIMES:</b></p> <p>None ..... <input type="checkbox"/></p> <p>1-2 ..... <input type="checkbox"/></p> <p>3-5 ..... <input type="checkbox"/></p> <p>6-9 ..... <input type="checkbox"/></p> <p>10-14 ..... <input type="checkbox"/></p> <p>15+ ..... <input type="checkbox"/></p> <p><b>TYPES:</b></p> <p>Cream/Gel/Liquid ..... <input type="checkbox"/></p> <p>Powder/Cake ..... <input type="checkbox"/></p>	Past 6 Months	Past 7 Days	<p>Most Often ..... <input type="checkbox"/></p> <p>Others Sometimes ..... <input type="checkbox"/></p> <p><b>TYPES:</b></p> <p>Crayon/Pencil ..... <input type="checkbox"/></p> <p>Cream ..... <input type="checkbox"/></p> <p>Powder ..... <input type="checkbox"/></p>	Most Often	Others Sometimes

# 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"/>					
<b>NUMBER OF TIMES:</b>				<b>NUMBER OF TIMES:</b>				<b>NUMBER OF TIMES:</b>					
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"/>					
<b>EYE LINER</b>		PERSONALLY USE		<b>TYPES:</b> Basecoat ..... <input type="checkbox"/> Polish ..... <input type="checkbox"/> Strengtheners/Hardener ..... <input type="checkbox"/> Topcoat ..... <input type="checkbox"/> Remover ..... <input type="checkbox"/> False Nails ..... <input type="checkbox"/>				<b>TAMPONS</b>		PERSONALLY USE			
		Most Often	Others Sometimes							Most Often	Others Sometimes		
<b>TYPES:</b>				<b>FEMININE HYGIENE/ CLEANSING &amp; CARE</b>		PERSONALLY USE		<b>APPLICATOR:</b> Plastic ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cardboard/Flushable ..... <input type="checkbox"/> ..... <input type="checkbox"/> No Applicator ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>BRANDS:</b> Kotex ..... <input type="checkbox"/> ..... <input type="checkbox"/> o.b. —Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Multipack ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Pro Comfort ..... <input type="checkbox"/> ..... <input type="checkbox"/> —SilkEase ..... <input type="checkbox"/> ..... <input type="checkbox"/> —To Go ..... <input type="checkbox"/> ..... <input type="checkbox"/> Playtex —Beyond ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Portables ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Sport ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Soft Comfort ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tampax —Cardboard ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Compak ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Multipack ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Pearl ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Satin/Satin Teen ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brands ..... <input type="checkbox"/> ..... <input type="checkbox"/> <i>Other</i> ..... <input type="checkbox"/> ..... <input type="checkbox"/>					
Cake ..... <input type="checkbox"/> ..... <input type="checkbox"/>						PERSONALLY USE							
Liquid ..... <input type="checkbox"/> ..... <input type="checkbox"/>						Past 6 Months				Past 30 Days			
Pen (Felt Tip) ..... <input type="checkbox"/> ..... <input type="checkbox"/>						YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>							
Pencil ..... <input type="checkbox"/> ..... <input type="checkbox"/>				<b>NUMBER OF TIMES:</b>									
				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"/>									
<b>MASCARA</b>		PERSONALLY USE		<b>KINDS:</b> Douche ..... <input type="checkbox"/> External Feminine Itch Relief ..... <input type="checkbox"/> Feminine Bath & Shower Gel ..... <input type="checkbox"/> Feminine Cleansing Cloths ..... <input type="checkbox"/> Feminine Deodorant Spray ..... <input type="checkbox"/> Feminine Powder ..... <input type="checkbox"/> Feminine Wash ..... <input type="checkbox"/>				<b>BRANDS:</b> Always (Cleansing Cloths) ... <input type="checkbox"/> ..... <input type="checkbox"/> Bacti-Control ..... <input type="checkbox"/> ..... <input type="checkbox"/> FDS ..... <input type="checkbox"/> ..... <input type="checkbox"/> Massengill ..... <input type="checkbox"/> ..... <input type="checkbox"/> Playtex (Cleansing Cloths) ... <input type="checkbox"/> ..... <input type="checkbox"/> Private Label ..... <input type="checkbox"/> ..... <input type="checkbox"/> Summer's Eve ..... <input type="checkbox"/> ..... <input type="checkbox"/> Vagisil ..... <input type="checkbox"/> ..... <input type="checkbox"/> <i>Other</i> ..... <input type="checkbox"/> ..... <input type="checkbox"/>		PERSONALLY USE			
		Most Often	Others Sometimes							Most Often	Others Sometimes		
<b>TYPES:</b>				<b>FEMININE HYGIENE/ CLEANSING &amp; CARE</b>		PERSONALLY USE		<b>BRANDS:</b> Always (Cleansing Cloths) ... <input type="checkbox"/> ..... <input type="checkbox"/> Bacti-Control ..... <input type="checkbox"/> ..... <input type="checkbox"/> FDS ..... <input type="checkbox"/> ..... <input type="checkbox"/> Massengill ..... <input type="checkbox"/> ..... <input type="checkbox"/> Playtex (Cleansing Cloths) ... <input type="checkbox"/> ..... <input type="checkbox"/> Private Label ..... <input type="checkbox"/> ..... <input type="checkbox"/> Summer's Eve ..... <input type="checkbox"/> ..... <input type="checkbox"/> Vagisil ..... <input type="checkbox"/> ..... <input type="checkbox"/> <i>Other</i> ..... <input type="checkbox"/> ..... <input type="checkbox"/>					
Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/>						PERSONALLY USE							
Waterproof ..... <input type="checkbox"/> ..... <input type="checkbox"/>				Most Often		Others Sometimes							
<b>BRANDS:</b>				<b>BRANDS:</b> Almay ..... <input type="checkbox"/> ..... <input type="checkbox"/> Annabelle ..... <input type="checkbox"/> ..... <input type="checkbox"/> Avon ..... <input type="checkbox"/> ..... <input type="checkbox"/> Bonne Bell ..... <input type="checkbox"/> ..... <input type="checkbox"/> Clinique ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cover Girl ..... <input type="checkbox"/> ..... <input type="checkbox"/> Dior ..... <input type="checkbox"/> ..... <input type="checkbox"/> Elizabeth Arden ..... <input type="checkbox"/> ..... <input type="checkbox"/> Estée Lauder ..... <input type="checkbox"/> ..... <input type="checkbox"/> Lancôme ..... <input type="checkbox"/> ..... <input type="checkbox"/> L'Oreal ..... <input type="checkbox"/> ..... <input type="checkbox"/> Lise Watier ..... <input type="checkbox"/> ..... <input type="checkbox"/> MAC ..... <input type="checkbox"/> ..... <input type="checkbox"/> Marcelle ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mary Kay ..... <input type="checkbox"/> ..... <input type="checkbox"/> Maybelline ..... <input type="checkbox"/> ..... <input type="checkbox"/> Personnelle ..... <input type="checkbox"/> ..... <input type="checkbox"/> Revlon ..... <input type="checkbox"/> ..... <input type="checkbox"/> Rimmel ..... <input type="checkbox"/> ..... <input type="checkbox"/> <i>Other</i> ..... <input type="checkbox"/> ..... <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						
<b>TYPES:</b> Thick ..... <input type="checkbox"/> ..... <input type="checkbox"/> Ultra-thin ..... <input type="checkbox"/> ..... <input type="checkbox"/>				<b>TYPES:</b> Non Digital Tests ..... <input type="checkbox"/> ..... <input type="checkbox"/> Digital Tests ..... <input type="checkbox"/> ..... <input type="checkbox"/>				<b>NUMBER OF TIMES:</b> 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"/>					
<b>KINDS:</b> Wings ..... <input type="checkbox"/> ..... <input type="checkbox"/> Non-wings ..... <input type="checkbox"/> ..... <input type="checkbox"/>				<b>BRANDS:</b> 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"/>				<b>TYPES:</b> Patches ..... <input type="checkbox"/> Pills ..... <input type="checkbox"/> Other ..... <input type="checkbox"/>		<b>KINDS:</b> Natural/Herbal Products ..... <input type="checkbox"/> Other ..... <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			Past 6 Months      Past 30 Days				Past 12 Months			
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"/>		YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>			
PANTILINERS		PERSONALLY USE		PRE-MENSTRUAL OR PERIOD PAIN REMEDIES		PERSONALLY USE		YEAST INFECTION PRODUCTS		PERSONALLY USE			
		Most Often	Others Sometimes			Most Often	Others Sometimes			Most Often	Others Sometimes		
<b>TYPES:</b> Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/> Long ..... <input type="checkbox"/> ..... <input type="checkbox"/> Thong ..... <input type="checkbox"/> ..... <input type="checkbox"/>				<b>BRANDS:</b> Advil ..... <input type="checkbox"/> ..... <input type="checkbox"/> Advil Extra Strength ..... <input type="checkbox"/> ..... <input type="checkbox"/> Evening Primrose Oil ..... <input type="checkbox"/> ..... <input type="checkbox"/> Midol —Teen ..... <input type="checkbox"/> ..... <input type="checkbox"/> —PMS Extra Strength ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Menstrual Extra Strength ..... <input type="checkbox"/> ..... <input type="checkbox"/> Motrin Extra/Super Extra Strength ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pamprin ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tylenol —Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/> —8 Hour ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Menstrual ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>				<b>NUMBER OF TIMES:</b> None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10+ ..... <input type="checkbox"/>		<b>NUMBER OF TIMES:</b> 1 ..... <input type="checkbox"/> 2-4 ..... <input type="checkbox"/> 5+ ..... <input type="checkbox"/>		<b>BRANDS:</b> 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"/> Diflucan ..... <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"/> Other Prescription Oral ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/>	
<b>BRANDS:</b> 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"/>				<b>USED FOR:</b> 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"/>									