

PERSONAL CARE, HEALTH AND BEAUTY AIDS

TOOTHPASTE		PERSONALLY USE		TOOTHBRUSHES		PERSONALLY BOUGHT/ RECEIVED FROM DENTIST		TOOTHBRUSHES		PERSONALLY BOUGHT/ RECEIVED FROM DENTIST					
		Past 6 Months	Past 7 Days			Past 6 Months				Most Often	Others Sometimes				
YES <input type="checkbox"/> NO <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>				RECHARGEABLE/BATTERY BRANDS (Continued): Oral-B/Braun —Advance Power Series <input type="checkbox"/> <input type="checkbox"/> —Cross Action Power <input type="checkbox"/> <input type="checkbox"/> —Professional Care Series <input type="checkbox"/> <input type="checkbox"/> —Pulsar <input type="checkbox"/> <input type="checkbox"/> —Sonic Complete <input type="checkbox"/> <input type="checkbox"/> —Stages Power Kids <input type="checkbox"/> <input type="checkbox"/> —Triumph <input type="checkbox"/> <input type="checkbox"/> —Vitality <input type="checkbox"/> <input type="checkbox"/> Reach <input type="checkbox"/> <input type="checkbox"/> Sonicare —Advance <input type="checkbox"/> <input type="checkbox"/> —Elite <input type="checkbox"/> <input type="checkbox"/> —Essence <input type="checkbox"/> <input type="checkbox"/> —Extreme <input type="checkbox"/> <input type="checkbox"/> Teledyne Water Pik <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>							
NUMBER OF TIMES: None <input type="checkbox"/> Less Than Once A Day <input type="checkbox"/> Once A Day <input type="checkbox"/> Twice A Day <input type="checkbox"/> Three Times A Day <input type="checkbox"/> More Than Three Times A Day <input type="checkbox"/>				NUMBER OF BRUSHES: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+ <input type="checkbox"/>											
TOOTHPASTE		PERSONALLY USE		TOOTHBRUSHES		PERSONALLY BOUGHT/ RECEIVED FROM DENTIST		TOOTH WHITENING SYSTEMS		PERSONALLY USE					
		Most Often	Others Sometimes			Most Often	Others Sometimes			Past 6 Months	Past 7 Days				
KINDS: Acid Erosion Protection <input type="checkbox"/> <input type="checkbox"/> All In One <input type="checkbox"/> <input type="checkbox"/> Anti-Gingivitis <input type="checkbox"/> <input type="checkbox"/> Baking Soda <input type="checkbox"/> <input type="checkbox"/> Breath Freshening <input type="checkbox"/> <input type="checkbox"/> Natural <input type="checkbox"/> <input type="checkbox"/> Regular <input type="checkbox"/> <input type="checkbox"/> Sensitive <input type="checkbox"/> <input type="checkbox"/> Whitening <input type="checkbox"/> <input type="checkbox"/>				TYPES: Manual <input type="checkbox"/> <input type="checkbox"/> Rechargeable <input type="checkbox"/> <input type="checkbox"/> Battery <input type="checkbox"/> <input type="checkbox"/>				RECEIVED FROM: Dentist <input type="checkbox"/> <input type="checkbox"/> Store <input type="checkbox"/> <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>					
TYPES: Paste <input type="checkbox"/> <input type="checkbox"/> Gel <input type="checkbox"/> <input type="checkbox"/>				MANUAL BRANDS: Aquafresh Flex <input type="checkbox"/> <input type="checkbox"/> Butler —Supertip <input type="checkbox"/> <input type="checkbox"/> —Microtip <input type="checkbox"/> <input type="checkbox"/> —Regular <input type="checkbox"/> <input type="checkbox"/> Colgate —360 <input type="checkbox"/> <input type="checkbox"/> —360 Deep Clean <input type="checkbox"/> <input type="checkbox"/> —360 Microsonic <input type="checkbox"/> <input type="checkbox"/> —360 Sensitive <input type="checkbox"/> <input type="checkbox"/> —Max Fresh <input type="checkbox"/> <input type="checkbox"/> —Navigator <input type="checkbox"/> <input type="checkbox"/> —Plus <input type="checkbox"/> <input type="checkbox"/> —Precision <input type="checkbox"/> <input type="checkbox"/> —Regular <input type="checkbox"/> <input type="checkbox"/> —Sensation <input type="checkbox"/> <input type="checkbox"/> —Total <input type="checkbox"/> <input type="checkbox"/> Oral-B —Advantage <input type="checkbox"/> <input type="checkbox"/> —Advantage Artica <input type="checkbox"/> <input type="checkbox"/> —Advantage Breath Refresh <input type="checkbox"/> <input type="checkbox"/> —CrossAction Pro-Health <input type="checkbox"/> <input type="checkbox"/> —CrossAction/Vitalizer <input type="checkbox"/> <input type="checkbox"/> —Indicator <input type="checkbox"/> <input type="checkbox"/> —Indicator Interdent. <input type="checkbox"/> <input type="checkbox"/> —Pulsar Pro-Health <input type="checkbox"/> <input type="checkbox"/> —Sensitive Advantage <input type="checkbox"/> <input type="checkbox"/>				BRANDS: Aquafresh White Trays <input type="checkbox"/> Crest Night Effects <input type="checkbox"/> Crest Night Effects Sensitive <input type="checkbox"/> Crest White Strips <input type="checkbox"/> Crest White Strips Premium <input type="checkbox"/> Crest White Strips Premium Plus <input type="checkbox"/> Crest White Strips Renewal <input type="checkbox"/> Listerine Whitening Dissolving Strips <input type="checkbox"/> Natural White <input type="checkbox"/> Rapid White <input type="checkbox"/> Rembrandt <input type="checkbox"/> Store Brand <input type="checkbox"/> Other <input type="checkbox"/>		NUMBER OF TIMES: None <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-9 <input type="checkbox"/> 10-14 <input type="checkbox"/> 15+ <input type="checkbox"/>					
FORMS: Pump <input type="checkbox"/> <input type="checkbox"/> Stand Up Tube <input type="checkbox"/> <input type="checkbox"/> Regular <input type="checkbox"/> <input type="checkbox"/>				Reach —Interdental/Control <input type="checkbox"/> <input type="checkbox"/> —J & J Tooth & Gum <input type="checkbox"/> <input type="checkbox"/> —Plaque Sweeper <input type="checkbox"/> <input type="checkbox"/> —Regular <input type="checkbox"/> <input type="checkbox"/> —Ultra Clean <input type="checkbox"/> <input type="checkbox"/> Sensodyne <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>							
BRANDS: Aquafresh <input type="checkbox"/> <input type="checkbox"/> Arm & Hammer <input type="checkbox"/> <input type="checkbox"/> Butler Gum <input type="checkbox"/> <input type="checkbox"/> Colgate <input type="checkbox"/> <input type="checkbox"/> Crest <input type="checkbox"/> <input type="checkbox"/> ProNamel <input type="checkbox"/> <input type="checkbox"/> Rembrandt <input type="checkbox"/> <input type="checkbox"/> Sensodyne <input type="checkbox"/> <input type="checkbox"/> Tom's of Maine <input type="checkbox"/> <input type="checkbox"/> Store Brand <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>				RECHARGEABLE/BATTERY BRANDS: Colgate 360 <input type="checkbox"/> <input type="checkbox"/> Colgate Kids <input type="checkbox"/> <input type="checkbox"/> Colgate Microsonic Motion <input type="checkbox"/> <input type="checkbox"/> Crest Spinbrush —Kids <input type="checkbox"/> <input type="checkbox"/> —Pro Clean <input type="checkbox"/> <input type="checkbox"/> —Pro Recharge <input type="checkbox"/> <input type="checkbox"/> —Pro Select <input type="checkbox"/> <input type="checkbox"/> —Pro Whitening <input type="checkbox"/> <input type="checkbox"/> —Pro Clean Sonic <input type="checkbox"/> <input type="checkbox"/> —Swirl <input type="checkbox"/> <input type="checkbox"/>				MOUTHWASH/ DENTAL RINSE		YES <input type="checkbox"/> NO <input type="checkbox"/>					
DENTAL FLOSS		PERSONALLY USE		DENTAL FLOSS		PERSONALLY BOUGHT/ RECEIVED FROM DENTIST		MOUTHWASH/ DENTAL RINSE		PERSONALLY USE					
		Past 6 Months	Past 7 Days							Past 6 Months	Times/ Past 7 Days				
YES <input type="checkbox"/> NO <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>							
NUMBER OF TIMES: None <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-9 <input type="checkbox"/> 10-14 <input type="checkbox"/> 15+ <input type="checkbox"/>				KINDS: Dental Tape <input type="checkbox"/> Flossers <input type="checkbox"/> Sensitive <input type="checkbox"/> Unwaxed <input type="checkbox"/> Waxed <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"/>							
TYPES: Flavoured <input type="checkbox"/> Unflavoured <input type="checkbox"/>				TYPES: Dental Rinse <input type="checkbox"/> <input type="checkbox"/> Fluoride Dental Rinse <input type="checkbox"/> <input type="checkbox"/> Mouthwash <input type="checkbox"/> <input type="checkbox"/> Pre-Brushing Rinse <input type="checkbox"/> <input type="checkbox"/>				MOUTHWASH/ DENTAL RINSE		Most Often Others Sometimes					

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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
KINDS: Alcohol Based <input type="checkbox"/> <input type="checkbox"/> Non-Alcohol Based <input type="checkbox"/> <input type="checkbox"/> BRANDS: 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 —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"/>			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 ADHESIVE	PERSONALLY USE				
			Most Often	Others Sometimes				
			BRANDS: 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"/>					
			BREATH FRESHENERS	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"/> 6-9 <input type="checkbox"/> 10-14 <input type="checkbox"/> 15+ <input type="checkbox"/>					
			BREATH FRESHENERS	PERSONALLY USE				
			Most Often	Others Sometimes				
			TYPES: Breath Spray <input type="checkbox"/> <input type="checkbox"/> Gum <input type="checkbox"/> <input type="checkbox"/> Instant Dissolve Strip <input type="checkbox"/> <input type="checkbox"/> Mints <input type="checkbox"/> <input type="checkbox"/> Mini Mints <input type="checkbox"/> <input type="checkbox"/> BRANDS: Altoids <input type="checkbox"/> <input type="checkbox"/> Binaca Gel Blasts <input type="checkbox"/> <input type="checkbox"/> BreathSavers <input type="checkbox"/> <input type="checkbox"/> Certs <input type="checkbox"/> <input type="checkbox"/> —Regular <input type="checkbox"/> <input type="checkbox"/> —Power <input type="checkbox"/> <input type="checkbox"/> Clorets Gum <input type="checkbox"/> <input type="checkbox"/> Clorets Mints <input type="checkbox"/> <input type="checkbox"/> Dentyne <input type="checkbox"/> <input type="checkbox"/> Dentyne Fire —Gum <input type="checkbox"/> <input type="checkbox"/> —Mints <input type="checkbox"/> <input type="checkbox"/> Dentyne Frost Bites <input type="checkbox"/> <input type="checkbox"/> Dentyne Ice —Gum <input type="checkbox"/> <input type="checkbox"/> —Mints <input type="checkbox"/> <input type="checkbox"/> Dentyne Mint <input type="checkbox"/> <input type="checkbox"/> Excel 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"/>					
			DENTURES	PERSONALLY USE				
			Have					
			YES <input type="checkbox"/> NO <input type="checkbox"/> TYPES: Full <input type="checkbox"/> Partial <input type="checkbox"/> Both Full And Partial <input type="checkbox"/>					
			DENTURE CLEANSERS	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"/> 6-9 <input type="checkbox"/> 10-14 <input type="checkbox"/> 15+ <input type="checkbox"/>					
			DENTURE CLEANSERS	PERSONALLY USE				
			Most Often	Others Sometimes				
			TYPES: Powder <input type="checkbox"/> <input type="checkbox"/> Paste <input type="checkbox"/> <input type="checkbox"/> Effervescent Tablet <input type="checkbox"/> <input type="checkbox"/> Foam <input type="checkbox"/> <input type="checkbox"/> BRANDS: Efferdent <input type="checkbox"/> <input type="checkbox"/> Novadent <input type="checkbox"/> <input type="checkbox"/> Polident Fresh Cleanse <input type="checkbox"/> <input type="checkbox"/> Polident Paste <input type="checkbox"/> <input type="checkbox"/> Polident Tablets <input type="checkbox"/> <input type="checkbox"/> Store Brand <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>					
			DEODORANTS/ ANTIPERSPIRANTS	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"/> 6-9 <input type="checkbox"/> 10-14 <input type="checkbox"/> 15+ <input type="checkbox"/>					
			DEODORANTS/ ANTIPERSPIRANTS	PERSONALLY USE				
			Most Often	Others Sometimes				
			TYPES: Scented <input type="checkbox"/> <input type="checkbox"/> Unscented <input type="checkbox"/> <input type="checkbox"/> KINDS: Anti Perspirant/Deodorant <input type="checkbox"/> <input type="checkbox"/> Deodorant Only <input type="checkbox"/> <input type="checkbox"/>					

PERSONAL CARE, HEALTH AND BEAUTY AIDS

DEODORANTS/ ANTIPERSPIRANTS	PERSONALLY USE		PERFUME & COLOGNE WOMEN'S OR MEN'S	PERSONALLY USE		PERSONAL CARE SOAPS	PERSONALLY USE				
	Most Often	Others Sometimes		Most Often	Others Sometimes		Past 6 Months	Times/ Past 7 Days			
FORMS: Aerosol <input type="checkbox"/> <input type="checkbox"/> Body Sprays <input type="checkbox"/> <input type="checkbox"/> Clear Gel <input type="checkbox"/> <input type="checkbox"/> Clear Stick <input type="checkbox"/> <input type="checkbox"/> Invisible White Stick <input type="checkbox"/> <input type="checkbox"/> Roll-on <input type="checkbox"/> <input type="checkbox"/> Soft Solid <input type="checkbox"/> <input type="checkbox"/> Stick <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>			TYPES: After Bath Splash <input type="checkbox"/> <input type="checkbox"/> Body Spray <input type="checkbox"/> <input type="checkbox"/> Cologne <input type="checkbox"/> <input type="checkbox"/> Eau de Toilette <input type="checkbox"/> <input type="checkbox"/> Perfume <input type="checkbox"/> <input type="checkbox"/>			PERFUME & COLOGNE WOMEN'S OR MEN'S AMOUNT PERSONALLY SPENT PAST 12 MONTHS For Self Gifts For Women Gifts For Men \$1-9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> \$10-19 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> \$20-49 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> \$50-99 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> \$100+ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/> None <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-9 <input type="checkbox"/> 10-14 <input type="checkbox"/> 15+ <input type="checkbox"/>		
BRANDS: 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 (Regular) <input type="checkbox"/> <input type="checkbox"/> —Men Clinical <input type="checkbox"/> <input type="checkbox"/> —Women (Regular) <input type="checkbox"/> <input type="checkbox"/> —Women Clinical <input type="checkbox"/> <input type="checkbox"/> Dove <input type="checkbox"/> <input type="checkbox"/> Dove Clinical Protection <input type="checkbox"/> <input type="checkbox"/> Dry Idea <input type="checkbox"/> <input type="checkbox"/> Gillette Series <input type="checkbox"/> <input type="checkbox"/> Mennen —Lady Speedstick <input type="checkbox"/> <input type="checkbox"/> —Speedstick <input type="checkbox"/> <input type="checkbox"/> Mitchum <input type="checkbox"/> <input type="checkbox"/> Mitchum For Women <input type="checkbox"/> <input type="checkbox"/> Old Spice —High Endurance <input type="checkbox"/> <input type="checkbox"/> —Red Zone <input type="checkbox"/> <input type="checkbox"/> Right Guard —Regular <input type="checkbox"/> <input type="checkbox"/> —Sport <input type="checkbox"/> <input type="checkbox"/> —X-treme <input type="checkbox"/> <input type="checkbox"/> Secret <input type="checkbox"/> <input type="checkbox"/> Soft & Dri <input type="checkbox"/> <input type="checkbox"/> Tag <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>			PERSONAL CARE SOAPS PERSONALLY USE Most Often Others Sometimes								
DO YOU PERSONALLY EXPERIENCE UNCONTROLLABLE OR EXCESSIVE SWEATING? YES <input type="checkbox"/> NO <input type="checkbox"/>			BODY WASH PERSONALLY USE Past 6 Months Times/ Past 7 Days YES <input type="checkbox"/> NO <input type="checkbox"/> None <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-9 <input type="checkbox"/> 10-14 <input type="checkbox"/> 15+ <input type="checkbox"/>			PERSONAL CARE SOAPS PERSONALLY USE Most Often Others Sometimes TYPES: Antibacterial <input type="checkbox"/> <input type="checkbox"/> Baby <input type="checkbox"/> <input type="checkbox"/> Complexion/Moisturizer <input type="checkbox"/> <input type="checkbox"/> Deodorant <input type="checkbox"/> <input type="checkbox"/> Exfoliating <input type="checkbox"/> <input type="checkbox"/> Regular <input type="checkbox"/> <input type="checkbox"/> Sensitive Skin <input type="checkbox"/> <input type="checkbox"/> FORMS: Bar <input type="checkbox"/> <input type="checkbox"/> Liquid <input type="checkbox"/> <input type="checkbox"/> KINDS: Scented <input type="checkbox"/> <input type="checkbox"/> Unscented <input type="checkbox"/> <input type="checkbox"/>					
PERFUME & COLOGNE WOMEN'S OR MEN'S 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"/>			BODY WASH PERSONALLY USE Most Often Others Sometimes TYPES: Antibacterial <input type="checkbox"/> <input type="checkbox"/> Deodorant <input type="checkbox"/> <input type="checkbox"/> Exfoliating <input type="checkbox"/> <input type="checkbox"/> Firming <input type="checkbox"/> <input type="checkbox"/> Moisturizing <input type="checkbox"/> <input type="checkbox"/> Regular <input type="checkbox"/> <input type="checkbox"/> Sensitive Skin <input type="checkbox"/> <input type="checkbox"/> Unscented <input type="checkbox"/> <input type="checkbox"/> BRANDS: Aveeno <input type="checkbox"/> <input type="checkbox"/> Axe <input type="checkbox"/> <input type="checkbox"/> Body Shop <input type="checkbox"/> <input type="checkbox"/> Canus Goat's Milk <input type="checkbox"/> <input type="checkbox"/> Dial <input type="checkbox"/> <input type="checkbox"/> Dove <input type="checkbox"/> <input type="checkbox"/> Dove 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"/>			BRANDS: Baby's Own <input type="checkbox"/> <input type="checkbox"/> Body Shop <input type="checkbox"/> <input type="checkbox"/> Canus Goat's Milk <input type="checkbox"/> <input type="checkbox"/> Cetaphil <input type="checkbox"/> <input type="checkbox"/> Clinique <input type="checkbox"/> <input type="checkbox"/> Dial <input type="checkbox"/> <input type="checkbox"/> Dove Baby <input type="checkbox"/> <input type="checkbox"/> Dove Bar <input type="checkbox"/> <input type="checkbox"/> Dove Cool Moisture <input type="checkbox"/> <input type="checkbox"/> Dove 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"/>					

PERSONAL CARE, HEALTH AND BEAUTY AIDS

SHAMPOO		PERSONALLY USE		HAIR CONDITIONERS		PERSONALLY USE		HAIR SPRAYS		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"/>				YES <input type="checkbox"/>				YES <input type="checkbox"/>			
NO <input type="checkbox"/>				NO <input type="checkbox"/>				NO <input type="checkbox"/>			
None <input type="checkbox"/>				None <input type="checkbox"/>				None <input type="checkbox"/>			
1-2 <input type="checkbox"/>				1-2 <input type="checkbox"/>				1-2 <input type="checkbox"/>			
3-5 <input type="checkbox"/>				3-5 <input type="checkbox"/>				3-5 <input type="checkbox"/>			
6-7 <input type="checkbox"/>				6-7 <input type="checkbox"/>				6-7 <input type="checkbox"/>			
8-10 <input type="checkbox"/>				8-10 <input type="checkbox"/>				8-10 <input type="checkbox"/>			
11+ <input type="checkbox"/>				11+ <input type="checkbox"/>				11+ <input type="checkbox"/>			
SHAMPOO		PERSONALLY USE		HAIR CONDITIONERS		PERSONALLY USE		HAIR SPRAYS		PERSONALLY USE	
		Most Often	Others Sometimes			Most Often	Others Sometimes			Most Often	Others Sometimes
KINDS:				KINDS:				TYPES:			
Anti-Frizz <input type="checkbox"/>		<input type="checkbox"/>		Anti-Frizz <input type="checkbox"/>		<input type="checkbox"/>		Aerosol <input type="checkbox"/>		<input type="checkbox"/>	
Baby Shampoo <input type="checkbox"/>		<input type="checkbox"/>		Clarifying <input type="checkbox"/>		<input type="checkbox"/>		Manual Pump <input type="checkbox"/>		<input type="checkbox"/>	
Children's Shampoo <input type="checkbox"/>		<input type="checkbox"/>		Colour Retention <input type="checkbox"/>		<input type="checkbox"/>		BRANDS:			
Clarifying <input type="checkbox"/>		<input type="checkbox"/>		Colour Specific <input type="checkbox"/>		<input type="checkbox"/>		Alberto European <input type="checkbox"/>		<input type="checkbox"/>	
Colour Retention <input type="checkbox"/>		<input type="checkbox"/>		Cream <input type="checkbox"/>		<input type="checkbox"/>		Aussie <input type="checkbox"/>		<input type="checkbox"/>	
Colour Specific <input type="checkbox"/>		<input type="checkbox"/>		Curl <input type="checkbox"/>		<input type="checkbox"/>		Clairol Daily Defense <input type="checkbox"/>		<input type="checkbox"/>	
Combination Shampoo/ Conditioner <input type="checkbox"/>		<input type="checkbox"/>		Hairdressing <input type="checkbox"/>		<input type="checkbox"/>		Dove <input type="checkbox"/>		<input type="checkbox"/>	
Curly Hair <input type="checkbox"/>		<input type="checkbox"/>		Hot Oil <input type="checkbox"/>		<input type="checkbox"/>		Down Under Naturals <input type="checkbox"/>		<input type="checkbox"/>	
Dry Hair <input type="checkbox"/>		<input type="checkbox"/>		Intensive Treatment <input type="checkbox"/>		<input type="checkbox"/>		Finesse <input type="checkbox"/>		<input type="checkbox"/>	
Medicated/Anti-Dandruff <input type="checkbox"/>		<input type="checkbox"/>		Leave-In <input type="checkbox"/>		<input type="checkbox"/>		Fructis Style <input type="checkbox"/>		<input type="checkbox"/>	
Moisturizing <input type="checkbox"/>		<input type="checkbox"/>		Moisturizing <input type="checkbox"/>		<input type="checkbox"/>		Got2B <input type="checkbox"/>		<input type="checkbox"/>	
Naturals/Organic <input type="checkbox"/>		<input type="checkbox"/>		Naturals/Organic <input type="checkbox"/>		<input type="checkbox"/>		Herbal Essences <input type="checkbox"/>		<input type="checkbox"/>	
Regular Shampoo <input type="checkbox"/>		<input type="checkbox"/>		Regular/Instant <input type="checkbox"/>		<input type="checkbox"/>		Infusium 23 <input type="checkbox"/>		<input type="checkbox"/>	
Shine <input type="checkbox"/>		<input type="checkbox"/>		Shine <input type="checkbox"/>		<input type="checkbox"/>		L'Oreal Professional <input type="checkbox"/>		<input type="checkbox"/>	
Smoothing <input type="checkbox"/>		<input type="checkbox"/>		Smoothing <input type="checkbox"/>		<input type="checkbox"/>		L'Oreal Studio Line <input type="checkbox"/>		<input type="checkbox"/>	
Strengthening <input type="checkbox"/>		<input type="checkbox"/>		Strengthening <input type="checkbox"/>		<input type="checkbox"/>		Nexus Salon Haircare <input type="checkbox"/>		<input type="checkbox"/>	
Thickening <input type="checkbox"/>		<input type="checkbox"/>		Thickening <input type="checkbox"/>		<input type="checkbox"/>		Pantene Pro V <input type="checkbox"/>		<input type="checkbox"/>	
Volumizing <input type="checkbox"/>		<input type="checkbox"/>		Volumizing <input type="checkbox"/>		<input type="checkbox"/>		Redken <input type="checkbox"/>		<input type="checkbox"/>	
BRANDS:				BRANDS:				Salon Selectives <input type="checkbox"/>		<input type="checkbox"/>	
Alberto Balsam <input type="checkbox"/>		<input type="checkbox"/>		Alberto Balsam <input type="checkbox"/>		<input type="checkbox"/>		Suave <input type="checkbox"/>		<input type="checkbox"/>	
Alberto European <input type="checkbox"/>		<input type="checkbox"/>		Alberto European <input type="checkbox"/>		<input type="checkbox"/>		Sunsilk <input type="checkbox"/>		<input type="checkbox"/>	
Aussie <input type="checkbox"/>		<input type="checkbox"/>		Aussie <input type="checkbox"/>		<input type="checkbox"/>		Tresemmé <input type="checkbox"/>		<input type="checkbox"/>	
Axe <input type="checkbox"/>		<input type="checkbox"/>		Axe <input type="checkbox"/>		<input type="checkbox"/>		Vavoom Matrix <input type="checkbox"/>		<input type="checkbox"/>	
Biologie Matrix <input type="checkbox"/>		<input type="checkbox"/>		Dove <input type="checkbox"/>		<input type="checkbox"/>		VO5 <input type="checkbox"/>		<input type="checkbox"/>	
Dove <input type="checkbox"/>		<input type="checkbox"/>		Down Under Naturals <input type="checkbox"/>		<input type="checkbox"/>		White Rain <input type="checkbox"/>		<input type="checkbox"/>	
Down Under Naturals <input type="checkbox"/>		<input type="checkbox"/>		Frizz Ease <input type="checkbox"/>		<input type="checkbox"/>		Salon Brand (e.g. Joico) <input type="checkbox"/>		<input type="checkbox"/>	
Frizz Ease <input type="checkbox"/>		<input type="checkbox"/>		Gillette <input type="checkbox"/>		<input type="checkbox"/>		Store Brand <input type="checkbox"/>		<input type="checkbox"/>	
Garnier Fructis <input type="checkbox"/>		<input type="checkbox"/>		Garnier Fructis <input type="checkbox"/>		<input type="checkbox"/>		<i>Other</i> <input type="checkbox"/>		<input type="checkbox"/>	
Gillette <input type="checkbox"/>		<input type="checkbox"/>		Herbal Essences <input type="checkbox"/>		<input type="checkbox"/>					
Head & Shoulders <input type="checkbox"/>		<input type="checkbox"/>		Herbal Essences <input type="checkbox"/>		<input type="checkbox"/>					
Herbal Essences <input type="checkbox"/>		<input type="checkbox"/>		Infusium 23 <input type="checkbox"/>		<input type="checkbox"/>					
Infusium 23 <input type="checkbox"/>		<input type="checkbox"/>		Jhirmack <input type="checkbox"/>		<input type="checkbox"/>					
John Frieda <input type="checkbox"/>		<input type="checkbox"/>		John Frieda <input type="checkbox"/>		<input type="checkbox"/>					
L'Oreal Ever Pure <input type="checkbox"/>		<input type="checkbox"/>		L'Oreal Ever Pure <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"/>					
L'Oreal Vive Pro <input type="checkbox"/>		<input type="checkbox"/>		Neutrogena <input type="checkbox"/>		<input type="checkbox"/>					
Nexus Salon Haircare <input type="checkbox"/>		<input type="checkbox"/>		Nexus Salon Haircare <input type="checkbox"/>		<input type="checkbox"/>					
Nizoral <input type="checkbox"/>		<input type="checkbox"/>		Pantene Colour Expressions .. <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 Pro V <input type="checkbox"/>		<input type="checkbox"/>		Pantene Restoratives <input type="checkbox"/>		<input type="checkbox"/>					
Pantene Restoratives <input type="checkbox"/>		<input type="checkbox"/>		Redken <input type="checkbox"/>		<input type="checkbox"/>					
Pert Plus <input type="checkbox"/>		<input type="checkbox"/>		Revlon Outrageous <input type="checkbox"/>		<input type="checkbox"/>					
Redken <input type="checkbox"/>		<input type="checkbox"/>		Suave <input type="checkbox"/>		<input type="checkbox"/>					
Selsun/Selsun Blue <input type="checkbox"/>		<input type="checkbox"/>		Suave <input type="checkbox"/>		<input type="checkbox"/>					
Suave <input type="checkbox"/>		<input type="checkbox"/>		Sunsilk <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"/>		Tresemmé <input type="checkbox"/>		<input type="checkbox"/>					
Salon Brand (e.g. Joico) <input type="checkbox"/>		<input type="checkbox"/>		VO5 Hot Oil <input type="checkbox"/>		<input type="checkbox"/>					
Store Brand <input type="checkbox"/>		<input type="checkbox"/>		Salon Brand (e.g. Joico) <input type="checkbox"/>		<input type="checkbox"/>					
<i>Other</i> <input type="checkbox"/>		<input type="checkbox"/>		Store Brand <input type="checkbox"/>		<input type="checkbox"/>					
				<i>Other</i> <input type="checkbox"/>		<input type="checkbox"/>					
SHAMPOO		PERSONALLY USE		HAIR CONDITIONERS		PERSONALLY USE		HAIR STYLING MOUSSES		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"/>				YES <input type="checkbox"/>				YES <input type="checkbox"/>			
NO <input type="checkbox"/>				NO <input type="checkbox"/>				NO <input type="checkbox"/>			
None <input type="checkbox"/>				None <input type="checkbox"/>				None <input type="checkbox"/>			
1-2 <input type="checkbox"/>				1-2 <input type="checkbox"/>				1-2 <input type="checkbox"/>			
3-5 <input type="checkbox"/>				3-5 <input type="checkbox"/>				3-5 <input type="checkbox"/>			
6-7 <input type="checkbox"/>				6-7 <input type="checkbox"/>				6-7 <input type="checkbox"/>			
8-10 <input type="checkbox"/>				8-10 <input type="checkbox"/>				8-10 <input type="checkbox"/>			
11+ <input type="checkbox"/>				11+ <input type="checkbox"/>				11+ <input type="checkbox"/>			

PERSONAL CARE, HEALTH AND BEAUTY AIDS

HAIR STYLING MOUSSES	PERSONALLY USE		HAIR STYLING GELS	PERSONALLY USE		SMALL APPLIANCES	PERSONALLY USE							
	Most Often	Others Sometimes		Most Often	Others Sometimes		Past 6 Months	Past 30 Days						
BRANDS: Alberto European <input type="checkbox"/> <input type="checkbox"/> Aussie <input type="checkbox"/> <input type="checkbox"/> Clairol Daily Defense <input type="checkbox"/> <input type="checkbox"/> Dep <input type="checkbox"/> <input type="checkbox"/> Dove <input type="checkbox"/> <input type="checkbox"/> Down Under Naturals <input type="checkbox"/> <input type="checkbox"/> European Formula <input type="checkbox"/> <input type="checkbox"/> Finesse <input type="checkbox"/> <input type="checkbox"/> Frizz Ease <input type="checkbox"/> <input type="checkbox"/> Fructis Style <input type="checkbox"/> <input type="checkbox"/> Got2B <input type="checkbox"/> <input type="checkbox"/> Herbal Essences <input type="checkbox"/> <input type="checkbox"/> Infusium 23 <input type="checkbox"/> <input type="checkbox"/> L'Oreal Professional <input type="checkbox"/> <input type="checkbox"/> L'Oreal Studio Line <input type="checkbox"/> <input type="checkbox"/> Nexxus Salon Haircare <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"/> Suave <input type="checkbox"/> <input type="checkbox"/> SunsilK <input type="checkbox"/> <input type="checkbox"/> Tresemmé <input type="checkbox"/> <input type="checkbox"/> White Rain <input type="checkbox"/> <input type="checkbox"/> Salon Brand (e.g. Joico) <input type="checkbox"/> <input type="checkbox"/> Store Brand <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>			BRANDS (Continued): Pantene Pro V <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"/> Salon Brand (e.g. Joico) <input type="checkbox"/> <input type="checkbox"/> Store Brand <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>			HAIR COLOURING PRODUCTS		PERSONALLY USE Past 6 Months		HAIR SALON		PERSONALLY USE Past 6 Months		
HAIR STYLING GELS			PERSONALLY USE 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"/> <input type="checkbox"/> 1-2 <input type="checkbox"/> <input type="checkbox"/> 3-5 <input type="checkbox"/> <input type="checkbox"/> 6-7 <input type="checkbox"/> <input type="checkbox"/> 8-10 <input type="checkbox"/> <input type="checkbox"/> 11+ <input type="checkbox"/> <input type="checkbox"/>		HAIR COLOURING PRODUCTS		PERSONALLY USE Most Often Others Sometimes		YES <input type="checkbox"/> <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> NUMBER OF TIMES: 1-2 <input type="checkbox"/> <input type="checkbox"/> 3-4 <input type="checkbox"/> <input type="checkbox"/> 5-6 <input type="checkbox"/> <input type="checkbox"/> 7+ <input type="checkbox"/> <input type="checkbox"/>		HAIR SERVICES: Hair Care Treatments <input type="checkbox"/> <input type="checkbox"/> Hair Cut <input type="checkbox"/> <input type="checkbox"/> Colouring <input type="checkbox"/> <input type="checkbox"/> Styling <input type="checkbox"/> <input type="checkbox"/> AMOUNT SPENT LAST TIME: \$1-25 <input type="checkbox"/> <input type="checkbox"/> \$26-50 <input type="checkbox"/> <input type="checkbox"/> \$51-75 <input type="checkbox"/> <input type="checkbox"/> \$76-100 <input type="checkbox"/> <input type="checkbox"/> \$101+ <input type="checkbox"/> <input type="checkbox"/>	
HAIR STYLING GELS			PERSONALLY USE Most Often Others Sometimes		TYPES: Highlighting <input type="checkbox"/> <input type="checkbox"/> Permanent <input type="checkbox"/> <input type="checkbox"/> Semi-Permanent <input type="checkbox"/> <input type="checkbox"/> Temporary <input type="checkbox"/> <input type="checkbox"/> FORMS: Liquid/Lotion <input type="checkbox"/> <input type="checkbox"/> Mousse <input type="checkbox"/> <input type="checkbox"/> Gel/Creme <input type="checkbox"/> <input type="checkbox"/> BRANDS: Clairol —Herbal Essences <input type="checkbox"/> <input type="checkbox"/> —Herbal Essence Highlights <input type="checkbox"/> <input type="checkbox"/> —L'Image <input type="checkbox"/> <input type="checkbox"/> —Miss Clairol <input type="checkbox"/> <input type="checkbox"/> —Natural Instincts <input type="checkbox"/> <input type="checkbox"/> —Nice 'n Easy <input type="checkbox"/> <input type="checkbox"/> —Nice 'n Easy Colour Boosting Glaze <input type="checkbox"/> <input type="checkbox"/> —Nice 'n Easy Gray Solution <input type="checkbox"/> <input type="checkbox"/> —Nice 'n Easy Root Touch-Up <input type="checkbox"/> <input type="checkbox"/> —Perfect 10 <input type="checkbox"/> <input type="checkbox"/> Crema Color <input type="checkbox"/> <input type="checkbox"/> Garnier —100% Color <input type="checkbox"/> <input type="checkbox"/> —Belle Color <input type="checkbox"/> <input type="checkbox"/> —Belle Color Root Touch Up <input type="checkbox"/> <input type="checkbox"/> —Nutrisse <input type="checkbox"/> <input type="checkbox"/> Just For Men <input type="checkbox"/> <input type="checkbox"/> L'Oreal —Casting ColorSpa <input type="checkbox"/> <input type="checkbox"/> —Color Pulse <input type="checkbox"/> <input type="checkbox"/> —Couleur Experte <input type="checkbox"/> <input type="checkbox"/> —Excellence <input type="checkbox"/> <input type="checkbox"/> —Excellence To Go <input type="checkbox"/> <input type="checkbox"/> —Féria <input type="checkbox"/> <input type="checkbox"/> —Natural Match <input type="checkbox"/> <input type="checkbox"/> —Perfect Blondissima <input type="checkbox"/> <input type="checkbox"/> —Preference <input type="checkbox"/> <input type="checkbox"/> Marc Anthony Root Touch-Up <input type="checkbox"/> <input type="checkbox"/> Revlon Custom Effects <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>		BEAUTY SALON/ SPA		PERSONALLY USE Past 6 Months		YES <input type="checkbox"/> <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> NUMBER OF TIMES: 1-2 <input type="checkbox"/> <input type="checkbox"/> 3-4 <input type="checkbox"/> <input type="checkbox"/> 5-6 <input type="checkbox"/> <input type="checkbox"/> 7+ <input type="checkbox"/> <input type="checkbox"/> TYPE OF SERVICE: 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"/> AMOUNT SPENT LAST TIME: \$1-25 <input type="checkbox"/> <input type="checkbox"/> \$26-50 <input type="checkbox"/> <input type="checkbox"/> \$51-75 <input type="checkbox"/> <input type="checkbox"/> \$76-100 <input type="checkbox"/> <input type="checkbox"/> \$101+ <input type="checkbox"/> <input type="checkbox"/>			
KINDS: Anti-Frizz <input type="checkbox"/> <input type="checkbox"/> Creams <input type="checkbox"/> <input type="checkbox"/> Mud <input type="checkbox"/> <input type="checkbox"/> Pomades <input type="checkbox"/> <input type="checkbox"/> Regular <input type="checkbox"/> <input type="checkbox"/> Shine <input type="checkbox"/> <input type="checkbox"/> Straightening <input type="checkbox"/> <input type="checkbox"/> Waxes <input type="checkbox"/> <input type="checkbox"/>			BRANDS: Alberto European <input type="checkbox"/> <input type="checkbox"/> Aussie <input type="checkbox"/> <input type="checkbox"/> Axe <input type="checkbox"/> <input type="checkbox"/> Brylcream <input type="checkbox"/> <input type="checkbox"/> Dippity Do <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"/> Frizz Ease <input type="checkbox"/> <input type="checkbox"/> Fructis Style <input type="checkbox"/> <input type="checkbox"/> Gillette <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"/> Nexxus Salon Haircare <input type="checkbox"/> <input type="checkbox"/>		PERSONALLY USE Most Often Others Sometimes		PERSONALLY USE Past 6 Months		PERSONALLY USE Past 6 Months					

PERSONAL CARE, HEALTH AND BEAUTY AIDS

FACE & BODY SKINCARE	PERSONALLY BOUGHT		HAND & BODY CREAM/LOTION	PERSONALLY USE		FACIAL CLEANSERS	PERSONALLY USE		
	Past 30 Days			Most Often	Others Sometimes		Most Often	Others Sometimes	
<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>AMOUNT SPENT:</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>WHERE BOUGHT:</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>Walmart <input type="checkbox"/></p> <p>Zellers <input type="checkbox"/></p> <p>Brunet <input type="checkbox"/></p> <p>Famili-prix <input type="checkbox"/></p> <p>Guardian Drug <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>Crabtree & Evelyn <input type="checkbox"/></p> <p>Dans un Jardin <input type="checkbox"/></p> <p>Faces <input type="checkbox"/></p> <p>Fruits & Passion <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>Whole Foods <input type="checkbox"/></p> <p>Grocery Stores <input type="checkbox"/></p> <p><i>Other Stores</i> <input type="checkbox"/></p> <p>Mail Order <input type="checkbox"/></p>			<p>KINDS:</p> <p>Scented <input type="checkbox"/></p> <p>Unscented <input type="checkbox"/></p> <p>Sensitive Skin <input type="checkbox"/></p> <p>Extra Strength <input type="checkbox"/></p> <p>BRANDS:</p> <p>Aveeno <input type="checkbox"/></p> <p>Avon <input type="checkbox"/></p> <p>Body Shop <input type="checkbox"/></p> <p>Burt's Bees <input type="checkbox"/></p> <p>Cetaphil <input type="checkbox"/></p> <p>Complex 15 <input type="checkbox"/></p> <p>Curel <input type="checkbox"/></p> <p>Eucerin <input type="checkbox"/></p> <p>Glysomed <input type="checkbox"/></p> <p>Gold Bond <input type="checkbox"/></p> <p>Gold Bond Ultimate <input type="checkbox"/></p> <p>Jergens <input type="checkbox"/></p> <p>Keri <input type="checkbox"/></p> <p>Lubriderm <input type="checkbox"/></p> <p>Moisturel <input type="checkbox"/></p> <p>Neutrogena <input type="checkbox"/></p> <p>Nivea <input type="checkbox"/></p> <p>Nivea Creme (Blue) <input type="checkbox"/></p> <p>Nivea Extra Nourishing Milk <input type="checkbox"/></p> <p>Nivea Firming <input type="checkbox"/></p> <p>Nivea Firming Q10 Plus <input type="checkbox"/></p> <p>Nivea Goodbye Cellulite Gel <input type="checkbox"/></p> <p>Nivea Happy Time <input type="checkbox"/></p> <p>Nivea Moisturizing Lotion <input type="checkbox"/></p> <p>Nivea My Silhouette! <input type="checkbox"/></p> <p>Nivea Smooth Replenishing Lotion <input type="checkbox"/></p> <p>Nivea Soft <input type="checkbox"/></p> <p>Nivea SOS <input type="checkbox"/></p> <p>Noxzema <input type="checkbox"/></p> <p>Olay <input type="checkbox"/></p> <p>Olay Quench <input type="checkbox"/></p> <p>Palmer's <input type="checkbox"/></p> <p>St. Ives/Swiss Formula <input type="checkbox"/></p> <p>Vaseline Aloe <input type="checkbox"/></p> <p>Vaseline Cocoa Butter <input type="checkbox"/></p> <p>Vaseline Intensive Rescue <input type="checkbox"/></p> <p>Vaseline Sheer Infusion <input type="checkbox"/></p> <p>Vaseline (Other) <input type="checkbox"/></p> <p>Store Brand <input type="checkbox"/></p> <p><i>Other</i> <input type="checkbox"/></p>			<p>KINDS:</p> <p>Bar <input type="checkbox"/></p> <p>Cream <input type="checkbox"/></p> <p>Facial Cleansing Cloths <input type="checkbox"/></p> <p>Foaming Cleansers <input type="checkbox"/></p> <p>Gel <input type="checkbox"/></p> <p>Lotion/Milk <input type="checkbox"/></p> <p>Mask <input type="checkbox"/></p> <p>Nose/Facial Strips <input type="checkbox"/></p> <p>Pillows <input type="checkbox"/></p> <p>Pre-Moistened Cloths <input type="checkbox"/></p> <p>Scrub <input type="checkbox"/></p> <p>Toner <input type="checkbox"/></p> <p>Towelettes <input type="checkbox"/></p> <p>BRANDS:</p> <p>Almay <input type="checkbox"/></p> <p>Aveeno <input type="checkbox"/></p> <p>Avon <input type="checkbox"/></p> <p>bioré <input type="checkbox"/></p> <p>Biotherm <input type="checkbox"/></p> <p>Cetaphil <input type="checkbox"/></p> <p>Clarins <input type="checkbox"/></p> <p>Clearasil <input type="checkbox"/></p> <p>Clinique <input type="checkbox"/></p> <p>Dove <input type="checkbox"/></p> <p>Dove Sensitive Skin <input type="checkbox"/></p> <p>Estée Lauder <input type="checkbox"/></p> <p>Garnier <input type="checkbox"/></p> <p>Jergen's <input type="checkbox"/></p> <p>Johnson & Johnson Clean & Clear <input type="checkbox"/></p> <p>Lancôme <input type="checkbox"/></p> <p>La Roche Posay <input type="checkbox"/></p> <p>L'Oreal <input type="checkbox"/></p> <p>Marcelle <input type="checkbox"/></p> <p>Mary Kay <input type="checkbox"/></p> <p>Neutrogena <input type="checkbox"/></p> <p>Nivea Visage Skin Balance Cleanser <input type="checkbox"/></p> <p>Noxzema <input type="checkbox"/></p> <p>Noxzema Skin Fitness <input type="checkbox"/></p> <p>Olay <input type="checkbox"/></p> <p>Olay Daily Facials <input type="checkbox"/></p> <p>Olay Quench <input type="checkbox"/></p> <p>Olay Regenerist <input type="checkbox"/></p> <p>Oxy <input type="checkbox"/></p> <p>Phisoderm Liquid <input type="checkbox"/></p> <p>Pond's/Pond's Cold Cream <input type="checkbox"/></p> <p>Spectro Derm <input type="checkbox"/></p> <p>Spectro Jel <input type="checkbox"/></p> <p>St. Ives <input type="checkbox"/></p> <p>Vichy <input type="checkbox"/></p> <p><i>Other</i> <input type="checkbox"/></p>			
HAND & BODY CREAM/LOTION	PERSONALLY USE								
	Past 6 Months	Times/ Past 7 Days							
<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></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>USED FOR:</p> <p>Hands <input type="checkbox"/></p> <p>Face <input type="checkbox"/></p> <p>Feet <input type="checkbox"/></p> <p>Rest Of Body <input type="checkbox"/></p>						
HAND & BODY CREAM/LOTION	PERSONALLY USE		PERSONAL						
	Most Often	Others Sometimes	Skin Condition						
<p>Dry <input type="checkbox"/></p> <p>Extra Dry <input type="checkbox"/></p> <p>Normal <input type="checkbox"/></p> <p>Oily <input type="checkbox"/></p> <p>Sensitive <input type="checkbox"/></p>									
FACIAL CLEANSERS	PERSONALLY USE								
	Past 6 Months	Times/ Past 7 Days							
<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></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>									
FACIAL MOISTURIZERS	PERSONALLY USE								
	Past 6 Months	Times/ Past 7 Days							
<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></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>									
TYPES:									
<p>Aloe <input type="checkbox"/></p> <p>Anti Age/Wrinkle <input type="checkbox"/></p> <p>Body Butter <input type="checkbox"/></p> <p>Medicated <input type="checkbox"/></p> <p>Night Time <input type="checkbox"/></p> <p>Regular <input type="checkbox"/></p> <p>Self-Tanning <input type="checkbox"/></p> <p>Skin Firming <input type="checkbox"/></p> <p>With Sunscreen <input type="checkbox"/></p> <p>With Vitamins <input type="checkbox"/></p>									
FORMS:									
<p>Cream <input type="checkbox"/></p> <p>Lotion <input type="checkbox"/></p>									

PERSONAL CARE, HEALTH AND BEAUTY AIDS

FACIAL MOISTURIZERS	PERSONALLY USE		ACNE PRODUCTS	PERSONALLY USE		RAZORS/ SHAVERS	PERSONALLY USE	
	Most Often	Others Sometimes		Most Often	Others Sometimes		Times/ Past 7 Days	
TYPES:			KINDS:			None	<input type="checkbox"/>	
Cream	<input type="checkbox"/>	<input type="checkbox"/>	Medicated (Prescription)	<input type="checkbox"/>	<input type="checkbox"/>	1-2	<input type="checkbox"/>	
Lotion	<input type="checkbox"/>	<input type="checkbox"/>	Medicated (Non-Prescription)	<input type="checkbox"/>	<input type="checkbox"/>	3-5	<input type="checkbox"/>	
Gel	<input type="checkbox"/>	<input type="checkbox"/>				6-9	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>				10-14	<input type="checkbox"/>	
						15+	<input type="checkbox"/>	
KINDS:			TYPES:			RAZORS/ SHAVERS		
Fragrance Free	<input type="checkbox"/>	<input type="checkbox"/>	Astringent/Toner	<input type="checkbox"/>	<input type="checkbox"/>			
Hypoallergenic	<input type="checkbox"/>	<input type="checkbox"/>	Body Wash	<input type="checkbox"/>	<input type="checkbox"/>	PERSONALLY USE		
Oil Free	<input type="checkbox"/>	<input type="checkbox"/>	Cleanser	<input type="checkbox"/>	<input type="checkbox"/>	Most Often	Others Sometimes	
Regular	<input type="checkbox"/>	<input type="checkbox"/>	Cover Up	<input type="checkbox"/>	<input type="checkbox"/>			
Sensitive Skin	<input type="checkbox"/>	<input type="checkbox"/>	Cream/Lotion	<input type="checkbox"/>	<input type="checkbox"/>			
With Sunscreen (SPF)	<input type="checkbox"/>	<input type="checkbox"/>						
HOW USED:			FORMS:			KINDS:		
Anti-Wrinkle/Anti-Aging	<input type="checkbox"/>	<input type="checkbox"/>	Bottles	<input type="checkbox"/>	<input type="checkbox"/>			
Exfoliating	<input type="checkbox"/>	<input type="checkbox"/>	Pads	<input type="checkbox"/>	<input type="checkbox"/>	Disposable Razor	<input type="checkbox"/>	<input type="checkbox"/>
Eye Cream	<input type="checkbox"/>	<input type="checkbox"/>	Sticks	<input type="checkbox"/>	<input type="checkbox"/>	Manual Razors With Replacement Blades	<input type="checkbox"/>	<input type="checkbox"/>
Moisturizing	<input type="checkbox"/>	<input type="checkbox"/>	Tubes	<input type="checkbox"/>	<input type="checkbox"/>	BRANDS:		
Night Cream	<input type="checkbox"/>	<input type="checkbox"/>	Wipes	<input type="checkbox"/>	<input type="checkbox"/>			
Sunscreen	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	Gillette ATRA/Trac II	<input type="checkbox"/>	<input type="checkbox"/>
Under Make-Up	<input type="checkbox"/>	<input type="checkbox"/>				Gillette Fusion	<input type="checkbox"/>	<input type="checkbox"/>
			BRANDS:			Gillette M3 Power	<input type="checkbox"/>	<input type="checkbox"/>
			Clean & Clear	<input type="checkbox"/>	<input type="checkbox"/>	Gillette Mach 3/Turbo	<input type="checkbox"/>	<input type="checkbox"/>
			Clearasil	<input type="checkbox"/>	<input type="checkbox"/>	Gillette Power	<input type="checkbox"/>	<input type="checkbox"/>
			Neutrogena	<input type="checkbox"/>	<input type="checkbox"/>	Gillette Sensor/Sensor Excel	<input type="checkbox"/>	<input type="checkbox"/>
			Oxy	<input type="checkbox"/>	<input type="checkbox"/>	Gillette Venus	<input type="checkbox"/>	<input type="checkbox"/>
			Spectro Acne Care	<input type="checkbox"/>	<input type="checkbox"/>	Gillette Venus Divine	<input type="checkbox"/>	<input type="checkbox"/>
			Spectro Jel	<input type="checkbox"/>	<input type="checkbox"/>	Gillette Venus Vibrance	<input type="checkbox"/>	<input type="checkbox"/>
			Other	<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 Electric Shaver	<input type="checkbox"/>	<input type="checkbox"/>
						BIC Disposables	<input type="checkbox"/>	<input type="checkbox"/>
						Gillette Disposables	<input type="checkbox"/>	<input type="checkbox"/>
						Gillette Venus Disposables	<input type="checkbox"/>	<input type="checkbox"/>
						Schick ST	<input type="checkbox"/>	<input type="checkbox"/>
						Schick Xtreme 3	<input type="checkbox"/>	<input type="checkbox"/>
						Other Schick Disposables	<input type="checkbox"/>	<input type="checkbox"/>
						Other Disposables	<input type="checkbox"/>	<input type="checkbox"/>
						Braun Electric	<input type="checkbox"/>	<input type="checkbox"/>
						Philips Electric	<input type="checkbox"/>	<input type="checkbox"/>
						Remington Electric	<input type="checkbox"/>	<input type="checkbox"/>
						Other Electric Shaver	<input type="checkbox"/>	<input type="checkbox"/>
			COTTON SWABS		PERSONALLY USE			
			YES	<input type="checkbox"/>	Past 6 Months	Times/ Past 7 Days		
			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			
			YES	<input type="checkbox"/>	Past 6 Months	Past 7 Days		
			NO	<input type="checkbox"/>				
			NUMBER OF TIMES:					
			None	<input type="checkbox"/>				
			1-2	<input type="checkbox"/>				
			3-5	<input type="checkbox"/>				
			6-9	<input type="checkbox"/>				
			10-14	<input type="checkbox"/>				
			15+	<input type="checkbox"/>				
			MEN'S AFTERSHAVE LOTION		PERSONALLY USE		SHAVING CREAMS OR GELS	
			Most Often	Others Sometimes			Past 6 Months	Past 7 Days
			YES	<input type="checkbox"/>				
			NO	<input type="checkbox"/>				
			NUMBER OF TIMES:					
			None	<input type="checkbox"/>				
			1-2	<input type="checkbox"/>				
			3-5	<input type="checkbox"/>				
			6-9	<input type="checkbox"/>				
			10-14	<input type="checkbox"/>				
			15+	<input type="checkbox"/>				
			RAZORS/ SHAVERS		PERSONALLY USE		HAIR REMOVAL	
			Most Often	Others Sometimes			Past 6 Months	Times/ Past 30 Days
			YES	<input type="checkbox"/>				
			NO	<input type="checkbox"/>				
			TYPES:					
			After Shave Splash	<input type="checkbox"/>				
			After Shave Lotion	<input type="checkbox"/>				
			After Shave Gel	<input type="checkbox"/>				
			None	<input type="checkbox"/>				
			1-2	<input type="checkbox"/>				
			3-5	<input type="checkbox"/>				
			6-9	<input type="checkbox"/>				
			10-14	<input type="checkbox"/>				
			15+	<input type="checkbox"/>				
ACNE PRODUCTS			PERSONALLY USE					
			Past 6 Months	Times/ Past 7 Days				
			YES	<input type="checkbox"/>				
			NO	<input type="checkbox"/>				
			None	<input type="checkbox"/>				
			1-2	<input type="checkbox"/>				
			3-5	<input type="checkbox"/>				
			6-9	<input type="checkbox"/>				
			10-14	<input type="checkbox"/>				
			15+	<input type="checkbox"/>				

PERSONAL CARE, HEALTH AND BEAUTY AIDS

TOPICAL PAIN RELIEVERS	PERSONALLY USE		PAIN RELIEVERS FOR ARTHRITIS/ RHEUMATISM	PERSONALLY USE		PAIN RELIEVERS FOR HEADACHES	PERSONALLY USE	
	Most Often	Others Sometimes		Past 6 Months	Times/ Past 30 Days		Past 6 Months	Times/ Past 30 Days
BRANDS:			YES	<input type="checkbox"/>		YES	<input type="checkbox"/>	
Absorbine Junior	<input type="checkbox"/>	<input type="checkbox"/>	NO	<input type="checkbox"/>		NO	<input type="checkbox"/>	
Bengay	<input type="checkbox"/>	<input type="checkbox"/>	None	<input type="checkbox"/>		None	<input type="checkbox"/>	
Icy Hot —Rub	<input type="checkbox"/>	<input type="checkbox"/>	1-2	<input type="checkbox"/>		1-2	<input type="checkbox"/>	
—Patch	<input type="checkbox"/>	<input type="checkbox"/>	3-5	<input type="checkbox"/>		3-5	<input type="checkbox"/>	
—Sleeve	<input type="checkbox"/>	<input type="checkbox"/>	6-9	<input type="checkbox"/>		6-9	<input type="checkbox"/>	
Lakota —Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	10-14	<input type="checkbox"/>		10-14	<input type="checkbox"/>	
—Extra Strength	<input type="checkbox"/>	<input type="checkbox"/>	15+	<input type="checkbox"/>		15+	<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"/>						
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"/>						
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	<input type="checkbox"/>	<input type="checkbox"/>						
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"/>						
Tiger Balm	<input type="checkbox"/>	<input type="checkbox"/>						
Thermacare								
—Arthritis Wrap	<input type="checkbox"/>	<input type="checkbox"/>						
—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"/>						
Voltraren Rub	<input type="checkbox"/>	<input type="checkbox"/>						
Other	<input type="checkbox"/>	<input type="checkbox"/>						
			PAIN RELIEVERS FOR ARTHRITIS/ RHEUMATISM	PERSONALLY USE				
				Most Often	Others Sometimes			
			BRANDS:					
			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"/>			
			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"/>			
						PAIN RELIEVERS FOR HEADACHES	PERSONALLY USE	
							Most Often	Others Sometimes
						TYPES:		
						Caplets	<input type="checkbox"/>	<input type="checkbox"/>
						Capsules	<input type="checkbox"/>	<input type="checkbox"/>
						Gelcaps	<input type="checkbox"/>	<input type="checkbox"/>
						Liquigels	<input type="checkbox"/>	<input type="checkbox"/>
						Tablets	<input type="checkbox"/>	<input type="checkbox"/>
						KINDS:		
						With Codeine	<input type="checkbox"/>	<input type="checkbox"/>
						Without Codeine	<input type="checkbox"/>	<input type="checkbox"/>
						BRANDS:		
						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"/>
			PAIN RELIEVERS FOR BACK PAIN	PERSONALLY USE				
				Past 6 Months	Times/ Past 30 Days			
			YES	<input type="checkbox"/>				
			NO	<input type="checkbox"/>				
			None	<input type="checkbox"/>				
			1-2	<input type="checkbox"/>				
			3-5	<input type="checkbox"/>				
			6-9	<input type="checkbox"/>				
			10-14	<input type="checkbox"/>				
			15+	<input type="checkbox"/>				
						PAIN RELIEVERS FOR MUSCLE & BODY PAIN	PERSONALLY USE	
							Past 6 Months	Times/ Past 30 Days
						YES	<input type="checkbox"/>	
						NO	<input type="checkbox"/>	
						None	<input type="checkbox"/>	
						1-2	<input type="checkbox"/>	
						3-5	<input type="checkbox"/>	
						6-9	<input type="checkbox"/>	
						10-14	<input type="checkbox"/>	
						15+	<input type="checkbox"/>	
FIRST AID CREAMS/ OINTMENTS	PERSONALLY USE							
	Most Often	Others Sometimes						
YES	<input type="checkbox"/>							
NO	<input type="checkbox"/>							
None	<input type="checkbox"/>							
1	<input type="checkbox"/>							
2	<input type="checkbox"/>							
3+	<input type="checkbox"/>							
			PAIN RELIEVERS FOR BACK PAIN	PERSONALLY USE				
				Most Often	Others Sometimes			
			BRANDS:					
			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"/>			
						PAIN RELIEVERS FOR MUSCLE & BODY PAIN	PERSONALLY USE	
							Most Often	Others Sometimes
			BRANDS:					
			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"/>			

PERSONAL CARE, HEALTH AND BEAUTY AIDS

NON-PRESCRIPTION PRODUCTS FOR PREVENTING HEART ATTACK/STROKE	PERSONALLY USE		COLD REMEDIES	PERSONALLY USE		ALLERGY AND SINUS REMEDIES	PERSONALLY USE	
	Use	How Often		Most Often	Others Sometimes		Most Often	Others Sometimes
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"/>			BRANDS (Continued): Dristan <input type="checkbox"/> <input type="checkbox"/> Hydrasense <input type="checkbox"/> <input type="checkbox"/> Neo Citran Powders <input type="checkbox"/> <input type="checkbox"/> Otrivin <input type="checkbox"/> <input type="checkbox"/> Rhinaris <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 LiquiCaps <input type="checkbox"/> <input type="checkbox"/> Vicks NyQuil LiquiCaps <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"/>			USED FOR: Allergy —Skin <input type="checkbox"/> <input type="checkbox"/> —Food <input type="checkbox"/> <input type="checkbox"/> —Other <input type="checkbox"/> <input type="checkbox"/> Sinus <input type="checkbox"/> <input type="checkbox"/>		
NON-PRESCRIPTION PRODUCTS FOR PREVENTING HEART ATTACK/STROKE	PERSONALLY USE		ALLERGY AND SINUS REMEDIES	PERSONALLY USE		SLEEPING TABLETS — Non-Prescription —	PERSONALLY USE	
	Most Often	Others Sometimes		Past 6 Months	Times/ Past 30 Days		Past 6 Months	Times/ Past 30 Days
BRANDS: Advil <input type="checkbox"/> <input type="checkbox"/> Asaphen Low Dose <input type="checkbox"/> <input type="checkbox"/> Aspirin Quick Chews 81mg <input type="checkbox"/> <input type="checkbox"/> Children's Aspirin <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"/> Omega 3 <input type="checkbox"/> <input type="checkbox"/> Rexall Daily Low Dose <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"/>			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"/> 4-6 <input type="checkbox"/> 6+ <input type="checkbox"/>		
COLD REMEDIES	PERSONALLY USE		ALLERGY AND SINUS REMEDIES	PERSONALLY USE		UPSET STOMACH REMEDIES	PERSONALLY USE	
	Past 6 Months	Times/ Past 30 Days		Most Often	Others Sometimes		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"/>			KINDS: Caplets <input type="checkbox"/> <input type="checkbox"/> Capsules <input type="checkbox"/> <input type="checkbox"/> Gelcaps <input type="checkbox"/> <input type="checkbox"/> Instant Dissolve Strips <input type="checkbox"/> <input type="checkbox"/> Liquid <input type="checkbox"/> <input type="checkbox"/> Nasal Preparations <input type="checkbox"/> <input type="checkbox"/> Nasal Strip <input type="checkbox"/> <input type="checkbox"/> Tablets <input type="checkbox"/> <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"/>		
COLD REMEDIES	PERSONALLY USE		ALLERGY AND SINUS REMEDIES	PERSONALLY USE		UPSET STOMACH REMEDIES	PERSONALLY USE	
	Most Often	Others Sometimes		Most Often	Others Sometimes		Most Often	Others Sometimes
KINDS: Caplets <input type="checkbox"/> <input type="checkbox"/> Capsules <input type="checkbox"/> <input type="checkbox"/> Gelcaps <input type="checkbox"/> <input type="checkbox"/> Instant Dissolve Strips <input type="checkbox"/> <input type="checkbox"/> Liquid <input type="checkbox"/> <input type="checkbox"/> Powders <input type="checkbox"/> <input type="checkbox"/> Rubs <input type="checkbox"/> <input type="checkbox"/> Tablets <input type="checkbox"/> <input type="checkbox"/>			BRANDS: Actifed <input type="checkbox"/> <input type="checkbox"/> Advil Cold & Sinus <input type="checkbox"/> <input type="checkbox"/> Aerius <input type="checkbox"/> <input type="checkbox"/> Allegra 12 Hour <input type="checkbox"/> <input type="checkbox"/> Allegra 24 Hour <input type="checkbox"/> <input type="checkbox"/> Allegra D <input type="checkbox"/> <input type="checkbox"/> Benadryl <input type="checkbox"/> <input type="checkbox"/> Breathe Right <input type="checkbox"/> <input type="checkbox"/> Chlor-tripolon <input type="checkbox"/> <input type="checkbox"/> Claritin <input type="checkbox"/> <input type="checkbox"/> Claritin Extra <input type="checkbox"/> <input type="checkbox"/> Contac <input type="checkbox"/> <input type="checkbox"/> Dayquil <input type="checkbox"/> <input type="checkbox"/> Dimetapp <input type="checkbox"/> <input type="checkbox"/> Dristan <input type="checkbox"/> <input type="checkbox"/> Hydrasense <input type="checkbox"/> <input type="checkbox"/> Neilmed <input type="checkbox"/> <input type="checkbox"/> Reactine <input type="checkbox"/> <input type="checkbox"/> Reactine Allergy & Sinus <input type="checkbox"/> <input type="checkbox"/> Silent Snooz <input type="checkbox"/> <input type="checkbox"/> Sinutab <input type="checkbox"/> <input type="checkbox"/> Sudafed <input type="checkbox"/> <input type="checkbox"/> Tylenol Allergy <input type="checkbox"/> <input type="checkbox"/> Tylenol Sinus <input type="checkbox"/> <input type="checkbox"/> Tylenol Sinus Pain & Congestion <input type="checkbox"/> <input type="checkbox"/>			TYPES: Chewable Tablet <input type="checkbox"/> <input type="checkbox"/> Effervescent <input type="checkbox"/> <input type="checkbox"/> Liquid <input type="checkbox"/> <input type="checkbox"/> Pill/Caplet <input type="checkbox"/> <input type="checkbox"/> Softgel Capsules <input type="checkbox"/> <input type="checkbox"/> Soft Chews <input type="checkbox"/> <input type="checkbox"/> Thin Strips <input type="checkbox"/> <input type="checkbox"/>		
YES <input type="checkbox"/> NO <input type="checkbox"/> None <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-9 <input type="checkbox"/> 10-14 <input type="checkbox"/> 15+ <input type="checkbox"/>			Prescriptions <input type="checkbox"/> <input type="checkbox"/> Store Brands <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>			BRANDS: Alka Seltzer <input type="checkbox"/> <input type="checkbox"/> Beano <input type="checkbox"/> <input type="checkbox"/> Bromo-Seltzer <input type="checkbox"/> <input type="checkbox"/> Diovol <input type="checkbox"/> <input type="checkbox"/> Eno <input type="checkbox"/> <input type="checkbox"/> Gas-X <input type="checkbox"/> <input type="checkbox"/> Gaviscon <input type="checkbox"/> <input type="checkbox"/> Maalox <input type="checkbox"/> <input type="checkbox"/> Mylanta <input type="checkbox"/> <input type="checkbox"/> Ovol <input type="checkbox"/> <input type="checkbox"/> Pepcid AC <input type="checkbox"/> <input type="checkbox"/> Pepcid Complete <input type="checkbox"/> <input type="checkbox"/> 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"/>		
YES <input type="checkbox"/> NO <input type="checkbox"/> None <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-9 <input type="checkbox"/> 10-14 <input type="checkbox"/> 15+ <input type="checkbox"/>			USED FOR: Acid Indigestion <input type="checkbox"/> <input type="checkbox"/> Acid Reflux <input type="checkbox"/> <input type="checkbox"/> Calcium Supplement <input type="checkbox"/> <input type="checkbox"/> Gas/Bloating <input type="checkbox"/> <input type="checkbox"/> Heartburn <input type="checkbox"/> <input type="checkbox"/> Upset Stomach <input type="checkbox"/> <input type="checkbox"/>					

PERSONAL CARE, HEALTH AND BEAUTY AIDS

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Weight Watchers	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																															
Natural/Organic	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																															
Other	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																															
EYEWEAR	PERSONALLY																																																																																																																																																																
	Bought Past 12 Months																																																																																																																																																																
EYEWEAR	PERSONALLY																																																																																																																																																																
	Bought Past 12 Months																																																																																																																																																																

PERSONAL CARE, HEALTH AND BEAUTY AIDS

MEDICAL CONDITIONS/ PRESCRIPTION REMEDIES	PERSONALLY USE/HAVE	SMOKING CESSATION PRODUCTS	PERSONALLY USED		VITAMINS, MINERALS, HERBAL & NUTRITIONAL SUPPLEMENTS	PERSONALLY
	Past 6 Months		Past 12 Months			Use
YES <input type="checkbox"/> NO <input type="checkbox"/> CONDITIONS: 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"/> Osteoporosis <input type="checkbox"/> Overactive Bladder <input type="checkbox"/> Ulcer <input type="checkbox"/> Ulcerative Colitis <input type="checkbox"/> KINDS: Anti-Arthritics <input type="checkbox"/> Anti-Asthmatics <input type="checkbox"/> Anti-Cholesterol <input type="checkbox"/> Anti-Depressants <input type="checkbox"/> Anti-Hypertensives <input type="checkbox"/> Anti-Migraine <input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Prescription Painkillers <input type="checkbox"/> BRANDS: Actonel <input type="checkbox"/> Alesse <input type="checkbox"/> Celebrex <input type="checkbox"/> Champix <input type="checkbox"/> Crestor <input type="checkbox"/> Detrol <input type="checkbox"/> Seasonale <input type="checkbox"/> Viagra <input type="checkbox"/> Yasmin <input type="checkbox"/> Other <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/> MULTI-VITAMINS 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"/> 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"/> Jamieson Vita-Vim 50+ <input type="checkbox"/> Centrum Advantage <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"/> Life Brand <input type="checkbox"/> Multi-Sure <input type="checkbox"/> Swiss Adult Vitamins <input type="checkbox"/> Store Brand <input type="checkbox"/> Health Food Store Brand <input type="checkbox"/> Other <input type="checkbox"/>	PERSONALLY USE		HERBAL SUPPLEMENTS: Chamomile <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 <input type="checkbox"/> Omega 3/Fish Oil <input type="checkbox"/> Plant Sterols <input type="checkbox"/> Probiotics <input type="checkbox"/> Saw Palmetto <input type="checkbox"/> St. John's Wort <input type="checkbox"/> Other <input type="checkbox"/>	
			Past 30 Days			
			PERSONALLY USE		VITAMINS, MINERALS, HERBAL & NUTRITIONAL SUPPLEMENTS	PERSONALLY BOUGHT
			Past 6 Months	Past 30 Days		Most Often
			PERSONALLY USE		BRANDS: Jamieson <input type="checkbox"/> <input type="checkbox"/> Webber <input type="checkbox"/> <input type="checkbox"/> Swiss <input type="checkbox"/> <input type="checkbox"/> A. Gagnon <input type="checkbox"/> <input type="checkbox"/> Nature's Bounty <input type="checkbox"/> <input type="checkbox"/> Sisu <input type="checkbox"/> <input type="checkbox"/> Quest <input type="checkbox"/> <input type="checkbox"/> Life <input type="checkbox"/> <input type="checkbox"/> Rexall <input type="checkbox"/> <input type="checkbox"/> Kirkland <input type="checkbox"/> <input type="checkbox"/> Health Balance <input type="checkbox"/> <input type="checkbox"/> Health Food Store Brand <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>	
			PERSONALLY USE			
			PERSONALLY USE		VITAMINS, MINERALS, HERBAL & NUTRITIONAL SUPPLEMENTS	
			PERSONALLY USE			
			PERSONALLY USE		USED: Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Less Often <input type="checkbox"/>	
			PERSONALLY USE			
			PERSONALLY USE		VITAMINS, MINERALS, HERBAL & NUTRITIONAL SUPPLEMENTS	
			PERSONALLY USE			
			PERSONALLY USE		VITAMINS & MINERALS: Vitamin A <input type="checkbox"/> Vitamin D <input type="checkbox"/> B Vitamins <input type="checkbox"/> Vitamin C <input type="checkbox"/> Vitamin E <input type="checkbox"/> Folic Acid <input type="checkbox"/> Calcium Magnesium <input type="checkbox"/> Calcium <input type="checkbox"/> Glucosamine/Chondroitin Sulfate <input type="checkbox"/> Coenzyme Q10 <input type="checkbox"/> Iron <input type="checkbox"/> Other <input type="checkbox"/>	
			PERSONALLY USE			
			PERSONALLY USE		HEALTH CARE	PERSONALLY VISITED
			PERSONALLY USE			Past 6 Months
			PERSONALLY USE		Acupuncturist <input type="checkbox"/> Aromatherapy <input type="checkbox"/> Chiropractor <input type="checkbox"/> Cosmetic Surgeon <input type="checkbox"/> Dentist <input type="checkbox"/> Dietician/Nutritionist <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"/>	
			PERSONALLY USE			
			PERSONALLY USE		COSMETIC FACIAL TREATMENTS	
			PERSONALLY USE			
			PERSONALLY USE		HAD DONE BY PHYSICIAN/SPECIALIST	
			PERSONALLY USE			
			PERSONALLY USE		TREATMENTS: 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 <input type="checkbox"/> —Juvederm <input type="checkbox"/> —Restylane <input type="checkbox"/> Laser Resurfacing <input type="checkbox"/> Non-Surgical Face Lift <input type="checkbox"/> Other <input type="checkbox"/>	
			PERSONALLY USE			

PERSONAL CARE, HEALTH AND BEAUTY AIDS

HOME HEALTH CARE PRODUCTS	YOU PERSONALLY	SUNTAN & SUNSCREEN PRODUCTS	PERSONALLY BOUGHT
	Have		Past 12 Months
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"/>		YES <input type="checkbox"/> NO <input type="checkbox"/> NUMBER OF CONTAINERS: 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6+ <input type="checkbox"/>	
INCONTINENCE PRODUCTS	PERSONALLY USED	SUNTAN & SUNSCREEN PRODUCTS	PERSONALLY BOUGHT
	Past 6 Months		Most Often Others Sometimes
YES <input type="checkbox"/> NO <input type="checkbox"/> BRANDS: Attends <input type="checkbox"/> Depend <input type="checkbox"/> Poise Pads <input type="checkbox"/> Other <input type="checkbox"/>		KINDS: Suntan Oil <input type="checkbox"/> <input type="checkbox"/> Sunscreen <input type="checkbox"/> <input type="checkbox"/> Self Tanner <input type="checkbox"/> <input type="checkbox"/> TYPES: SPF 1-14 <input type="checkbox"/> <input type="checkbox"/> SPF 15 <input type="checkbox"/> <input type="checkbox"/> SPF 16-35 <input type="checkbox"/> <input type="checkbox"/> SPF 36+ <input type="checkbox"/> <input type="checkbox"/> BRANDS: Avon <input type="checkbox"/> <input type="checkbox"/> Bain de Soleil <input type="checkbox"/> <input type="checkbox"/> Biotherm <input type="checkbox"/> <input type="checkbox"/> Clinique <input type="checkbox"/> <input type="checkbox"/> Coppertone <input type="checkbox"/> <input type="checkbox"/> Estée Lauder <input type="checkbox"/> <input type="checkbox"/> Hawaiian Tropic <input type="checkbox"/> <input type="checkbox"/> Johnsons Baby Oil <input type="checkbox"/> <input type="checkbox"/> Lancôme <input type="checkbox"/> <input type="checkbox"/> LaRoche Posay Anthelios <input type="checkbox"/> <input type="checkbox"/> L'Oreal Sublime Bronze <input type="checkbox"/> <input type="checkbox"/> Neutrogena <input type="checkbox"/> <input type="checkbox"/> Nivea <input type="checkbox"/> <input type="checkbox"/> Ombrelle <input type="checkbox"/> <input type="checkbox"/> Sea & Ski <input type="checkbox"/> <input type="checkbox"/> Vichy Capital Soleil <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>	
CONDOMS/ CONTRACEPTIVES	PERSONALLY BOUGHT		Past 6 Months
YES <input type="checkbox"/> NO <input type="checkbox"/>			
CONDOMS/ CONTRACEPTIVES	PERSONALLY BOUGHT		Most Often Others Sometimes
TYPES: Condoms —Regular <input type="checkbox"/> <input type="checkbox"/> —Textured <input type="checkbox"/> <input type="checkbox"/> —Thin/Sensitive <input type="checkbox"/> <input type="checkbox"/> —Flavours/Colours <input type="checkbox"/> <input type="checkbox"/> —Non-Latex <input type="checkbox"/> <input type="checkbox"/> Spermicidal Foams, Creams Or Jellies <input type="checkbox"/> <input type="checkbox"/> Birth Control Pills <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> BRANDS OF CONDOMS: Durex <input type="checkbox"/> <input type="checkbox"/> Durex Avanti <input type="checkbox"/> <input type="checkbox"/> Lifestyles <input type="checkbox"/> <input type="checkbox"/> Lifestyles Skyn <input type="checkbox"/> <input type="checkbox"/> One <input type="checkbox"/> <input type="checkbox"/> Trojan <input type="checkbox"/> <input type="checkbox"/> Trojan Elexa <input type="checkbox"/> <input type="checkbox"/> Trojan Her Pleasure <input type="checkbox"/> <input type="checkbox"/> Trojan Supra <input type="checkbox"/> <input type="checkbox"/> Trojan Magnum Large <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>			
SUNBURN/ AFTER SUN PRODUCTS	PERSONALLY BOUGHT		Past 12 Months
YES <input type="checkbox"/> NO <input type="checkbox"/> NUMBER OF CONTAINERS: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/> TYPES: Cream <input type="checkbox"/> Gel <input type="checkbox"/> Spray <input type="checkbox"/>			
INSECT REPELLENTS	PERSONALLY BOUGHT		Past 12 Months
YES <input type="checkbox"/> NO <input type="checkbox"/> NUMBER OF CONTAINERS: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6+ <input type="checkbox"/>			

COSMETICS, WOMEN'S PRODUCTS — WOMEN ONLY

MAKE-UP	PERSONALLY BOUGHT		FOUNDATION MAKE-UP	PERSONALLY USE		LIPSTICK, LIPLINER, LIP GLOSS	PERSONALLY USE	
	Past 30 Days			Most Often	Others Sometimes		Past 7 Days	
YES			BRANDS:			BRANDS:		
NO			Almay	<input type="checkbox"/>	<input type="checkbox"/>	Almay	<input type="checkbox"/>	
AMOUNT SPENT:			Avon	<input type="checkbox"/>	<input type="checkbox"/>	Annabelle	<input type="checkbox"/>	
\$1-4			Clinique	<input type="checkbox"/>	<input type="checkbox"/>	Avon	<input type="checkbox"/>	
\$5-9			Cover Girl	<input type="checkbox"/>	<input type="checkbox"/>	Bonne Bell	<input type="checkbox"/>	
\$10-19			Elizabeth Arden	<input type="checkbox"/>	<input type="checkbox"/>	Clinique	<input type="checkbox"/>	
\$20-49			Estée Lauder	<input type="checkbox"/>	<input type="checkbox"/>	Cover Girl	<input type="checkbox"/>	
\$50-99			Lancôme	<input type="checkbox"/>	<input type="checkbox"/>	Elizabeth Arden	<input type="checkbox"/>	
\$100+			L'Oreal	<input type="checkbox"/>	<input type="checkbox"/>	Estée Lauder	<input type="checkbox"/>	
WHERE BOUGHT:			Lise Watier	<input type="checkbox"/>	<input type="checkbox"/>	Lancôme	<input type="checkbox"/>	
Costco			MAC	<input type="checkbox"/>	<input type="checkbox"/>	L'Oreal	<input type="checkbox"/>	
Holt Renfrew			Marcelle	<input type="checkbox"/>	<input type="checkbox"/>	Lise Watier	<input type="checkbox"/>	
Sears			Maybelline	<input type="checkbox"/>	<input type="checkbox"/>	MAC	<input type="checkbox"/>	
The Bay			Physician's Formula	<input type="checkbox"/>	<input type="checkbox"/>	Marcelle	<input type="checkbox"/>	
Walmart			Revlon	<input type="checkbox"/>	<input type="checkbox"/>	Maybelline	<input type="checkbox"/>	
Zellers			Rimmel	<input type="checkbox"/>	<input type="checkbox"/>	NYC	<input type="checkbox"/>	
			<i>Other</i>	<input type="checkbox"/>	<input type="checkbox"/>	Personnelle	<input type="checkbox"/>	
						Quo	<input type="checkbox"/>	
Brunet						Revlon	<input type="checkbox"/>	
Famili-prix						Rimmel	<input type="checkbox"/>	
IDA						Wet 'n' Wild	<input type="checkbox"/>	
Jean Coutu						<i>Other</i>	<input type="checkbox"/>	
London Drugs								
Pharma Plus								
Pharmasave								
Shoppers Drug Mart/Pharmaprix								
Uniprix								
<i>Other Drug Store</i>								
Fruits et Passion								
Merle Norman								
The Body Shop								
Yves Rocher								
<i>Other Specialty Store</i>								
Loblaws/Loblaws Superstore								
Real Canadian Superstore								
Grocery Stores/Supermarkets								
<i>Other Stores</i>								
Mail Order								
FOUNDATION MAKE-UP	PERSONALLY USE		BLUSH	PERSONALLY USE		EYE SHADOW	PERSONALLY USE	
	Past 6 Months	Past 7 Days		Past 6 Months	Past 7 Days		Most Often	Others Sometimes
YES			YES	<input type="checkbox"/>		TYPES:		
NO			NO	<input type="checkbox"/>		Crayon/Pencil	<input type="checkbox"/>	<input type="checkbox"/>
NUMBER OF TIMES:			NUMBER OF TIMES:			Cream	<input type="checkbox"/>	<input type="checkbox"/>
None			None	<input type="checkbox"/>		Powder	<input type="checkbox"/>	<input type="checkbox"/>
1-2			1-2	<input type="checkbox"/>				
3-5			3-5	<input type="checkbox"/>				
6-9			6-9	<input type="checkbox"/>				
10-14			10-14	<input type="checkbox"/>				
15+			15+	<input type="checkbox"/>				
TYPES:			TYPES:					
Cream	<input type="checkbox"/>	<input type="checkbox"/>	Cream/Gel/Liquid	<input type="checkbox"/>				
Cream/Powder Compact	<input type="checkbox"/>	<input type="checkbox"/>	Powder/Cake	<input type="checkbox"/>				
Liquid	<input type="checkbox"/>	<input type="checkbox"/>						
Powder Compact	<input type="checkbox"/>	<input type="checkbox"/>						
Stick Foundation	<input type="checkbox"/>	<input type="checkbox"/>						
KINDS:								
Anti-Aging	<input type="checkbox"/>	<input type="checkbox"/>						
Long Wear	<input type="checkbox"/>	<input type="checkbox"/>						
With Sunscreen	<input type="checkbox"/>	<input type="checkbox"/>						
Regular	<input type="checkbox"/>	<input type="checkbox"/>						
LIPSTICK, LIPLINER, LIP GLOSS	PERSONALLY USE		EYE SHADOW	PERSONALLY USE		EYE LINER	PERSONALLY USE	
	Most Often	Others Sometimes		Past 6 Months	Past 7 Days		Most Often	Others Sometimes
YES			YES	<input type="checkbox"/>		NUMBER OF TIMES:		
NO			NO	<input type="checkbox"/>		None	<input type="checkbox"/>	
NUMBER OF TIMES:			NUMBER OF TIMES:			1-2	<input type="checkbox"/>	<input type="checkbox"/>
None			None	<input type="checkbox"/>		3-5	<input type="checkbox"/>	<input type="checkbox"/>
1-2			1-2	<input type="checkbox"/>		6-9	<input type="checkbox"/>	<input type="checkbox"/>
3-5			3-5	<input type="checkbox"/>		10-14	<input type="checkbox"/>	<input type="checkbox"/>
6-9			6-9	<input type="checkbox"/>		15+	<input type="checkbox"/>	<input type="checkbox"/>
10-14			10-14	<input type="checkbox"/>				
15+			15+	<input type="checkbox"/>				
TYPES:			TYPES:					
Lipstick	<input type="checkbox"/>	<input type="checkbox"/>	Lipstick	<input type="checkbox"/>				
Lip Gloss	<input type="checkbox"/>	<input type="checkbox"/>	Lip Gloss	<input type="checkbox"/>				
Lipstick With SPF	<input type="checkbox"/>	<input type="checkbox"/>	Lipstick With SPF	<input type="checkbox"/>				
Lipliner	<input type="checkbox"/>	<input type="checkbox"/>	Lipliner	<input type="checkbox"/>				

COSMETICS, WOMEN'S PRODUCTS — WOMEN ONLY

MASCARA	PERSONALLY USE		FEMININE HYGIENE/ CLEANSING & CARE	PERSONALLY USE	
	Past 6 Months	Times/ Past 7 Days		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"/>			KINDS: 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"/>		
MASCARA	PERSONALLY USE		TAMPONS	PERSONALLY USE	
	Most Often	Others Sometimes		Past 6 Months	Past 30 Days
TYPES: Regular <input type="checkbox"/> Waterproof <input type="checkbox"/> BRANDS: Almay <input type="checkbox"/> Annabelle <input type="checkbox"/> Avon <input type="checkbox"/> Bonne Bell <input type="checkbox"/> Clinique <input type="checkbox"/> Cover Girl <input type="checkbox"/> Dior <input type="checkbox"/> Elizabeth Arden <input type="checkbox"/> Estée Lauder <input type="checkbox"/> Lancôme <input type="checkbox"/> L'Oreal <input type="checkbox"/> Lise Watier <input type="checkbox"/> MAC <input type="checkbox"/> Marcelle <input type="checkbox"/> Mary Kay <input type="checkbox"/> Maybelline <input type="checkbox"/> Personnelle <input type="checkbox"/> Revlon <input type="checkbox"/> Rimmel <input type="checkbox"/> Other <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/> NUMBER OF TIMES: None <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-9 <input type="checkbox"/> 10-14 <input type="checkbox"/> 15+ <input type="checkbox"/>		
NAIL CARE PRODUCTS & POLISH	PERSONALLY USE		TAMPONS	PERSONALLY USE	
	Past 6 Months	Past 7 Days		Most Often	Others Sometimes
YES <input type="checkbox"/> NO <input type="checkbox"/> NUMBER OF TIMES: None <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-9 <input type="checkbox"/> 10-14 <input type="checkbox"/> 15+ <input type="checkbox"/> TYPES: Basecoat <input type="checkbox"/> Polish <input type="checkbox"/> Strengthener/Hardener <input type="checkbox"/> Topcoat <input type="checkbox"/> Remover <input type="checkbox"/> False Nails <input type="checkbox"/>			APPLICATOR: Plastic <input type="checkbox"/> Cardboard/Flushable <input type="checkbox"/> No Applicator <input type="checkbox"/> BRANDS: Kotex <input type="checkbox"/> o.b. —Regular <input type="checkbox"/> —Multipack <input type="checkbox"/> —Pro Comfort <input type="checkbox"/> —SilkEase <input type="checkbox"/> —To Go <input type="checkbox"/> Playtex —Beyond <input type="checkbox"/> —Portables <input type="checkbox"/> —Sport <input type="checkbox"/> —Soft Comfort <input type="checkbox"/> Tampax —Cardboard <input type="checkbox"/> —Compak <input type="checkbox"/> —Multipack <input type="checkbox"/> —Pearl <input type="checkbox"/> —Satin/Satin Teen <input type="checkbox"/> Store Brands <input type="checkbox"/> Other <input type="checkbox"/>		
FEMININE HYGIENE/ CLEANSING & CARE	PERSONALLY USE				
	Past 6 Months	Past 30 Days			
YES <input type="checkbox"/> NO <input type="checkbox"/> NUMBER OF TIMES: None <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-9 <input type="checkbox"/> 10-14 <input type="checkbox"/> 15+ <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"/> NUMBER OF TIMES: None <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-9 <input type="checkbox"/> 10-14 <input type="checkbox"/> 15-29 <input type="checkbox"/> 30+ <input type="checkbox"/>		
SANITARY NAPKINS	PERSONALLY USE		IN-HOME PREGNANCY TEST	PERSONALLY USE		MENOPAUSE REMEDIES	PERSONALLY USE	
	Most Often	Others Sometimes		Most Often	Others Sometimes		Past 6 Months	Past 30 Days
TYPES: Thick <input type="checkbox"/> <input type="checkbox"/> Ultra-thin <input type="checkbox"/> <input type="checkbox"/> KINDS: Wings <input type="checkbox"/> <input type="checkbox"/> Non-wings <input type="checkbox"/> <input type="checkbox"/> BRANDS: Always <input type="checkbox"/> <input type="checkbox"/> Incognito <input type="checkbox"/> <input type="checkbox"/> Kotex <input type="checkbox"/> <input type="checkbox"/> Stayfree/Stayfree Prima <input type="checkbox"/> <input type="checkbox"/> Store Brand <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>			TYPES: Non Digital Tests <input type="checkbox"/> <input type="checkbox"/> Digital Tests <input type="checkbox"/> <input type="checkbox"/> BRANDS: First Response <input type="checkbox"/> <input type="checkbox"/> Clearblue <input type="checkbox"/> <input type="checkbox"/> Private Label <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>			TYPES: Patches <input type="checkbox"/> Pills <input type="checkbox"/> Other <input type="checkbox"/> KINDS: 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 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"/> NUMBER OF TIMES: None <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-9 <input type="checkbox"/> 10+ <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/> NUMBER OF TIMES: 1 <input type="checkbox"/> 2-4 <input type="checkbox"/> 5+ <input type="checkbox"/>		
PANTILINERS	PERSONALLY USE		PRE-MENSTRUAL OR PERIOD PAIN REMEDIES	PERSONALLY USE		YEAST INFECTION PRODUCTS	PERSONALLY USE	
	Most Often	Others Sometimes		Most Often	Others Sometimes		Most Often	Others Sometimes
TYPES: Regular <input type="checkbox"/> <input type="checkbox"/> Long <input type="checkbox"/> <input type="checkbox"/> Thong <input type="checkbox"/> <input type="checkbox"/> KINDS: Black <input type="checkbox"/> <input type="checkbox"/> White <input type="checkbox"/> <input type="checkbox"/> BRANDS: Alldays/Always <input type="checkbox"/> <input type="checkbox"/> Carefree <input type="checkbox"/> <input type="checkbox"/> Incognito <input type="checkbox"/> <input type="checkbox"/> Kotex Lightdays <input type="checkbox"/> <input type="checkbox"/> Store Brand <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>			BRANDS: Advil <input type="checkbox"/> <input type="checkbox"/> Advil Extra Strength <input type="checkbox"/> <input type="checkbox"/> Midol <input type="checkbox"/> <input type="checkbox"/> —Teen <input type="checkbox"/> <input type="checkbox"/> —PMS Extra Strength <input type="checkbox"/> <input type="checkbox"/> —Menstrual Extra Strength <input type="checkbox"/> <input type="checkbox"/> Motrin Extra/Super Extra <input type="checkbox"/> <input type="checkbox"/> Strength <input type="checkbox"/> <input type="checkbox"/> Pamprin <input type="checkbox"/> <input type="checkbox"/> Tylenol <input type="checkbox"/> <input type="checkbox"/> —Regular <input type="checkbox"/> <input type="checkbox"/> —8 Hour <input type="checkbox"/> <input type="checkbox"/> —Menstrual <input type="checkbox"/> <input type="checkbox"/> Store Brand <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> USED FOR: Backaches <input type="checkbox"/> <input type="checkbox"/> Bloating <input type="checkbox"/> <input type="checkbox"/> Breast Tenderness <input type="checkbox"/> <input type="checkbox"/> Cramps <input type="checkbox"/> <input type="checkbox"/> Headaches <input type="checkbox"/> <input type="checkbox"/> Mood Swing/Irritability <input type="checkbox"/> <input type="checkbox"/>			KINDS: Cream <input type="checkbox"/> <input type="checkbox"/> Ovule <input type="checkbox"/> <input type="checkbox"/> Tablet <input type="checkbox"/> <input type="checkbox"/> BRANDS: Canesten <input type="checkbox"/> <input type="checkbox"/> Monistat <input type="checkbox"/> <input type="checkbox"/> Store Brand <input type="checkbox"/> <input type="checkbox"/> Vagisil <input type="checkbox"/> <input type="checkbox"/> Natural Remedy <input type="checkbox"/> <input type="checkbox"/> Probaclac <input type="checkbox"/> <input type="checkbox"/> Diflucan Oral <input type="checkbox"/> <input type="checkbox"/> Other Prescription Oral <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>		