

Phase 2 Questionnaire

UFN:

UPN:

Interview Date:

Section A: Occupational History

The next questions ask about jobs you may have had over your lifetime. This includes full-time, part-time and seasonal jobs that you did for pay. If you had a major job change while working for the same employer, such as a promotion to a supervisory position, please treat that like a separate job.

A1: What was your working status in January?

select all that apply

- ☐ Working for pay at a job or business
- ☐ Temporarily laid-off from a job or business
- ☐ Unemployed and currently looking for work
- ☐ Unemployed and not currently looking for work
- ☐ Full-time homemaker, not currently looking for work outside home
- ☐ Part-time student
- ☐ Full-time student
- ☐ Retired
- ☐ Other (specify): _____
- ☐ Prefer not to answer

A2: What is your current working status?

select all that apply

- ☐ Working for pay at a job or business
- ☐ Temporarily laid-off from a job or business
- ☐ Unemployed and currently looking for work
- ☐ Unemployed and not currently looking for work
- ☐ Full-time homemaker, not currently looking for work outside home
- ☐ Part-time student
- ☐ Full-time student
- ☐ Retired
- ☐ Other (specify): _____
- ☐ Prefer not to answer

A3: Since age 18, how many paid jobs have you had where you worked at least 20 hours per week?

If you currently are working, include your current job in this count. If you have never had a job where you worked at least 20 hours a week, please enter '0'.

_____ jobs

A4: For each job where you worked at least 20 hours per week, please fill in the column(s) below:

(table displays for number of jobs indicated in Question B3)

	JOB #1	JOB #2
What is the industry or field of this job?	<input type="radio"/> Sales & related <input type="radio"/> Service <input type="radio"/> Office & administrative <input type="radio"/> Installation, maintenance & repair <input type="radio"/> Construction & extraction <input type="radio"/> Transportation & material moving <input type="radio"/> Production <input type="radio"/> Healthcare practitioner & technical <input type="radio"/> Education, legal, community service, arts & media <input type="radio"/> Computer, engineering & science <input type="radio"/> Management, business & financial <input type="radio"/> Farming, fishing & forestry <input type="radio"/> Military <input type="radio"/> Other	<input type="radio"/> Sales & related <input type="radio"/> Service <input type="radio"/> Office & administrative <input type="radio"/> Installation, maintenance & repair <input type="radio"/> Construction & extraction <input type="radio"/> Transportation & material moving <input type="radio"/> Production <input type="radio"/> Healthcare practitioner & technical <input type="radio"/> Education, legal, community service, arts & media <input type="radio"/> Computer, engineering & science <input type="radio"/> Management, business & financial <input type="radio"/> Farming, fishing & forestry <input type="radio"/> Military <input type="radio"/> Other
What month/year did you start working at this job?	____/____ mm/yyyy	____/____ mm/yyyy
What month/year did you stop working at this job? If you are still working at this job, write 'present'	____/____ mm/yyyy	____/____ mm/yyyy
How many hours did you usually work at this job?	_____ hours per week	_____ hours per week
Did you work irregular hours or rotating shifts at this job?	<input type="radio"/> No, I worked regular hours <input type="radio"/> Irregular hours <input type="radio"/> Rotating shifts	<input type="radio"/> No, I worked regular hours <input type="radio"/> Irregular hours <input type="radio"/> Rotating shifts
Did you work night shifts at this job?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
While working at this job, which of the following best describes your usual physical activity?	<input type="radio"/> Mostly sitting, with some standing and/or walking <input type="radio"/> Sitting and standing equally (may include some walking) <input type="radio"/> Mostly standing with some walking <input type="radio"/> Continuous walking or other movements that increase your heart rate slightly <input type="radio"/> Heavy manual labour that causes sweating and increases your heart rate substantially	<input type="radio"/> Mostly sitting, with some standing and/or walking <input type="radio"/> Sitting and standing equally (may include some walking) <input type="radio"/> Mostly standing with some walking <input type="radio"/> Continuous walking or other movements that increase your heart rate slightly <input type="radio"/> Heavy manual labour that causes sweating and increases your heart rate substantially

<p>While working at this job, did/do you regularly? <i>Select all that apply</i></p>	<input type="checkbox"/> Work in dusty conditions <input type="checkbox"/> Breathe in chemical vapours or fumes (Go to next section) <input type="checkbox"/> Get chemicals or oils on your skin or clothing (Go to next section) <input type="checkbox"/> Come in contact with solvents or degreasers clothing (Go to next section) <input type="checkbox"/> Come in contact with metal chips, metal dust, or metal fumes clothing (Go to next section) <input type="checkbox"/> Come in contact with pesticides clothing (Go to next section) <input type="checkbox"/> Use cleaning solutions (not counting dish or laundry detergent) clothing (Go to next section) <input type="checkbox"/> Travel in a vehicle clothing (Go to next section) <input type="checkbox"/> None of the above clothing (Go to next section)	<input type="checkbox"/> Work in dusty conditions <input type="checkbox"/> Breathe in chemical vapours or fumes (Go to next section) <input type="checkbox"/> Get chemicals or oils on your skin or clothing (Go to next section) <input type="checkbox"/> Come in contact with solvents or degreasers clothing (Go to next section) <input type="checkbox"/> Come in contact with metal chips, metal dust, or metal fumes clothing (Go to next section) <input type="checkbox"/> Come in contact with pesticides clothing (Go to next section) <input type="checkbox"/> Use cleaning solutions (not counting dish or laundry detergent) clothing (Go to next section) <input type="checkbox"/> Travel in a vehicle clothing (Go to next section) <input type="checkbox"/> None of the above clothing (Go to next section)
<p>If you worked in dusty conditions, was the dust from...</p>	<input type="checkbox"/> Sand or rock <input type="checkbox"/> Concrete, brick or mortar <input type="checkbox"/> Soil <input type="checkbox"/> Grain, animal bedding or manure <input type="checkbox"/> Flour <input type="checkbox"/> Clay ceramics or enamel <input type="checkbox"/> Wood dust <input type="checkbox"/> Rubber or plastic <input type="checkbox"/> Metal <input type="checkbox"/> Other materials (specify): _____	<input type="checkbox"/> Sand or rock <input type="checkbox"/> Concrete, brick or mortar <input type="checkbox"/> Soil <input type="checkbox"/> Grain, animal bedding or manure <input type="checkbox"/> Flour <input type="checkbox"/> Clay ceramics or enamel <input type="checkbox"/> Wood dust <input type="checkbox"/> Rubber or plastic <input type="checkbox"/> Metal <p>Other materials (specify): _____</p>

COPY TABLE AS MANY TIMES AS NEEDED FOR THE NUMBER OF JOBS FROM QUESTION B3

Section B: Residential History

B1: Please fill in the table below for each of your current and previous residences. Please provide as much information as you remember

	What is the full street address of the residence where you live(d)	To the best of your recollection, what year or age did you start living at this address
Currently	City: _____ State: _____ Postcode: _____ <input type="radio"/> Lived outside of Australia (specify country): _____ <input type="radio"/> Don't know <input type="radio"/> Prefer not to answer	<input type="radio"/> Year started: _____ <input type="radio"/> Age started: _____ <input type="radio"/> Don't know <input type="radio"/> Prefer not to answer
Ages 20-29	City: _____ State: _____ Postcode: _____ <input type="radio"/> Lived outside of Australia (specify country): _____ <input type="radio"/> Don't know <input type="radio"/> Prefer not to answer	<input type="radio"/> Year started: _____ <input type="radio"/> Age started: _____ <input type="radio"/> Don't know <input type="radio"/> Prefer not to answer
Ages 14-19	City: _____ State: _____ Postcode: _____ <input type="radio"/> Lived outside of Australia (specify country): _____ <input type="radio"/> Don't know <input type="radio"/> Prefer not to answer	<input type="radio"/> Year started: _____ <input type="radio"/> Age started: _____ <input type="radio"/> Don't know <input type="radio"/> Prefer not to answer
Before age 14	City: _____ State: _____ Postcode: _____ <input type="radio"/> Lived outside of Australia (specify country): _____ <input type="radio"/> Don't know <input type="radio"/> Prefer not to answer	<input type="radio"/> Year started: _____ <input type="radio"/> Age started: _____ <input type="radio"/> Don't know <input type="radio"/> Prefer not to answer

Section C: Hair Product and Personal Care Product Use

The next questions ask about products you may have used during two time periods – in the past 12 months and before age 14.

You may need to look at the labels of products you are currently using to answer some of the questions. Unless the question specifically asks about applying the products to others, we are interested in products you personally used on or for yourself. This includes times when someone else may have applied a product to you (such as at a salon).

Hair Product Use in the Past 12 Months

The next questions ask about your hair product use in the past 12 months. If the past 12 months were not representative of your typical hair product use, please respond according to your typical usage.

If you do not know what a product is, please select 'did not use'.

C1: In the <u>past 12 months</u>, how frequently have you or someone else applied the following products to your hair?	Did not use	Less than once a month	1-3 times per month	1-5 times per week	More than 5 times per week
Hair oils	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hair lotion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Root stimulator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leave-in conditioner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hair styling products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hair conditioner rinse, crème rinse, or detangler rinse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pomade or hair grease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hair food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C2: In the <u>past 12 months</u>, how frequently have you or someone else applied the following products to your hair?	Did not use	1-2 times a year	Every 3-4 months	Every 5-8 weeks	Once a month	More than once a month
Hair perms or relaxers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Permanent hair dye (the type that shows your hair 'roots' as the colour grows out)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Semi-permanent hair dye (the type that fades in 6-8 weeks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hair colouring rinses (often shampooed in, fades after several washings)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Products to bleach your hair (do not include 'sun in' type products)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frost or highlights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Follow-up questions if response in the grid indicates any use in the past 12 months:

Hair perms or relaxers ➤

C3: In the past 12 months, when you or someone else applied hair perms or relaxers to your hair, did you use at home kits or did you go to a salon?

- ☐ At-home kit
- ☐ Salon
- ☐ Both at-home kit and salon
- ☐ Don't know

Permanent hair dye ➤

C4: In the past 12 months, what colours of permanent hair dye have you usually used?

- ☐ Dark colours (black, brown, auburn/dark red)
- ☐ Light colours (blonde, light red)
- ☐ Both dark colours and light colours

C5: How many years in total have you used permanent hair dye?

- ☐ Less than 5 years
- ☐ 5-9 years
- ☐ 10 years or more

Semi-permanent hair dye ➤

C6: In the past 12 months, what colours of semi-permanent hair dye have you usually used?

- ☐ Dark colours (black, brown, auburn/dark red)
- ☐ Light colours (blonde, light red)
- ☐ Both dark colours and light colours

C7: How many years in total have you used semi-permanent hair dye?

- ☐ Less than 5 years
- ☐ 5-9 years
- ☐ 10 years or more

C8: In the past 12 months, how frequently have you applied the following products to someone else's hair?

Please do not include times you did this as part of a job.

Did not use	1-2 times a year	Every 3-4 months	Every 5-8 weeks	Once a month	More than once a month
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Permanent hair dye (the type that shows your hair 'roots' as the colour grows out)
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☐☐☐☐☐☐

Semi-permanent hair dye (the type that fades in 6-8 weeks)
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☐☐☐☐☐☐

Personal Care Product Use in the Past 12 Months

The next questions ask about your personal care product use in the past 12 months. If the past 12 months were not representative of your typical personal care product use, please respond according to your typical usage.

If you do not know what a product is, please select "did not use".

C9: In the <u>past 12 months</u> , how frequently have you used the following products?	Did not use	Less than once a month	1-3 times per month	1-5 times per week	More than 5 times per week
Cleansing cream (do not include astringents or alcohol-based products)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Face creams or moisturisers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Baby oil or other mineral-based oils	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Petroleum jelly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Body lotions or creams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hand lotions or creams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foot creams or moisturizers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deodorant and/or antiperspirant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talcum powder under your arms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mouthwash or rinse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bath or shower gel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shaving creams or gels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Perfume or cologne	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hand sanitiser	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eyelash mascara	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eyeshadow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eyeliners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lipstick	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lip moisturisers (like Chapstick or gloss)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foundation makeup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blush or rouge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Makeup remover	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facial masks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anti-aging or wrinkle products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age spot lighteners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blemish or acne products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skin lighteners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-tanning products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Follow-up questions if response in the grid indicates any use in the past 12 months:

Deodorant and/or antiperspirant ➤

C10: In the past 12 months, what types of deodorant and/or antiperspirant have you usually used?

select all that apply

- ☐ Spray
- ☐ Solid
- ☐ Liquid
- ☐ Gel
- ☐ Cream

C11: In the past 12 months, did you usually use...?

- ☐ Deodorant only
- ☐ Antiperspirant only
- ☐ Deodorant and antiperspirant combined

Talcum powder ➤

C12: In the past 12 months, what types of talcum powder have you usually used under your arms?

- ☐ Powder
- ☐ Spray
- ☐ Both powder and spray

Perfume or cologne ➤

C13: In the past 12 months, what types of perfume or cologne have you usually used?

- ☐ Spray
- ☐ Non-spray
- ☐ Both spray and non-spray

Eyeshadow ➤

C14: In the past 12 months, what types of eyeshadow have you usually used?

select all that apply

- ☐ Cream
- ☐ Powder
- ☐ Pencil
- ☐ Liquid

Eyeliner ➤

C15: In the past 12 months, what types of eyeliner have you usually used?

- ☐ Pencil (including gel)
- ☐ Liquid
- ☐ Both pencil (including gel) and liquid

Foundation makeup ➤

C16: In the past 12 months, what types of foundation makeup have you usually used?

select all that apply

- ☐ Cream
- ☐ Powder
- ☐ Liquid

Blush or rouge ➤

C17: In the past 12 months, what types of blush or rouge have you usually used?

select all that apply

- ☐ Cream
- ☐ Powder
- ☐ Liquid
- ☐ Gel

Blemish or acne products ➤

C18: In the past 12 months, what types of blemish or acne products have you usually used?

select all that apply

- ☐ Cream or lotion
- ☐ Liquid
- ☐ Powder
- ☐ Gel

Skin lighteners ➤

C19: In the past 12 months, what types of skin lighteners have you usually used?

- ☐ Spray
- ☐ Cream or lotion
- ☐ Both spray and cream/lotion

C20: In the past 12 months, how frequently have you or someone else applied the following products to your fingernails or toenails?	Did not use	1-3 times per year	Every 2-3 months	1-3 times per month	Every week
Nail polish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Artificial nails or fill-ins	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cuticle cream	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Follow-up questions if response in the grid indicates any use in the past 12 months:

Nail polish ➤

C21: In the past 12 months, what types of nail polish have you or someone else applied to your fingernails or toenails?

select all that apply

- ☐ Gel nail polish (nail polish that requires a UV light)
- ☐ 7-free nail polish (nail polish without 3 common chemicals and without 4 dangerous chemicals often found in traditional nail polish)
- ☐ Traditional nail polish
- ☐ Other (specify): _____
- ☐ Don't know

Hair Product Use Before Age 14

The next questions ask about your hair product use before age 14.

If you do not know what a product is, please select 'did not use'.

C22: Before you turned 14, how frequently did you or someone else apply the following products to your hair?	Did not use	Sometimes	Frequently	Don't know
Hair oils	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hair lotion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Root stimulator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leave-in conditioner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hair styling products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hair conditioner rinse, crème rinse, or detangler rinse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pomade or hair grease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hair food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hair perms or relaxers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Permanent hair dye (the type that shows your hair 'roots' as the colour grows out)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Semi-permanent hair dye (the type that fades in 6-8 weeks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hair colouring rinses (often shampooed in, fades after several washings)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Products to bleach your hair (do not include 'sun in' type products)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frost or highlights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C23: Before you turned 14, how often did you apply the following products to someone else's hair?

Please do not include times you did this as part of a job.

Did not use

Sometimes

Frequently

Don't know

Permanent hair dye (the type that shows your hair 'roots' as the colour grows out)

☐
☐
☐
☐

Semi-permanent hair dye (the type that fades in 6-8 weeks)

☐
☐
☐
☐

Personal Care Product Use Before Age 14

The next questions ask about your personal care product use before age 14.

If you do not know what a product is, please select 'did not use'.

C24: Before you turned 14, how frequently did you use the following products?

Did not use

Sometimes

Frequently

Don't know

Cleansing cream (Do not include astringents or alcohol-based products)

☐
☐
☐
☐

Face creams or moisturisers

☐
☐
☐
☐

Baby oil or other mineral-based oils

☐
☐
☐
☐

Petroleum jelly

☐
☐
☐
☐

Body lotions or creams

☐
☐
☐
☐

Hand lotions or creams

☐
☐
☐
☐

Foot creams or moisturisers

☐
☐
☐
☐

Deodorant and/or antiperspirant

☐
☐
☐
☐

Talcum powder under your arms

☐
☐
☐
☐

Mouthwash or rinse

☐
☐
☐
☐

Bath or shower gel

☐
☐
☐
☐

Shaving creams or gels

☐
☐
☐
☐

Perfume or cologne

☐
☐
☐
☐

Hand sanitiser

☐
☐
☐
☐

Eyeshadow

☐
☐
☐
☐

Eyeshadow

☐
☐
☐
☐

Eyeshadow

☐
☐
☐
☐

Lipstick

☐
☐
☐
☐

Lip moisturisers (like Chapstick or gloss)

☐
☐
☐
☐

Foundation makeup

☐
☐
☐
☐

Blush or rouge

☐
☐
☐
☐

Makeup remover

☐
☐
☐
☐

Facial masks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blemish or acne products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skin lighteners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-tanning products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C25: <u>Before you turned 14</u>, how often did you or someone else apply the following products to your fingernails or toenails?	Did not use	Sometimes	Frequently	Don't know
Nail polish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Artificial nails or fill-ins	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cuticle cream	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>