

National Children's Study

Child Hair Data Collection Form

Part A: Administrative	
Date: _ _ _ / _ _ _ / _ 2_ 0_ _ _	Site ID: _ _ _ _ _ _
Assignment ID: _ _ _ _ _ _ _ _	Participant's age _ _ months
Participant ID: _ _ _ _ _ _ _ _	Visit type
Data Collector ID: _ _ _ _ _ _	<input type="checkbox"/> 12 Months <input type="checkbox"/> 36 Months <input type="checkbox"/> 60 Months
Part B: Hair Collection Questions	
1) Does _____ (child's name) have a hair weave or use a wig?	
<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No (Go to Q 3) <input type="checkbox"/> 97 Refuse (Go to Q 3) <input type="checkbox"/> 98 Don't Know (Go to Q 3)	
2) Is _____ (child's name) able to provide a hair sample today?	
<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No (END) <input type="checkbox"/> 97 Refuse (END) <input type="checkbox"/> 98 Don't Know (END)	
3) Has _____ (child's name) hair been treated with a hair dye or hair color within the last 3 months?	
<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 97 Refuse <input type="checkbox"/> 98 Don't Know	
4) Has _____ (child's name) hair been given a permanent or treated with a hair straightener within the last 3 months?	
<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 97 Refuse <input type="checkbox"/> 98 Don't Know	
5) Has _____ (child's name) used shampoo or conditioner on his/her hair in the last 24 hours?	
<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No (Go to Q 7) <input type="checkbox"/> 97 Refuse (Go to Q 7) <input type="checkbox"/> 98 Don't Know (Go to Q 7)	

6) Has _____ (child's name) used any of the following dandruff shampoos or conditioners in the last 24 hours?

<input type="checkbox"/>	1	Head and Shoulders
<input type="checkbox"/>	2	Denorex
<input type="checkbox"/>	3	Dermarest
<input type="checkbox"/>	4	Selsun Blue
<input type="checkbox"/>	96	Other, Specify _____
<input type="checkbox"/>	97	Refused
<input type="checkbox"/>	98	Don't Know

7) Has _____ (child's name) used other hair care products?

<input type="checkbox"/>	1	Yes, Specify _____	<input type="checkbox"/>	2	No
<input type="checkbox"/>	97	Refused	<input type="checkbox"/>	98	Don't Know

Part C: Hair Collection

Kit ID: |_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Hair collection item ID _____ _____ _____ _____ _____ _____ _____ _____	Collection Status (Select one)
	Collected <input type="checkbox"/> 1 Not Collected <input type="checkbox"/> 2
Reason for Not Done/Partial (Select one)	
Physical Limitations <input type="checkbox"/> 1	
Participant Ill/Emergency <input type="checkbox"/> 2	
Defective Collection Kit <input type="checkbox"/> 3	
Communication Problem <input type="checkbox"/> 4	
No Time <input type="checkbox"/> 5	
Quantity not sufficient <input type="checkbox"/> 6	
Other Specify _____ <input type="checkbox"/> 96	
Refused <input type="checkbox"/> 97	
Don't know <input type="checkbox"/> 98	

Location of hair collection	Back of neck <input type="checkbox"/> 1 Multiple sites <input type="checkbox"/> 2
-----------------------------	--

Hair Comment: _____

