

OMB#: 0925:xxxx
Expiration Date: xx/xxx

National Children's Study

Adult Hair Data Collection Form

Part A: Administrative	
Date: / / 2__0__ Time collection started: : : ☐ 1 am ☐ 2 pm Time collection stopped: : : ☐ 1 am ☐ 2 pm Assignment ID: Participant ID: Data Collector ID: Site ID: Visit location: ☐ 1 Home ☐ 2 Clinic/Office Participant's age years	Section Status (Select one) Complete ☐ 1 Partial Complete ☐ 2 Not Done ☐ 3 Reason for Not Done/Partial (Select one) SP Refusal ☐ 1 SP III/Emergency ☐ 3 No Time ☐ 4 Safety Exclusion ☐ 10 Quantity Not Sufficient ☐ 14 Defective Collection Kit ☐ 15 Language Issue, Spanish ☐ 17 Language Issue, Non-Spanish ☐ 18 Cognitive Disability ☐ 20 No Time (no appt. set for next data collection) ☐ 25 Other Specify _____ ☐ 96 Visit type ☐ P1 ☐ T1 Mom ☐ T1 Prior ☐ T1 Dad ☐ T3 First ☐ T3 Prior
Part B: Hair Collection Questions	
1) Do you have a hair weave or use a wig? ☐ 1 Yes (Go to Part C) ☐ 2 No ☐ 97 Refuse ☐ 98 Don't Know	
2) Has your hair been treated with a hair dye or hair color within the last 3 months? ☐ 1 Yes ☐ 2 No ☐ 97 Refuse ☐ 98 Don't Know	
3) Has your hair been given a permanent or treated with a hair straightener within the last 3 months? ☐ 1 Yes ☐ 2 No ☐ 97 Refuse ☐ 98 Don't Know	

Public reporting burden for this collection of information is estimated to average 6 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-xxxx*). Do not return the completed form to this address.

4) Have you used shampoo or conditioner on your hair in the last 24 hours? ☐ 1 Yes ☐ 2 No (Go to Q 6) ☐ 97 Refuse (Go to Q 6) ☐ 98 Don't Know (Go to Q 6)	
5) Have you used any of the following dandruff shampoos or conditioners in the last 24 hours? ☐ 1 Head and Shoulders ☐ 2 Denorex ☐ 3 Dermarest ☐ 4 Selsun Blue ☐ 96 Other, Specify _____ ☐ 97 Refused ☐ 98 Don't Know	
6) Have you used other hair care products? ☐ 1 Yes, Specify _____ ☐ 97 Refused ☐ 2 No ☐ 98 Don't Know	
Part C: Hair Collection	
Kit ID: (Affix Pre-printed Hair Kit ID Label Here)	
HRC-0001	Collection Status (Select one) ☐ 1 Collected ☐ 2 Not Collected Reason for Not Collected (Select one) ☐ 1 Participant Ill/Emergency ☐ 2 Defective Collection Kit ☐ 3 Communication Problem ☐ 4 No Time ☐ 5 Quantity Not Sufficient ☐ 6 Hair Weave/ Wig ☐ 96 Other (Specify) _____ ☐ 97 Refused
Location of hair collection ☐ 1 Back of neck ☐ 2 Multiple sites	
Hair Comment: _____ _____ _____	

Initials QC
