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

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 _____ ☐ 2 No
☐ 97 Refused ☐ 98 Don't Know

Part C: Hair Collection

Kit ID: (Affix Pre-printed Hair Kit ID Label Here)

HRC-0001

Collection Status (Select one)

Collected ☐ 1
Not Collected ☐ 2

Reason for Not Collected (Select one)

Participant III/Emergency ☐ 1
Defective Collection Kit ☐ 2
Communication Problem ☐ 3
No Time ☐ 4
Quantity Not Sufficient ☐ 5
Hair Weave/ Wig ☐ 6
Other (Specify)_____ ☐ 96
Refused ☐ 97

Location of hair collection

Back of neck ☐ 1
Multiple sites ☐ 2

Hair Comment: _____

_____

_____

Initials QC

_____