EDEN FRAGRANCE STUDY QUESTIONNAIRE
Version: November 7, 2008

Date dd mm yyyy

Interviewer_____________________
City of residence_________________
Center |___|

I. Demographic

1. Name and/or Code:___________________________________________________________

2. Sex:
   • Male
   • Female

3. Ethnic Group:
   • White
   • Mixed
     • White and Black Caribbean
     • White and Black African
     • White and Asian
     • Other
   • Chinese
   • Asian
   • Black:
     • Caribbean
     • African
     • Other
   • Other
4. Colour of eyes:
   - Black
   - Dark brown
   - Light brown
   - Green brown
   - Green
   - Gray-hazel
   - Blue
   - Other

5. Natural colour of hair:
   - Black
   - Dark brown
   - Brown-Red
   - Light brown
   - Blond
   - Red
   - Other

6. Age:
   
7. Marital status:
   - Married / Common-law husband/wife
   - Divorced / Widowed
   - Other

8. Number of Children:
   
10. Number Living in Household:
   

10. Occupational status:

- Working
- Student
- Unemployed /searching for a job
- Retired
- Disability pension
- Housewife / Househusband
- Other

11. Present or Last Occupation:

- Never worked
- Legislators, Senior Officials and Managers
- Professionals
- Technicians and Associate Professionals
- Clerks
- Service workers and Shop and Market sales workers
- Skill Agricultural and Fishery workers
- Craft and related workers
- Plant and Machine operators and Assemblers
- Elementary occupations
- Armed Forces
- Other

Specify ___________________________________________ _______________

12. Highest Level of Education:

- Compulsory Education not completed
- Compulsory Education
- High school:
  - Vocational training
  - University training
- First Level Degree (Bachelor degree, journalism, nurse training,....)
- Second Level Degree (Magister degree, master, PhD,....)
13. Smoking habits:
   - Smoker
   - Ex-smoker (at least one year abstinence)
   - Non-smoker

14. Weight (in kilos):
   

15. Height (in metres):
   

   . . .
II. Clinical

The next three questions concern possible localized itchy skin rash, lasting for more than three days and associated with itching. Please, don’t consider possible irritation/itchy due to any stings or exanthematic diseases (e.g. varicella, rubella, measles, etc.)

1. During the last month, have you had a localized itchy skin rash lasting for more than three days?

   YES  NO  UNKNOWN

If yes, please specify:

<table>
<thead>
<tr>
<th>On which of the following localization?</th>
<th>For this problem, did you receive a physician’s diagnosis?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES</td>
</tr>
<tr>
<td>Face and head</td>
<td></td>
</tr>
<tr>
<td>Neck and upper chest</td>
<td></td>
</tr>
<tr>
<td>Axillae</td>
<td></td>
</tr>
<tr>
<td>Upper limbs</td>
<td></td>
</tr>
<tr>
<td>Hands</td>
<td></td>
</tr>
<tr>
<td>Abdomen</td>
<td></td>
</tr>
<tr>
<td>Back</td>
<td></td>
</tr>
<tr>
<td>Inguinal folds</td>
<td></td>
</tr>
<tr>
<td>Buttocks</td>
<td></td>
</tr>
<tr>
<td>Lower limbs</td>
<td></td>
</tr>
<tr>
<td>Feet</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Was it treated with: prescription drugs?</th>
<th>non-prescription drugs?</th>
<th>Did you see this problem in relation to the use of or exposure to a product?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>Face and head</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neck and upper chest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Axillae</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upper limbs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hands</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Back</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inguinal folds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Buttocks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lower limbs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2. During the last year, did you have a localized itchy skin rash lasting for more than three days (not including the last month)?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>YES</th>
<th>NO</th>
<th>Unknown</th>
<th>If yes, specify diagnosis</th>
</tr>
</thead>
</table>
| Face and head
| Neck and upper chest
| Axillae
| Upper limbs
| Hands
| Abdomen
| Back
| Inguinal folds
| Buttocks
| Lower limbs
| Feet
| Other

3. During your lifetime (before the last year), did you ever have a localized itchy skin rash lasting for more than three days?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>YES</th>
<th>NO</th>
<th>Unknown</th>
<th>If yes, specify diagnosis</th>
</tr>
</thead>
</table>
| Face and head
| Neck and upper chest
| Axillae
| Upper limbs
| Hands
| Abdomen
| Back
| Inguinal folds
| Buttocks
| Lower limbs
| Feet
| Other
4. Have you had any other skin problems in the last month?  
   - YES  - NO  - UNKNOWN
   If yes, have you gone to a physician?  
   - YES  - NO  - UNKNOWN
   If yes, was he/she in a dermatological service?  
   - YES  - NO  - UNKNOWN
   What was the diagnosis?
   - Contact dermatitis or contact eczema
   - Atopic dermatitis or atopic eczema
   - Not defined or other types of eczema/dermatitis
   - Other
   - Unknown

5. Did you have any other skin problems in the last year (not including the last month)?  
   - YES  - NO  - UNKNOWN
   If yes, have you gone to a physician?  
   - YES  - NO  - UNKNOWN
   If yes, was he/she in a dermatological service?  
   - YES  - NO  - UNKNOWN
   What was the diagnosis?
   - Contact dermatitis or contact eczema
   - Atopic dermatitis or atopic eczema
   - Not defined or other types of eczema/dermatitis
   - Other
   - Unknown

6. Was one of the following allergy test ever performed on your skin?
   - Prick test  
     - YES  - NO  - UNKNOWN
   - Patch test  
     - YES  - NO  - UNKNOWN
   - Other allergy tests  
     - YES  - NO  - UNKNOWN
If patch test was performed, what was the outcome?

- Positive (at least to one allergen)
- Negative (to all allergens)
- Unknown

Specify (date/period; allergens list with the corresponding results: positive/negative):

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

7. Do you think that you have dry skin?  

- YES
- NO
- UNKNOWN

8. Do you think that you have sensitive skin?  

- YES
- NO
- UNKNOWN

9. Have you ever had one of the following diseases (see the table):  

- YES
- NO
- UNKNOWN

If yes, please specify:

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Which of the following diagnosis?</th>
<th>Was the diagnosis confirmed by</th>
<th>If yes, what was your age at the first diagnosis?</th>
<th>Do you still have active manifestation of the disease today?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact dermatitis or contact eczema</td>
<td>YES</td>
<td>Dermatologist</td>
<td>Other</td>
<td>YES</td>
</tr>
<tr>
<td>Atopic dermatitis or atopic eczema</td>
<td>NO</td>
<td>Other physician</td>
<td>Other</td>
<td>NO</td>
</tr>
<tr>
<td>Not defined/Other types of eczema or dermatitis</td>
<td>No</td>
<td>Nobody</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psoriasis</td>
<td>NO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Warts</td>
<td>NO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acne</td>
<td>NO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urticaria (acute or chronic)</td>
<td>NO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin cancer</td>
<td>NO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leg ulcer</td>
<td>NO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vitiligo</td>
<td>NO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergic rhinitis</td>
<td>NO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergic asthma</td>
<td>NO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>NO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin Condition</td>
<td>No, no treatment at all</td>
<td>No, self treatment</td>
<td>Yes, by dermatologist</td>
<td>Yes, by other physician</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>-------------------------</td>
<td>--------------------</td>
<td>-----------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>Contact dermatitis or contact eczema</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Atopic dermatitis or atopic eczema</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not defined/Other types of eczema or dermatitis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psoriasis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Warts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acne</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urticaria (acute or chronic)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin cancer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leg ulcer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vitiligo</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergic rhinitis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergic asthma</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
III. Exposure

During the last 12 months have you used:

PRODUCTS INTENDED TO BE LEFT ON THE SKIN

a) Perfumes, toilet waters or other highly perfumed products

Daily
Weekly but not daily
Monthly but not weekly
Less than once a month
Never

Did you ever try to avoid skin contact with this product, because of any skin problem in using it (during the lifetime)?

YES
NO
UNKNOWN

If yes, how long after an exposure use did you notice the skin problems?

Within half an hour
Within an hour (after the first half hour)
Within a day (after the first hour)
More than a day
Somewhat variable
Unknown

b) Men's cologne, after shaves, etc.

Daily
Weekly but not daily
Monthly but not weekly
Less than once a month
Never

Did you ever try to avoid skin contact with this product, because of any skin problem in using it (during the lifetime)?

YES
NO
UNKNOWN

If yes, how long after an exposure use did you notice the skin problems?
Within half an hour
Within an hour (after the first half hour)
Within a day (after the first hour)
More than a day
Somewhat variable
Unknown

**c)** Sunscreens

Daily
Weekly but not daily
Monthly but not weekly
Less than once a month
Never

Did you ever try to avoid skin contact with this product, because of any skin problem in using it (during the lifetime)?

**YES**  **NO**  **UNKNOWN**

If yes, how long after an exposure use did you notice the skin problems?

Within half an hour
Within an hour (after the first half hour)
Within a day (after the first hour)
More than a day
Somewhat variable
Unknown

**d)** Skin creams, lotions, etc.

Daily
Weekly but not daily
Monthly but not weekly
Less than once a month
Never

Did you ever try to avoid skin contact with this product, because of any skin problem in using it (during the lifetime)?

**YES**  **NO**  **UNKNOWN**
If yes, how long after an exposure use did you notice the skin problems?
- Within half an hour
- Within an hour (after the first half hour)
- Within a day (after the first hour)
- More than a day
- Somewhat variable
- Unknown

e) Deodorants or antiperspirants
- Daily
- Weekly but not daily
- Monthly but not weekly
- Less than once a month
- Never

Did you ever try to avoid skin contact with this product, because of any skin problem in using it (during the lifetime)?
- YES
- NO
- UNKNOWN

If yes, how long after an exposure use did you notice the skin problems?
- Within half an hour
- Within an hour (after the first half hour)
- Within a day (after the first hour)
- More than a day
- Somewhat variable
- Unknown

f) Hair care products (sprays, tonics, gels, mousse, wave lotions, straighteners, lotions, oils, etc. – Not shampoos, conditioners and other wash off products)
- Daily
- Weekly but not daily
- Monthly but not weekly
- Less than once a month
- Never
Did you ever try to avoid skin contact with this product, because of any skin problem in using it (during the lifetime)?  

YES  NO  UNKNOWN

If yes, how long after an exposure use did you notice the skin problems?

Within half an hour
Within an hour (after the first half hour)
Within a day (after the first hour)
More than a day
Somewhat variable
Unknown

Hair colorants

Daily
Weekly but not daily
Monthly but not weekly
Less than once a month
Never

Did you ever try to avoid skin contact with this product, because of any skin problem in using it (during the lifetime)?  

YES  NO  UNKNOWN

If yes, how long after an exposure use did you notice the skin problems?

Within half an hour
Within an hour (after the first half hour)
Within a day (after the first hour)
More than a day
Somewhat variable
Unknown

Eye makeup products

Daily
Weekly but not daily
Monthly but not weekly
Less than once a month
Did you ever try to avoid skin contact with this product, because of any skin problem in using it (during the lifetime)?

- YES
- NO
- UNKNOWN

If yes, how long after an exposure use did you notice the skin problems?

- Within half an hour
- Within an hour (after the first half hour)
- Within a day (after the first hour)
- More than a day
- Somewhat variable
- Unknown

i) Lipsticks and lip balms

- Daily
- Weekly but not daily
- Monthly but not weekly
- Less than once a month
- Never

Did you ever try to avoid skin contact with this product, because of any skin problem in using it (during the lifetime)?

- YES
- NO
- UNKNOWN

If yes, how long after an exposure use did you notice the skin problems?

- Within half an hour
- Within an hour (after the first half hour)
- Within a day (after the first hour)
- More than a day
- Somewhat variable
- Unknown

j) Other cosmetic products (foundation, blushers, powders, etc.)

- Daily
- Weekly but not daily
- Monthly but not weekly
Did you ever try to avoid skin contact with this product, because of any skin problem in using it (during the lifetime)?

- YES
- NO
- UNKNOWN

If yes, how long after an exposure use did you notice the skin problems?

- Within half an hour
- Within an hour (after the first half hour)
- Within a day (after the first hour)
- More than a day
- Somewhat variable
- Unknown

k) Hygiene products (sanitary towels, tampons, douches, etc.)

- Daily
- Weekly but not daily
- Monthly but not weekly
- Less than once a month
- Never

Did you ever try to avoid skin contact with this product, because of any skin problem in using it (during the lifetime)?

- YES
- NO
- UNKNOWN

If yes, how long after an exposure use did you notice the skin problems?

- Within half an hour
- Within an hour (after the first half hour)
- Within a day (after the first hour)
- More than a day
- Somewhat variable
- Unknown
PRODUCTS INTENDED TO BE RINSED

l) Bath oils, salts, beads, etc.

- Daily
- Weekly but not daily
- Monthly but not weekly
- Less than once a month
- Never

Did you ever try to avoid skin contact with this product, because of any skin problem in using it (during the lifetime)?

- YES
- NO
- UNKNOWN

If yes, how long after an exposure use did you notice the skin problems?

- Within half an hour
- Within an hour (after the first half hour)
- Within a day (after the first hour)
- More than a day
- Somewhat variable
- Unknown

m) Bar soaps, liquid hand soaps, waterless hand cleansers, etc.

- Daily
- Weekly but not daily
- Monthly but not weekly
- Less than once a month
- Never

Did you ever try to avoid skin contact with this product, because of any skin problem in using it (during the lifetime)?

- YES
- NO
- UNKNOWN

If yes, how long after an exposure use did you notice the skin problems?

- Within half an hour
- Within an hour (after the first half hour)
- Within a day (after the first hour)
- More than a day
Somewhat variable

Unknown

n) Shampoos, cream rinses, conditioners, etc.

Daily

Weekly but not daily

Monthly but not weekly

Less than once a month

Never

Did you ever try to avoid skin contact with this product, because of any skin problem in using it (during the lifetime)?

YES NO UNKNOWN

If yes, how long after an exposure use did you notice the skin problems?

Within half an hour

Within an hour (after the first half hour)

Within a day (after the first hour)

More than a day

Somewhat variable

Unknown

o) Shaving products (shaving creams, shaving soap, pre-shave lotions, etc)

Daily

Weekly but not daily

Monthly but not weekly

Less than once a month

Never

Did you ever try to avoid skin contact with this product, because of any skin problem in using it (during the lifetime)?

YES NO UNKNOWN

If yes, how long after an exposure use did you notice the skin problems?

Within half an hour

Within an hour (after the first half hour)

Within a day (after the first hour)
More than a day
Somewhat variable
Unknown

p) Mouthwashes or toothpastes

Daily
Weekly but not daily
Monthly but not weekly
Less than once a month
Never

Did you ever try to avoid skin contact with this product, because of any skin problem in using it (during the lifetime)?

YES
NO
UNKNOWN

If yes, how long after an exposure use did you notice the skin problems?

Within half an hour
Within an hour (after the first half hour)
Within a day (after the first hour)
More than a day
Somewhat variable
Unknown

HOUSEHOLD AND FUNCTIONAL PRODUCTS

q) Laundry detergents, softeners, etc.

Daily
Weekly but not daily
Monthly but not weekly
Less than once a month
Never

Did you ever try to avoid skin contact with this product, because of any skin problem in using it (during the lifetime)?

YES
NO
UNKNOWN
If yes, how long after an exposure use did you notice the skin problems?
- Within half an hour
- Within an hour (after the first half hour)
- Within a day (after the first hour)
- More than a day
- Somewhat variable
- Unknown

r) Liquid dishwashing detergents
- Daily
- Weekly but not daily
- Monthly but not weekly
- Less than once a month
- Never

Did you ever try to avoid skin contact with this product, because of any skin problem in using it (during the lifetime)?
- YES
- NO
- UNKNOWN

If yes, how long after an exposure use did you notice the skin problems?
- Within half an hour
- Within an hour (after the first half hour)
- Within a day (after the first hour)
- More than a day
- Somewhat variable
- Unknown

s) Scouring powders, hard surface cleaners, etc.
- Daily
- Weekly but not daily
- Monthly but not weekly
- Less than once a month
- Never
Did you ever try to avoid skin contact with this product, because of any skin problem in using it (during the lifetime)?

If yes, how long after an exposure use did you notice the skin problems?

Within half an hour
Within an hour (after the first half hour)
Within a day (after the first hour)
More than a day
Somewhat variable
Unknown

Air fresheners, aerosol or liquid (wick)

Daily
Weekly but not daily
Monthly but not weekly
Less than once a month
Never

Carpet shampoos, fresheners, etc.

Daily
Weekly but not daily
Monthly but not weekly
Less than once a month
Did you ever try to avoid skin contact with this product, because of any skin problem in using it (during the lifetime)?

YES  NO  UNKNOWN

If yes, how long after an exposure use did you notice the skin problems?

Within half an hour
Within an hour (after the first half hour)
Within a day (after the first hour)
More than a day
Somewhat variable
Unknown

OTHER PRODUCTS

v) Jewels (wedding ring, bracelet, earring, etc.)

Daily
Weekly but not daily
Monthly but not weekly
Less than once a month
Never

Did you ever try to avoid skin contact with this product, because of any skin problem in using it (during the lifetime)?

YES  NO  UNKNOWN

If yes, how long after an exposure use did you notice the skin problems?

Within half an hour
Within an hour (after the first half hour)
Within a day (after the first hour)
More than a day
Somewhat variable
Unknown
w) Metals (buttons, fasteners, costume jewelry, glasses, etc.)

- Daily
- Weekly but not daily
- Monthly but not weekly
- Less than once a month
- Never

Did you ever try to avoid skin contact with this product, because of any skin problem in using it (during the lifetime)?

If yes, how long after an exposure use did you notice the skin problems?

- Within half an hour
- Within an hour (after the first half hour)
- Within a day (after the first hour)
- More than a day
- Somewhat variable
- Unknown

If yes: can you tolerate it?

Have you ever had a piercing in your ear lobes or in another part?

If yes: do you have them currently?

If currently, how many piercing do you have now?

x) Bandages or tape

- Daily
- Weekly but not daily
- Monthly but not weekly
- Less than once a month
- Never

Did you ever try to avoid skin contact with this product, because of any skin problem in using it (during the lifetime)?
If yes, how long after an exposure use did you notice the skin problems?

- Within half an hour
- Within an hour (after the first half hour)
- Within a day (after the first hour)
- More than a day
- Somewhat variable
- Unknown

y) Leather products

- Daily
- Weekly but not daily
- Monthly but not weekly
- Less than once a month
- Never

Did you ever try to avoid skin contact with this product, because of any skin problem in using it (during the lifetime)?

- YES
- NO
- UNKNOWN

If yes, how long after an exposure use did you notice the skin problems?

- Within half an hour
- Within an hour (after the first half hour)
- Within a day (after the first hour)
- More than a day
- Somewhat variable
- Unknown

z) Rubber and plastics (gloves, shoes, boots, etc.)

- Daily
- Weekly but not daily
- Monthly but not weekly
- Less than once a month
- Never

Did you ever try to avoid skin contact with this product, because of any skin problem in using it (during the lifetime)?

- YES
- NO
- UNKNOWN
If yes, how long after an exposure use did you notice the skin problems?

- Within half an hour
- Within an hour (after the first half hour)
- Within a day (after the first hour)
- More than a day
- Somewhat variable
- Unknown

### TOPICAL MEDICATIONS

During the last 12 months, have you used one of the following topical medications?

<table>
<thead>
<tr>
<th>Medication</th>
<th>YES</th>
<th>NO</th>
<th>UNKNOWN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analgesics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anti-inflammatories</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antibiotics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Topical steroids</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If yes, can you specify the product?

<table>
<thead>
<tr>
<th>Medication</th>
<th>YES</th>
<th>NO</th>
<th>UNKNOWN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analgesics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anti-inflammatories</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antibiotics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Topical steroids</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Did you ever experienced a skin problem due to the use of the following topical medications, (during the lifetime)?

<table>
<thead>
<tr>
<th>Medication</th>
<th>YES</th>
<th>NO</th>
<th>UNKNOWN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analgesics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anti-inflammatories</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antibiotics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Topical steroids</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
QUESTIONS on intolerance to the previous product categories

Did you ever had any intolerance to the following categories of products?

- Products intended to be left on the skin:  
  - YES
  - NO
  - UNKNOWN

- Products intended to be rinsed:  
  - YES
  - NO
  - UNKNOWN

- Household and functional products:  
  - YES
  - NO
  - UNKNOWN

- Jewels / Metals:  
  - YES
  - NO
  - UNKNOWN

- Other products:  
  - YES
  - NO
  - UNKNOWN

- Topical medications:  
  - YES
  - NO
  - UNKNOWN

THANK YOU FOR YOUR HELP!