

SECTION D: HAIR TREATMENTS

	a. During the past 3 months, have you had your hair treated in the following ways?:	YES	NO	b. What was the date of your last treatment?	DON'T KNOW	DECLINED
D1.	Permanent Color	1	2 (D2)	_ _ _ / _ _ _ (D2) M M Y Y	-8	-7
D2.	Semipermanent Color	1	2 (D3)	_ _ _ / _ _ _ (D3) M M Y Y	-8	-7
D3.	Wash-Out Color	1	2 (D4)	_ _ _ / _ _ _ (D4) M M Y Y	-8	-7
D4.	Highlighting	1	2 (D5)	_ _ _ / _ _ _ (D5) M M Y Y	-8	-7
D5.	Bleaching	1	2 (D6)	_ _ _ / _ _ _ (D6) M M Y Y	-8	-7
D6.	Permanent Wave (Perm)	1	2 (D7)	_ _ _ / _ _ _ (D7) M M Y Y	-8	-7
D7.	Straightening	1	2 (D8)	_ _ _ / _ _ _ (D8) M M Y Y	-8	-7

D8. TIME MODULE ENDED:

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AM.....1

PM.....2