

QUESTIONNAIRE

Please complete and give to the APRIL[®] researcher

By providing us with the following information, you will assist us in properly using your scan.

Providing this information is voluntary as is your participation in the study. However, without complete and accurate information, we may not be able to use your picture in the study.

To protect your privacy, your identity will never be associated with your scan in our research material.

Thank you

The APRIL[®] Development Team

Please mark with all questions with X

GENDER: Male Female **AGE:**

HEIGHT: Feet Inches or cm

WEIGHT: Pounds or kg

MAKE-UP

Are you wearing any makeup for the scan? Yes No

SMOKING:

Do you smoke now? Yes No

Have you smoked in the past and have quit? Yes No

How many packs per week do you (did you) smoke?

For how many years have you (did you) smoked?

SUN EXPOSURE:

How would you describe your exposure to the sun?

	High	Moderate	Low
At work			
On vacation			
In the summer			

Do you use sunscreen lotion? Always Sometimes Never

When you were a child how much sun exposure did you have?

	High	Moderate	Low
During the summer and vacations			
During the rest of the year			

Have you ever had severe sunburn on your face? Yes No

SLEEP:

On average, how many hours a night do you sleep?

EXERCISE:

On average, how many days a week are you physically active?

WATER CONSUMPTION:

On average, how many glasses of water do you drink a day?

0 - 1 2 - 5 6 - 8

SURGERY:

Have you ever had reconstructive or plastic surgery on your face? Yes No

HERITAGE

Please specify your country (or countries) of Ethnic Heritage (i.e. England, China, Brazil, India).

Please specify Canada ONLY if you are of Native Canadian descent

Thank you for your participation!