

**Multi-Ethnic Study of Atherosclerosis
MESA Stress 2 Supplemental Questionnaire**



Hair History Questionnaire
Self-Administered

Participant Id#:

Stress Id#:

Date:

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Month

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Day

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Year

1. Have you colored or dyed your hair within the past six months?

Yes No

☐ ☐

↓ If Yes:

2. Have you colored or dyed your hair within the past three months?

Yes No

☐ ☐

↓ If Yes:

3. Have you colored or dyed your hair within the past month?

Yes No

☐ ☐