**Participant ID\_\_\_\_\_\_**

**Date and Time\_\_\_\_\_\_**

**Post-Study Survey (M2)**

We would like to thank you for your time and valuable contribution to our study. We are aware that it may have been impossible or difficult for you to follow all of the guidelines that we gave you! In order for us to accurately analyze our data, *it is very important to us that you answer the following questions honestly*. Your responses will NOT affect your compensation in any way. Thank you!

**1.** When did you first put on your shirt? **Date: \_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_**

(Please specify a.m. or p.m.)

**2.** When did you remove your shirt? **Date: \_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_**

(Please specify a.m. or p.m.)

**Please circle your response to the left. Then, provide additional information as needed.**

**3. Yes No** Did you remove your remove your shirt at any time between the two

times above?

**If yes,** what happened, and how long was your shirt off? Please briefly explain:

(Example: “I took my shirt off to work out. I had them off for about 30 minutes while I worked out, took a shower with the provided fragrance-free body wash, and them put them back on.”)

**4. Yes No** Did you use the provided unscented laundry detergent to wash what you wore over the shirt (shirt, pajamas, etc.)?

**If no**, did you wear clean clothes over the shirt? **Yes No**

**If yes**, when you washed your clothes, did you use any *other* kind of detergent, fabric softener, drier sheets, etc. that might have had a fragrance? **Yes No**

**If yes,** what else did you use? Please describe:

**5. Yes No** Directly before wearing the shirt, did you wash your body and hair using the provided unscented soap and shampoo?

**6. Yes No** Did you use any **scented** soap/body wash, shampoo, conditioner, lotion,

perfume, or other scented hygienic/cosmetic products starting 24 hours before you wore the shirt, and ending the morning when you took off the shirt

(such as in the shower before putting on the shirt)?

**If yes,** please list any products you used, along with any information that will help us figure out whether that product is likely to have affected the scent of your shirt:

(Example: “I used scented shaving gel.”)

**7. Yes No** Did you apply any deodorant or antiperspirant starting 24 hours before you wore the shirt, and ending the morning when you took off the shirt?

**If yes,** please list any products you used, along with any information that will help us figure out whether that product is likely to have affected the scent of your shirt:

**8. Yes No** Did you eat any strongly scented foods starting 24 hours before you wore the shirt, and ending the morning when you took off the shirt?

(Examples: garlic, onion, chilies, pepperoni, pungent spices or herbs, pungent cheeses (e.g., feta cheese or blue cheese), cabbage, celery, asparagus, yogurt, lamb…)

**If yes,** please list the type(s) of food and how much you ate:

(Example: “I ate fish tacos with onions on top.”)

**9. Yes No** Did you drink any alcohol, smoke, or use drugs starting 24 hours before you wore the shirt, and ending the morning when you took off the shirt?

**If yes,** please describe what you drank or used and how much (remember, your response is confidential):

(Example: “I drank 2 beers last night.”)

**10. Yes No** Did you engage in sexual activity with another person while wearing the shirt?

**11. Yes No** Did you sleep in the same bed with another person or pet the night before wearing the shirt when your ben linens were clean?

**If yes,** what person/pet?

**12. Yes No** Did you sleep in the same bed with another person or pet while wearing the shirt?

**If yes,** what person/pet?

**13. Yes No** Did you spend any time in rooms with strong odors (e.g. smoke, incense, strong

cooking smells) while wearing the shirt?

**If yes,** please describe the odors and how long you were exposed to those odors:

(Example: “I was in a room with a lot of people smoking last night for about 2 hours.”)

**14. Yes No** Did you engage in any strenuous physical activities while wearing the shirt?

**If yes,** what was the activity, and how long did you do it:

(Example: “I went running for 40 minutes.”)

**15. Yes No** Were you sick (or did you feel like you might be getting sick) the morning you

put on your shirt or at any time during the 24 hours that you wore your shirt?

**If yes,** please describe your symptoms and when you first noticed them:

(Example: “I came down with a cold 4 days ago and still had a sore throat and runny nose when I put on the shirt, but I’m better today.”)

**16. Yes No** Are you sick (or do you feel like you might be getting sick) right now?

**If yes,** please describe your symptoms and when you first noticed them:

(Example: “I started getting a sore throat this morning.”)

**17. Yes No** Did you have anything stressful happen the morning you put on your shirt or at

any time during the 24 hours that you wore your shirt?

**If yes,** please describe the stressful event in as much detail as you are comfortable sharing:

(Example: “I stayed up all night to study for an exam that I was extremely stressed out about.”)

**18. Yes No** Did you have anything stressful happen today?

**If yes,** please describe the stressful event in as much detail as you are comfortable sharing:

(Example: “I got into a serious argument with my boyfriend this morning.”)

**19. Yes No** **We need to be very certain that your shirt smells like your**

**natural body scent ONLY.** Can you think of anything else that might have

influenced the scent of your shirt?

**If yes,** please describe:

**You’re finished! Thanks so much for your honesty and effort! Please let the researcher know that you are done.**