



# Penguin Cold Cap Questionnaire

Questions to Assist in Determining the Number of Penguin Cold Caps Required

1.	Name	City	State
2.	Telephone Number	Date	
3.	What type of cancer is being treated?		
4.	What is the user's age?		
5.	When is the date of the first chemo?		
6.	What drug regimens will be used?		
7.	What are the dosages per metre squared for each drug?		
8.	In what order will the drugs be administered?		
9.	What are the infusion times for each drug?		
10.	Will there be a waiting time between the end of the infusion of one drug and the start of another? If so what is this period of time?		
11.	What type of hair does the user have: (a) thin, thick: (b) long, short: (c) straight, curly: (d) what colour is the user's hair:  Do you consider the user's hair to be extra thick?		
12.	Is the user a vegetarian? Yes/No		
13.	Are you using a deodorant containing Aluminium? Yes/No		
14.	Does the user have any liver impairment?		
15.	Is the user male or female?		
16.	What is the period of time between each round of chemotherapy treatment?		
17.	How many chemotherapy treatments will be administered?		