Usage patterns of aromatherapy among the Chinese population who are using essential oils

A large survey questionnaire focusing on determining the conditions of essential oils (EOs) used by the Chinese population who are using EOs
* Questions are mandatory and must be completed before submitting.

Section 1 General data (7 questions)

1. What is your gender? *
   ○ Male
   ○ Female
   ○ Prefer not to say

2. What is your age? *
   ○ 0-14
   ○ 15-24
   ○ 25-39
   ○ 40-59
   ○ 60-70

3. Are you pregnant? *
   ○ Yes
   ○ No
   ○ Maybe

4. What is your occupation? *
   ○ Student
○ Self-employed
○ Salaried
○ Certified aromatherapist
○ Housewife
○ Retired
○ Others

5. What is your body weight? *
○ <45 kg
○ 45-49 kg
○ 50-54 kg
○ 55-59 kg
○ 60-64 kg
○ 65-69 kg
○ ≥70 kg

6. What is your body height? *
○ <155 cm
○ 155-159 cm
○ 160-164 cm
○ 165-169 cm
○ 170-174 cm
○ 175-179 cm
○ ≥180 cm

7. Which city are you living in now? *
Section 2 EOs' consumption (4 questions)

8. Do you use EOs? *
   ○ Yes
   ○ No (Please skip to the end of the questionnaire and submit your answer)

9. For which type of use? (Multiple selection) *
   □ Inhalation
   □ Ingestion
   □ Dermal
   □ Others

10. Where do you buy your oils? (Multiple selection) *
    □ Plantation
    □ Specialized store
    □ Web store
    □ Supermarket
    □ Aromatherapy organization & salon
    □ Distributors & Suppliers of raw materials for personal care products
    □ Others (gifts from friends, etc)

11. Who advised you to use EOs? *
    ○ Friends
    ○ Family
    ○ At the point of sale
    ○ Media (TV, Web, Personal media (Weibo, WeChat), etc)
    ○ Aromatherapist
○Beautician
○Others (magazines, books, etc)

Section 3 dermal use (6 questions)

12. Do you use Rose oil? *
○Yes
○No

13. Where do you apply oils on your body? (Multiple selection) *
□Forehead
□Philtrum
□Temples
□Face
□Neck
□Wrists
□Arms
□Breast/chest
□Back
□Shoulders
□Stomach
□Thighs
□Calves/shins
□Feet
□Whole body

14. How often do you use it? *
○ Daily
Please write the number of frequencies.

○ Weekly
Please write the number of frequencies.

○ Monthly
Please write the number of frequencies.

○ Yearly
Please write the number of frequencies.

15. How much do you use oil per application? *
○ Less than 1% (less than 1 drop in 5 mL base oil)
  ○ 1% (1 drop in 5 mL base oil)
  ○ 2% (2 drops in 5 mL base oil)
  ○ 3% (3 drops in 5 mL base oil)
  ○ 4% (4 drops in 5 mL base oil)
  ○ 5% (5 drops in 5 mL base oil)
○ More than 5% (more than 5 drops in 5 mL base oil)
○ Add in cosmetic products
Please write the number of drops.

○ Undiluted
Please write the number of drops.

16. Do you use Lavender oil? *
○ Yes
○ No
17. Where do you apply oils on your body? (Multiple selection) *

- Forehead
- Philtrum
- Temples
- Face
- Neck
- Wrists
- Arms
- Breast/chest
- Back
- Shoulders
- Stomach
- Thighs
- Calves/shins
- Feet
- Whole body

18. How often do you use it? *

- Daily ________________
  Please write the number of frequencies.

- Weekly ________________
  Please write the number of frequencies.

- Monthly ________________
  Please write the number of frequencies.

- Yearly ________________
  Please write the number of frequencies.
19. How much do you use oil per application? *
○ Less than 1% (less than 1 drop in 5 mL base oil)
○ 1% (1 drop in 5 mL base oil)
○ 2% (2 drops in 5 mL base oil)
○ 3% (3 drops in 5 mL base oil)
○ 4% (4 drops in 5 mL base oil)
○ 5% (5 drops in 5 mL base oil)
○ More than 5% (more than 5 drops in 5 mL base oil)
○ Add in cosmetic products ________________
Please write the number of drops.

○ Undiluted ________________
Please write the number of drops.

20. Do you use Tea Tree oil? *
○ Yes
○ No

21. Where do you apply oils on your body? (Multiple selection) *
□ Forehead
□ Philtrum
□ Temples
□ Face
□ Neck
□ Wrists
□ Arms
☐ Breast/chest

☐ Back

☐ Shoulders

☐ Stomach

☐ Thighs

☐ Calves/shins

☐ Feet

☐ Whole body

22. How often do you use it? *

☐ Daily ___________________

Please write the number of frequencies.

☐ Weekly ___________________

Please write the number of frequencies.

☐ Monthly ___________________

Please write the number of frequencies.

☐ Yearly ___________________

Please write the number of frequencies.

23. How much do you use oil per application? *

☐ Less than 1% (less than 1 drop in 5 mL base oil)

☐ 1% (1 drop in 5 mL base oil)

☐ 2% (2 drops in 5 mL base oil)

☐ 3% (3 drops in 5 mL base oil)

☐ 4% (4 drops in 5 mL base oil)

☐ 5% (5 drops in 5 mL base oil)
○ More than 5% (more than 5 drops in 5 mL base oil)
○ Add in cosmetic products ________________
  Please write the number of drops.

○ Undiluted ________________
  Please write the number of drops.

24. Do you use Ginger oil? *
   ○ Yes
   ○ No

25. Where do you apply oils on your body? *
   □ Forehead
   □ Philtrum
   □ Temples
   □ Face
   □ Neck
   □ Wrists
   □ Arms
   □ Breast/chest
   □ Back
   □ Shoulders
   □ Stomach
   □ Thighs
   □ Calves/shins
   □ Feet
   □ Whole body
26. How often do you use it? *
○ Daily ___________________
  Please write the number of frequencies.

○ Weekly ___________________
  Please write the number of frequencies.

○ Monthly ___________________
  Please write the number of frequencies.

○ Yearly ___________________
  Please write the number of frequencies.

27. How much do you use oil per application? *
○ Less than 1% (less than 1 drop in 5 mL base oil)
  ○ 1% (1 drop in 5 mL base oil)
  ○ 2% (2 drops in 5 mL base oil)
  ○ 3% (3 drops in 5 mL base oil)
  ○ 4% (4 drops in 5 mL base oil)
  ○ 5% (5 drops in 5 mL base oil)
  ○ More than 5% (more than 5 drops in 5 mL base oil)
  ○ Add in cosmetic products ___________________
    Please write the number of drops.

  ○ Undiluted ___________________
    Please write the number of drops.

28. Do you use Mint oil? *
  ○ Yes
  ○ No
29. Where do you apply oils on your body? (Multiple selection) *

☐ Forehead
☐ Philtrum
☐ Temples
☐ Face
☐ Neck
☐ Wrists
☐ Arms
☐ Breast/chest
☐ Back
☐ Shoulders
☐ Stomach
☐ Thighs
☐ Calves/shins
☐ Feet
☐ Whole body

30. How often do you use it? *

☐ Daily ____________________
   Please write the number of frequencies.

☐ Weekly ____________________
   Please write the number of frequencies.

☐ Monthly ____________________
   Please write the number of frequencies.

☐ Yearly ____________________
   Please write the number of frequencies.
31. How much do you use oil per application? *

○ Less than 1% (less than 1 drop in 5 mL base oil)
○ 1% (1 drop in 5 mL base oil)
○ 2% (2 drops in 5 mL base oil)
○ 3% (3 drops in 5 mL base oil)
○ 4% (4 drops in 5 mL base oil)
○ 5% (5 drops in 5 mL base oil)
○ More than 5% (more than 5 drops in 5 mL base oil)

○ Add in cosmetic products __________________________
Please write the number of drops.

○ Undiluted __________________________
Please write the number of drops.

32. Do you use Lemon oil? *

○ Yes
○ No

33. Where do you apply oils on your body? (Multiple selection) *

□ Forehead
□ Philtrum
□ Temples
□ Face
□ Neck
□ Wrists
□ Arms
□ Breast/chest
☐ Back
☐ Shoulders
☐ Stomach
☐ Thighs
☐ Calves/shins
☐ Feet
☐ Whole body

34. How often do you use it? *
   ○ Daily __________________
   Please write the number of frequencies.

   ○ Weekly __________________
   Please write the number of frequencies.

   ○ Monthly __________________
   Please write the number of frequencies.

   ○ Yearly __________________
   Please write the number of frequencies.

35. How much do you use oil per application? *
   ○ Less than 1% (less than 1 drop in 5 mL base oil)
   ○ 1% (1 drop in 5 mL base oil)
   ○ 2% (2 drops in 5 mL base oil)
   ○ 3% (3 drops in 5 mL base oil)
   ○ 4% (4 drops in 5 mL base oil)
   ○ 5% (5 drops in 5 mL base oil)
   ○ More than 5% (more than 5 drops in 5 mL base oil)
○ Add in cosmetic products ______________________
Please write the number of drops.

○ Undiluted ______________________
Please write the number of drops.

36. Do you use Sandalwood oil? *
   ○ Yes
   ○ No

37. Where do you apply oils on your body? (Multiple selection) *
   □ Forehead
   □ Philtrum
   □ Temples
   □ Face
   □ Neck
   □ Wrists
   □ Arms
   □ Breast/chest
   □ Back
   □ Shoulders
   □ Stomach
   □ Thighs
   □ Calves/shins
   □ Feet
   □ Whole body

38. How often do you use it? *
39. How much do you use oil per application? *

- Less than 1% (less than 1 drop in 5 mL base oil)
- 1% (1 drop in 5 mL base oil)
- 2% (2 drops in 5 mL base oil)
- 3% (3 drops in 5 mL base oil)
- 4% (4 drops in 5 mL base oil)
- 5% (5 drops in 5 mL base oil)
- More than 5% (more than 5 drops in 5 mL base oil)

Add in cosmetic products  

Please write the number of drops.

- Undiluted  

Please write the number of drops.

40. Do you use Frankincense oil? *

- Yes
- No

41. Where do you apply oils on your body? (Multiple selection) *
☐ Forehead
☐ Philtrum
☐ Temples
☐ Face
☐ Neck
☐ Wrists
☐ Arms
☐ Breast/chest
☐ Back
☐ Shoulders
☐ Stomach
☐ Thighs
☐ Calves/shins
☐ Feet
☐ Whole body

42. How often do you use it? *
  ☐ Daily ________________
     Please write the number of frequencies.

  ☐ Weekly ________________
     Please write the number of frequencies.

  ☐ Monthly ________________
     Please write the number of frequencies.

  ☐ Yearly ________________
     Please write the number of frequencies.
43. How much do you use oil per application? *
   ○ Less than 1% (less than 1 drop in 5 mL base oil)
   ○ 1% (1 drop in 5 mL base oil)
   ○ 2% (2 drops in 5 mL base oil)
   ○ 3% (3 drops in 5 mL base oil)
   ○ 4% (4 drops in 5 mL base oil)
   ○ 5% (5 drops in 5 mL base oil)
   ○ More than 5% (more than 5 drops in 5 mL base oil)
   ○ Add in cosmetic products ________________
     Please write the number of drops.
   ○ Undiluted ________________
     Please write the number of drops.

44. Do you use Ylang ylang oil? *
   ○ Yes
   ○ No

45. Where do you apply oils on your body? (Multiple selection) *
   □ Forehead
   □ Philtrum
   □ Temples
   □ Face
   □ Neck
   □ Wrists
   □ Arms
   □ Breast/chest
☐ Back
☐ Shoulders
☐ Stomach
☐ Thighs
☐ Calves/shins
☐ Feet
☐ Whole body

46. How often do you use it? *
   ○ Daily ________________
     Please write the number of frequencies.

   ○ Weekly ________________
     Please write the number of frequencies.

   ○ Monthly ________________
     Please write the number of frequencies.

   ○ Yearly ________________
     Please write the number of frequencies.

47. How much do you use oil per application? *
   ○ Less than 1% (less than 1 drop in 5 mL base oil)
   ○ 1% (1 drop in 5 mL base oil)
   ○ 2% (2 drops in 5 mL base oil)
   ○ 3% (3 drops in 5 mL base oil)
   ○ 4% (4 drops in 5 mL base oil)
   ○ 5% (5 drops in 5 mL base oil)
   ○ More than 5% (more than 5 drops in 5 mL base oil)
○ Add in cosmetic products __________________________
Please write the number of drops.

○ Undiluted __________________________
Please write the number of drops.

48. Do you use Eucalyptus oil? *
○ Yes
○ No

49. Where do you apply oils on your body? (Multiple selection) *
□ Forehead
□ Philtrum
□ Temples
□ Face
□ Neck
□ Wrists
□ Arms
□ Breast/chest
□ Back
□ Shoulders
□ Stomach
□ Thighs
□ Calves/shins
□ Feet
□ Whole body

50. How often do you use it? *
○ Daily ___________________
Please write the number of frequencies.

○ Weekly ___________________
Please write the number of frequencies.

○ Monthly ___________________
Please write the number of frequencies.

○ Yearly ___________________
Please write the number of frequencies.

51. How much do you use oil per application? *
○ Less than 1% (less than 1 drop in 5 mL base oil)
○ 1% (1 drop in 5 mL base oil)
○ 2% (2 drops in 5 mL base oil)
○ 3% (3 drops in 5 mL base oil)
○ 4% (4 drops in 5 mL base oil)
○ 5% (5 drops in 5 mL base oil)
○ More than 5% (more than 5 drops in 5 mL base oil)
○ Add in cosmetic products ___________________
Please write the number of drops.

○ Undiluted ___________________
Please write the number of drops.

52. Do you use Jasmine oil? *
○ Yes
○ No

53. Where do you apply oils on your body? (Multiple selection) *
☐ Forehead
☐ Philtrum
☐ Temples
☐ Face
☐ Neck
☐ Wrists
☐ Arms
☐ Breast/chest
☐ Back
☐ Shoulders
☐ Stomach
☐ Thighs
☐ Calves/shins
☐ Feet
☐ Whole body

54. How often do you use it? *

○ Daily __________________
  Please write the number of frequencies.

○ Weekly _________________
  Please write the number of frequencies.

○ Monthly ________________
  Please write the number of frequencies.

○ Yearly _________________
  Please write the number of frequencies.
55. How much do you use oil per application? *

○ Less than 1% (less than 1 drop in 5 mL base oil)
○ 1% (1 drop in 5 mL base oil)
○ 2% (2 drops in 5 mL base oil)
○ 3% (3 drops in 5 mL base oil)
○ 4% (4 drops in 5 mL base oil)
○ 5% (5 drops in 5 mL base oil)
○ More than 5% (more than 5 drops in 5 mL base oil)
○ Add in cosmetic products _________________

Please write the number of drops.

○ Undiluted _________________

Please write the number of drops.

56. Do you use other types of EO absent from above list?

Please write other types of EO absent from our list.

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