

## Melanoma Questionnaire

RE	GISTRY ID: FORM CODE: MEL VERSION:A 10/30/12 Event SEQ #								
	ADMINISTRATIVE INFORMATION 0a. Completion Date: ////////////////////////////////////								
Ins	tructions: Enter the answer given by the participant for each response.								
Α.	Sunburn/Sun/Tanning Bed Exposure								
1.	Where were you born?								
	a. City:								
	b. State:								
	c. Country:								
2.	Have you had any job for at least one year in which you usually worked outdoors for more than one hour per day between the hours of 9am and 5pm?Yes No								
3.	Where did you live at age 10?								
	a. City:								
	b. State:								
	c. Country:								
4.	Between the ages of 5 and 19, approximately how many severe sunburns did you have? (Sunburnt so severely as to cause pain for two or more days.)								
	0A								
	1-2B								
	3-4 C 5 or more D								

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5.	Between the ages of 5 and 19, did you spend at least 10 days in any year between 9am and 5pm, participating in beach or waterside activity such as swimming, walking, sunbathing, fishing, sailing, etc.?	vities,		] <sub>Y</sub> es	□ No	Skip	to It	əm	7	
6.	For how many years?			A	-C					
	1-2	A								
	3-4	В								
	5 or more	C								
7.	Between the ages of 5 and 19, did you spend at least 7 days in any year in a climate sunnier than your home?			] <sub>Y</sub> ƏS	□ No	∙Skip	to It	em	9	
8.	For how many years?		Г		N-C					
0.	1-2		·····							
	3-4									
	5 or more	C								
9.	Approximately how many severe sunburns did you have? (Sunburnt	SO	_							
	severely as to cause pain for two or more days)			A	-D					
	0	A								
	1-2	В								
	3-4									
	5 or more	D								
10	Did you spend at least 10 days in any one year between 9am and 5p participating in beach or waterside activities, such as swimming, wal sunbathing, fishing, sailing, etc.?	İking,	 Ye	] <sub>Y</sub> ƏS	□ No	∙Skip	to It	em	12	
11	. For how many years?		Г	٦.	-C					
	1-2		····· [	P						
	3-4									
	5 or more									
12	2. Did you spend at least 7 days in any one year in a climate sunnier th your home?			] <sub>Y</sub> es	□ No	Skip	to It	em	14	

	ID #:						
13. For how many years?		[	A	-C			
1-2							
3-4							
5 or more	C						
<ul> <li>14. How many times have you used a tanning bed?</li> <li>Never</li> <li>1-10 times</li> <li>11-24 times</li> </ul>	A B	[	A	-D			
25 times or more	D						
B. Skin Phenotype							
15. Which color best describes your skin color without any tanning? Fair Olive Brown/Black	A B	[	A	-C			
16. Suppose you were wearing no sunscreen lotion and your skin was	exposed	ł					
to strong sunlight for the first time in the summer for one hour. Wou	•		Δ.	-D			
Get a severe sunburn with blistering?	•	···· [		-0			
Have a painful sunburn for a few days followed by peeling?							
Get mildly burned followed by some degree of tanning?							
Get brown without any sunburn?							
	D						
17. After repeated and prolonged exposure to sunlight, would your skin	becom	e:.	A	-D			
Very brown and deeply tanned?	A						
Moderately tanned?	В						
Get mildly or occasionally tanned?	C						
Only freckled or no suntan at all?							
-		_	_				
18. What was the natural color of your hair at age 18?		L	A	-F			
Red	A						
Blonde or "Fair"	B						
Light Brown	C						
Dark Brown	D						
Black	E						
Other	F						

		ID #:							
19. W	/hat color are your eyes?				A-F				
	Blue	A							
	Grey	В							
	Green	C							
	Hazel	D							
	Brown	E							
	Other	F							
20. In	general, where are your ancestors from? (Please mark all that app	oly.)							
a.	UK/Britain (Originated from England, Wales, Scotland, Ireland)	- /							
b.	Northern Europe (Originated from Austria, Latvia, Lithuania, Esto	nia,							
	Denmark, France, Germany, Luxembourg, Netherlands/Holland, Sweden, Norway, Finland, Switzerland, other Western/Northern								
	European country)								
с.	Southern Europe (Originated from Greece, Italy, Portugal, Spain,								
ام	Former Yugoslavia, Malta, Cyprus, other Southern European cou		•••••						
d.	Eastern Europe (Originated from Bulgaria, Former Czechoslovaki Hungary, Poland, Romania, Former USSR, other Eastern Europe								
	country)			$\square$					
e.	Caribbean								
f.	Africa								
g.	Asia			=					
h.	Mexico, South America, Central America								
i.	Other								
••									
~	istory of Atypical Moles/Non-melanoma Skin Cancer/Melanoma	/ <b></b>			• • •		•		

21. Do you have a personal history of atypical moles (dysplastic nevi) diagnosed by a physician?	□ <sup>N</sup> No
22. Do you have a personal history of nonmelanoma skin cancer?	□ <sub>N</sub> ->Skip to Item 24 No
<ul> <li>23. What type? (<i>Please mark all that apply.</i>)</li> <li>a. Basal Cell Carcinoma</li> <li>b. Squamous Cell Carcinoma</li> <li>c. Other</li> </ul>	
24. Do you have a personal history of melanoma?	□ <sup>N</sup> No

		ID	#:		
25. Has a parent, brother, sister, or child of y type?				□ <sub>N</sub> ->Skip t No	to Item 27
<ul> <li>26. What type? (<i>Please mark all that apply</i>.)</li> <li>a. Basal Cell Carcinoma or Squamous</li> <li>b. Melanoma</li> <li>c. Other</li> </ul>					
D. Diet					
I have a few questions about your dietary ha	abits.				
27. Are you a vegetarian?			Yes	□ <sub>N</sub> No	
28. How often do you eat red meat?	Never	Once a week or less	More than once a week	Daily	
29. How often do you eat fish?	Never	Once a week or less	More than once a week	Daily	
30. How often do you eat green salad?	Never	Once a week or less	More than once a week	Daily	
31. How often do you eat fruit?	 Never	Once a week or less	More than once a week	Daily	
32. Have you changed your diet in the past t cancer?			 Yes	□ <sub>N</sub> No	

## E. Perceived Stress Scale

The next questions I am going to ask you are about your feelings and thoughts during THE LAST MONTH. I will read you a statement and would like you to tell me how often you felt or thought a certain way by answering never, almost never, sometimes, fairly often, or very often. Please remember when answering, we are interested in the past month.

33. In the last month, how often have you						
felt that you were unable to control the						
important things in your life?						
	Never	Almost	Sometimes	Fairly	Very	
		Never		Often	Often	

		ID #:		
34. In the last month, how often have you felt confident about your ability to handle your personal problems? Never	☐ Almost Never	☐ Sometimes	☐ Fairly Often	Uery Often
35. In the last month, how often have you felt that things were going your way? Never	☐ Almost Never	☐ Sometimes	☐ Fairly Often	Uery Often
36. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them? Never	Almost Never	C Sometimes	Fairly Often	Uery Often

## F. Appearance Motivation

The next section asks about appearance and tanning. Please rate your agreement or disagreement with the following statements by answering strongly agree, somewhat agree, neither disagree nor agree, somewhat disagree, or strongly disagree.

37. How I look is important to me	Strongly Agree	☐ Somewhat Agree	Neither Disagree nor Agree	Somewhat Strongly Disagree Disagree
38. It is important that others view my physical attractiveness positively	 Strongly Agree	☐ Somewhat Agree	Neither Disagree nor Agree	Somewhat Strongly Disagree Disagree
39. I would do whatever it takes to look good	 Strongly Agree	☐ Somewhat Agree	Neither Disagree nor Agree	Somewhat Strongly Disagree Disagree
40. It is important that I always look good	 Strongly Agree	Somewhat Agree	Neither Disagree nor Agree	Somewhat Strongly Disagree Disagree



*Next I will be asking you a question about your medical history.* 41. Parkinson's disease

a. Have you EVER been told by a doctor or other health professional that	
you have Parkinson's disease?	$\square_{\mathbb{N}} \longrightarrow$ End of Form
Yes	No
b. Are any of your current activities limited by Parkinson's disease?	N
Yes	No
c. Do you currently take any prescription medications for Parkinson's	
disease?	<b>N</b>
Yes	No
d. Do you currently take any over-the-counter medications for Parkinson's	
disease?	<b>N</b>
Yes	No
Tes	