

# Melanoma Questionnaire

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FORM CODE: MEL  
VERSION:A 10/30/12

Event

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## ADMINISTRATIVE INFORMATION

0a. Completion Date: 

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0b. Staff ID: 

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**Instructions:** Enter the answer given by the participant for each response.

## A. 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? .....

☐ Y  
Yes

☐ N  
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.).....

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 A-D

0 ..... A

1-2 ..... B

3-4 ..... C

5 or more ..... D

5. Between the ages of 5 and 19, did you spend at least 10 days in any one year between 9am and 5pm, participating in beach or waterside activities, such as swimming, walking, sunbathing, fishing, sailing, etc.? .....

☐ Y  
Yes

☐ N ->Skip to Item 7  
No

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6. For how many years? ..... ☐ A-C
- 1-2 ..... A
- 3-4 ..... B
- 5 or more ..... C
7. Between the ages of 5 and 19, did you spend at least 7 days in any one year in a climate sunnier than your home?..... ☐ Y ☐ N ->Skip to Item 9
- Yes No
8. For how many years? ..... ☐ A-C
- 1-2 ..... A
- 3-4 ..... B
- 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 ..... B
- 3-4 ..... C
- 5 or more ..... D
10. Did you spend at least 10 days in any one year between 9am and 5pm, participating in beach or waterside activities, such as swimming, walking, sunbathing, fishing, sailing, etc.? ..... ☐ Y ☐ N ->Skip to Item 12
- Yes No
11. For how many years? ..... ☐ A-C
- 1-2 ..... A
- 3-4 ..... B
- 5 or more ..... C
12. Did you spend at least 7 days in any one year in a climate sunnier than your home?..... ☐ Y ☐ N ->Skip to Item 14
- Yes No
13. For how many years? ..... ☐ A-C
- 1-2 ..... A
- 3-4 ..... B
- 5 or more ..... C

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14. How many times have you used a tanning bed? ..... ☐ A-D
- Never ..... A
- 1-10 times ..... B
- 11-24 times ..... C
- 25 times or more ..... D

## B. Skin Phenotype

15. Which color best describes your skin color without any tanning? ..... ☐ A-C
- Fair ..... A
- Olive ..... B
- Brown/Black ..... C
16. Suppose you were wearing no sunscreen lotion and your skin was exposed to strong sunlight for the first time in the summer for one hour. Would you: ..... ☐ A-D
- Get a severe sunburn with blistering? ..... A
- Have a painful sunburn for a few days followed by peeling? ..... B
- Get mildly burned followed by some degree of tanning? ..... C
- Get brown without any sunburn? ..... D
17. After repeated and prolonged exposure to sunlight, would your skin become: . ☐ A-D
- Very brown and deeply tanned? ..... A
- Moderately tanned? ..... B
- Get mildly or occasionally tanned? ..... C
- Only freckled or no suntan at all? ..... D
18. What was the natural color of your hair at age 18? ..... ☐ A-F
- Red ..... A
- Blonde or "Fair" ..... B
- Light Brown ..... C
- Dark Brown ..... D
- Black ..... E
- Other ..... F

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19. What color are your eyes? ..... ☐ A-F

Blue ..... A

Grey ..... B

Green ..... C

Hazel ..... D

Brown ..... E

Other ..... F

20. In general, where are your ancestors from? (*Please mark all that apply.*)

a. UK/Britain (Originated from England, Wales, Scotland, Ireland) ..... ☐

b. Northern Europe (Originated from Austria, Latvia, Lithuania, Estonia, Denmark, France, Germany, Luxembourg, Netherlands/Holland, Sweden, Norway, Finland, Switzerland, other Western/Northern European country) ..... ☐

c. Southern Europe (Originated from Greece, Italy, Portugal, Spain, Former Yugoslavia, Malta, Cyprus, other Southern European country) ..... ☐

d. Eastern Europe (Originated from Bulgaria, Former Czechoslovakia, Hungary, Poland, Romania, Former USSR, other Eastern European country) ..... ☐

e. Caribbean ..... ☐

f. Africa ..... ☐

g. Asia ..... ☐

h. Mexico, South America, Central America ..... ☐

i. Other ..... ☐

### C. History of Atypical Moles/Non-melanoma Skin Cancer/Melanoma/Family History of Skin Cancer

21. Do you have a personal history of atypical moles (dysplastic nevi) diagnosed by a physician? ..... ☐ Y ☐ N  
Yes No

22. Do you have a personal history of nonmelanoma skin cancer? ..... ☐ Y ☐ N ->Skip to Item 24  
Yes No

23. What type? (*Please mark all that apply.*)

a. Basal Cell Carcinoma ..... ☐

b. Squamous Cell Carcinoma ..... ☐

c. Other ..... ☐

24. Do you have a personal history of melanoma? ..... ☐ Y ☐ N  
Yes No

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25. Has a parent, brother, sister, or child of yours ever had skin cancer of any type?..... ☐ Y ☐ N ->Skip to Item 27  
Yes No

26. What type? (*Please mark all that apply.*)

- a. Basal Cell Carcinoma or Squamous Cell Carcinoma..... ☐
- b. Melanoma ..... ☐
- c. Other..... ☐

#### D. Diet

*I have a few questions about your dietary habits.*

27. Are you a vegetarian?..... ☐ Y ☐ N  
Yes No

28. How often do you eat red meat? ..... ☐ ☐ ☐ ☐  
Never Once a week More than Daily  
or less once a week

29. How often do you eat fish? ..... ☐ ☐ ☐ ☐  
Never Once a week More than Daily  
or less once a week

30. How often do you eat green salad?..... ☐ ☐ ☐ ☐  
Never Once a week More than Daily  
or less once a week

31. How often do you eat fruit? ..... ☐ ☐ ☐ ☐  
Never Once a week More than Daily  
or less once a week

32. Have you changed your diet in the past two years to lower your risk of cancer?..... ☐ Y ☐ N  
Yes 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

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Never  Often  Often

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 ☐ Very Often
35. In the last month, how often have you felt that things were going your way? ..... ☐ Never ☐ Almost Never ☐ Sometimes ☐ Fairly Often ☐ Very 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 ☐ Sometimes ☐ Fairly Often ☐ Very 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 Disagree ☐ Strongly Disagree
38. It is important that others view my physical attractiveness positively.. .... ☐ Strongly Agree ☐ Somewhat Agree ☐ Neither Disagree nor Agree ☐ Somewhat Disagree ☐ Strongly Disagree
39. I would do whatever it takes to look good.. .... ☐ Strongly Agree ☐ Somewhat Agree ☐ Neither Disagree nor Agree ☐ Somewhat Disagree ☐ Strongly Disagree
40. It is important that I always look good ..... ☐ Strongly Agree ☐ Somewhat Agree ☐ Neither Disagree nor Agree ☐ Somewhat Disagree ☐ Strongly Disagree

*Next I will be asking you a question about your medical history.*

41. Parkinson's disease

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- a. Have you EVER been told by a doctor or other health professional that you have Parkinson's disease?.....☐ Y    ☐ N → End of Form  
Yes    No
- b. Are any of your current activities limited by Parkinson's disease?.....☐ Y    ☐ N  
Yes    No
- c. Do you currently take any prescription medications for Parkinson's disease? .....☐ Y    ☐ N  
Yes    No
- d. Do you currently take any over-the-counter medications for Parkinson's disease? .....☐ Y    ☐ N  
Yes    No