

How To Complete This Form

Please make solid marks or a cross that fill the oval.
* Please erase or white out any marks you wish to change.

* Please do not make stray marks on this form.

Subject ID

G	E	M	-			/				
---	---	---	---	--	--	---	--	--	--	--

Institution code/Subject Number Code

Date of Interview

		/			/	2	0		
D	D		M	M		Y	Y	Y	Y

Introduction

Hello, I'mfrom [center name] calling on behalf of the International Study of Genes, Environment and Melanoma.

Could I speak to [subject's full name].?

[When correct person is on the phone, repeat the introduction.]

....., the Project Coordinator, arranged for me to call you today for your interview.

Is now a convenient time?

[If No, arrange an alternative time for the interview.
If Yes, continue.]

Do you have a copy of the Calendar with you now?

[If No, ask them to get it. If this is not possible, arrange an alternative time for the interview.
If Calendar was not received, arrange an alternative time for the interview.
If Yes, continue.]



1.0 CANCER HISTORY - SELF

Thank you for agreeing to answer questions about your and your family's history of cancer, your time outdoors and sunlamp use.

I'd like to start by asking you a few questions about your diagnosis of melanoma.

1.1 What year was your recent melanoma diagnosed?

--	--	--	--

 year

1.2 Have you ever been diagnosed with melanoma before this?

☐ Yes

☐ No

[If response to 1.2 is NO, read question 1.3 as follows: How old were you when you were diagnosed?]

1.3 How old were you at your [most recent, first, second] diagnosis, with a melanoma on your [site of melanoma]?

most recent melanoma, age:

--	--	--

first melanoma, age:

--	--	--

second melanoma, age:

--	--	--

The answer to the following question is to be precoded using the subject's response to Questions 9, 10 and 11 in the Personal Residence and Work Calendar and Self-Administered Questionnaire (PRWC). Do not ask this question during the interview, unless the information is unavailable or unclear in the PRWC.]

1.4 Where on your body was the [most recent, first, second] melanoma?

most recent melanoma location: _____

first melanoma location _____

second melanoma location _____

Location
Code

--	--

--	--

--	--

[Probe to receive as specific a response as possible and fill in location code using list provided below]

Location Code	Location
01	Scalp
02	Face
03	Neck
04	Ear
05	Posterior trunk
06	Anterior trunk
07	Upper arm
08	Lower arm
09	Hand
10	Groin
11	Buttocks
12	Genital area
13	Upper Leg
14	Lower Leg
15	Foot
16	Other (specify) _____



1.5 Now, have you ever been treated by a doctor for skin cancer other than melanoma? By skin cancer, I mean something that the doctor thought was not a sunspot or solar keratosis or SK.

- ☐ Yes
☐ No
☐ Don't Know

[If NO or Don't Know, please go to 1.6]

[After completing the details for one type of skin cancer, ask "Did you have any other type of skin cancer besides this?"]

1.5a What was the type of skin cancer? Was it a: <i>[Read the options]</i>	1.5b How old were you when you were first diagnosed with [BCC/SCC]?	1.5c Where on your body was the first [BCC/SCC]? <i>[Probe to receive as explicit a response as possible and fill in location code using list provided below]</i>	1.5d How many [BCC/SCC] have you had? <i>[Code 9 9 if subject does not know.]</i>
Basal cell carcinoma or BCC <input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Location Code <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Squamous cell carcinoma or SCC <input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Unsure or Unknown (don't know) <input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

Location Code	Location
01	Scalp
02	Face
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04	Ear
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07	Upper arm
08	Lower arm
09	Hand
10	Groin
11	Buttocks
12	Genital area
13	Upper Leg
14	Lower Leg
15	Foot
16	Other (specify) _____

1.6 Have you ever had any cancer other than skin melanoma or another type of skin cancer?

☐ Yes ☐ No ☐ Don't Know

[If No or Don't know, please go to Section 2.0]

*[If more than one cancer, try to confirm that this is a new incident cancer rather than spread of the earlier one.
Ex: "Was it a completely different cancer from the breast cancer you had before?"]*

1.6a What type of cancer was it?	<i>[Interviewer: Fill in type code using list provided below.]</i> Type Code	1.6b How old were you when you were first diagnosed?
First Cancer:	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Did you have another cancer besides this? <i>[If Yes, say:]</i> What type was it? <i>[Repeat as necessary]</i>		
Second Cancer:	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Third Cancer:	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Fourth Cancer:	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

Type Code	Type of Cancer
01	Adrenal
02	Bladder
03	Brain
04	Breast (one side)
05	Breast both sides
06	Cervix
07	Colon or rectum
08	Esophagus
09	Eye or retinoblastoma
10	Kidney
11	Leukemia
12	Lung
13	Lymphoma or Hodgkin's
14	Melanoma (Non-skin)
15	Mouth or throat
16	Neuroblastoma
17	Ovary/fallopian tube
18	Pancreas
19	Parathyroid
20	Prostate
21	Sarcoma
22	Stomach
23	Testicles
24	Thyroid
25	Uterus or Endometrium
26	Wilm's tumor
27	Other
28	Unknown



2.0 FAMILY - STRUCTURE & CANCER HISTORY

Because we are interested in how important inherited factors are in the risk of developing melanoma, I'd like to now ask you some questions about your family and your family's cancer history.

First, I would like to know some general information about your nearest blood relatives, that is your parents, grandparents, brothers, sisters, children or your grandchildren.

2.1 But before I do that, would you tell me if you are adopted? ☐ Adopted ☐ Not Adopted

[If subject is not adopted, please skip 2.1a]

2.1a Do you know any information about your biological parents, grandparents or your biological brothers and sisters?
☐ Yes ☐ No

[If subject is adopted AND does not have information about their biological family, then please say "As we are interested in gathering information on the importance of inherited factors in this study. I would like to ask you about your children" Go to Question 2.5]

[Code in age box if subject does not know the answer to 2.2b or 2.2c]

[CODE]	2.2 [FAMILY MEMBER]	2.2a Is your [family member] still living? <i>[If No, skip 2.2b; if Yes, skip 2.2c; if Don't know, skip 2.2b and 2.2c]</i>	2.2b What is [his/her] age now?	2.2c How old was your [family member] when [he/she] died?
[M]	Let's start with your mother:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="text"/>	<input type="text"/>
[F]	Now your father:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="text"/>	<input type="text"/>
[MGM]	Let's talk about your maternal grandmother:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="text"/>	<input type="text"/>
[MGF]	And your maternal grandfather:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="text"/>	<input type="text"/>
[PGM]	And your paternal grandmother:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="text"/>	<input type="text"/>
[PGF]	And your paternal grandfather:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="text"/>	<input type="text"/>

Next, let's talk about your brothers and sisters.

2.3 Do you have any brothers and sisters, not including adopted or step brothers and sisters?
☐ Yes ☐ No ☐ Don't Know

[If No or Don't Know, please go to Question 2.5]

2.3a How many full sisters do you have?

2.3b How many half sisters do you have?

2.3c How many full brothers do you have?

2.3d How many half brothers do you have?

[If respondent has no half-siblings, please skip question 2.4a]

[Code 9 9 9 in age box if subject does not know the answer to 2.4c or 2.4d]

[CODE]	2.4 [FAMILY MEMBER]	2.4a Which parent do you have in common?	2.4b Is your [family member] still living? [If No, skip 2.4c; if Yes, skip 2.4d; if Don't know, skip 2.4c and 2.4d]	2.4c What is [his/her] age now?	2.4d How old was your [family member] when [he/she] died?
[SS1]	Let's talk about your first sister:	<input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Both	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="text"/>	<input type="text"/>
[SS2]	Now your second sister:	<input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Both	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="text"/>	<input type="text"/>
[SS3]	And your third sister:	<input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Both	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="text"/>	<input type="text"/>
[SS4]	And your fourth sister:	<input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Both	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="text"/>	<input type="text"/>

[If respondent has more than four sisters, complete information for remaining sisters in blank sections at the end of this table on the next page before asking about brothers.]

[B1]	Let's talk about your first brother:	<input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Both	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="text"/>	<input type="text"/>
[B2]	And your second brother:	<input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Both	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="text"/>	<input type="text"/>
[B3]	And your third brother:	<input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Both	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="text"/>	<input type="text"/>
[B4]	And your fourth brother:	<input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Both	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="text"/>	<input type="text"/>

[If respondent has more than four brothers, complete information for remaining brothers in blank sections at the end of this table on the next page.]



[Record additional siblings here, using the family coding guidelines in the interviewer manual.]

[Code

9	9	9
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 in age box if subject does not know the answer to 2.4c or 2.4d]

[Family Code]	2.4 (cont'd) [FAMILY MEMBER]	2.4a Which parent do you have in common?	2.4b Is your [family member] still living? <i>[If No, skip 2.4c; if Yes, skip 2.4d; if Don't know, skip 2.4c and 2.4d]</i>	2.4c What is [his/her] age now?	2.4d How old was your [family member] when [he/she] died?									
[use next code in hierarchy sequence] <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr></table>				And your [additional sibling] : _____	<input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Both	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr></table>				<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr></table>			
[use next code in hierarchy sequence] <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr></table>				And your [additional sibling] : _____	<input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Both	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr></table>				<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr></table>			
[use next code in hierarchy sequence] <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr></table>				And your [additional sibling] : _____	<input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Both	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr></table>				<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr></table>			
[use next code in hierarchy sequence] <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr></table>				And your [additional sibling] : _____	<input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Both	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr></table>				<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr></table>			

Next, I would like to ask you about your children.

2.5 Do you have any children, not including adopted or stepchildren?

☐ Yes ☐ No

[If No, please go to Question 2.8]

2.5a How many daughters do you have?

2.5b How many sons do you have?

[Code 9 9 9 in age box if subject does not know the answer to 2.6b or 2.6c]

[Family Code]	2.6 [FAMILY MEMBER]	2.6a Is your [family member] still living? [If No, skip 2.6b; if Yes, skip 2.6c; if Don't know, skip 2.6b and 2.6c]	2.6b What is [his/her] age now?	2.6c How old was your [family member] when [he/she] died?
[D1]	Let's talk about your first daughter:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
[D2]	Now your second daughter:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
[D3]	And your third daughter:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
[D4]	And your fourth daughter:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
[If respondent has more than four daughters, complete information for remaining daughters in blank sections at the end of this table on the next page before asking about sons]				
[S1]	Let's talk about your first son:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
[S2]	Now your second son:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
[S3]	And your third son:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
[S4]	And your fourth son:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

[If respondent has more than four sons, complete information for remaining sons in blank sections at the end of this table on the next page.]

[Record additional children here, using the family coding guidelines in the interviewer manual.]

[Code 9 9 9 in age box if subject does not know the answer to 2.6b or 2.6c]

[Family Code]	2.6 (Cont'd) [FAMILY MEMBER]	2.6a Is your [family member] still living? [If No, skip 2.6b; if Yes, skip 2.6c; if Don't know, skip 2.6b and 2.6c]	2.6b What is [his/her] age now?	2.6c How old was your [family member] when [he/she] died?
[use next code in hierarchy sequence] [] []	And your [additional child]:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	[] [] []	[] [] []
[use next code in hierarchy sequence] [] []	And your [additional child]:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	[] [] []	[] [] []
[use next code in hierarchy sequence] [] []	And your [additional child]:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	[] [] []	[] [] []
[use next code in hierarchy sequence] [] []	And your [additional child]:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	[] [] []	[] [] []

Next, let's talk about your grandchildren.

2.7 Do you have any grandchildren? ☐ Yes ☐ No ☐ Don't Know

[If No or Don't know, please go to Question 2.8]

2.7a How many granddaughters do you have?

2.7b How many grandsons do you have?

2.8 Next, let's talk about twins in your family. Are you a twin? ☐ Yes ☐ No ☐ Don't Know

[If No or Don't Know, please skip 2.8a]

Family Code

2.8a Which brother or sister is your twin? _____

2.9 Now, were any of your other nearest blood relatives, that is your parents, grandparents, brothers, sisters, children or grandchildren a twin? ☐ Yes ☐ No ☐ Don't Know

[If No or Don't know, please skip 2.9a]

2.9a Who in your family were twins?

1st pair of
twins in your
family: _____

Family Code

2nd pair of
twins in your
family: _____

Family Code

3rd pair of
twins in your
family: _____

Family Code

Family Code	Family Member
M	Mother
F	Father
MGM	Maternal Grandmother
MGF	Maternal Grandfather
PGM	Paternal Grandmother
PGF	Paternal Grandfather
SS1	First Sister
SS2	Second Sister
SS3	Third Sister
SS4	Fourth Sister, etc.
B1	First Brother
B2	Second Brother
B3	Third Brother
B4	Fourth Brother, etc.
D1	First Daughter
D2	Second Daughter
D3	Third Daughter
D4	Fourth Daughter, etc.
S1	First Son
S2	Second Son
S3	Third Son
S4	Fourth Son, etc.
GD1	First Granddaughter
GD2	Second Granddaughter
GD3	Third Granddaughter
GD4	Fourth Granddaughter, etc.
GS1	First Grandson
GS2	Second Grandson
GS3	Third Grandson
GS4	Fourth Grandson, etc.
OTH	Other Relative

Next I want to ask about your family history of melanoma.

2.10 Have any of your nearest blood relatives, your parents, grandparents, brothers, sisters, children or your grandchildren, ever been treated by a doctor for melanoma of the skin?

☐ Yes ☐ No ☐ Don't Know

[If No or Don't know, please go to Question 2.11

If Yes, go to 2.10a]

2.10a Who was the person with a skin melanoma?

[After completing the details for 2.10b for one relative, ask "Did any other of your nearest blood relatives have a skin melanoma?", until the answer is no.]

[Code

9	9	9
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 in age box if subject does not know the answer to 2.10b]

		2.10b How old was your [family member] at the time [he/she] was first diagnosed with skin melanoma?	
	Yes No		
Your mother <div style="border: 1px solid black; padding: 2px; display: inline-block;">M</div>	<input type="radio"/> <input type="radio"/>	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	Years
Your father <div style="border: 1px solid black; padding: 2px; display: inline-block;">F</div>	<input type="radio"/> <input type="radio"/>	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	Years
Your maternal grandmother <div style="border: 1px solid black; padding: 2px; display: inline-block;">M G M</div>	<input type="radio"/> <input type="radio"/>	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	Years
Your maternal grandfather <div style="border: 1px solid black; padding: 2px; display: inline-block;">M G F</div>	<input type="radio"/> <input type="radio"/>	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	Years
Your paternal grandmother <div style="border: 1px solid black; padding: 2px; display: inline-block;">P G M</div>	<input type="radio"/> <input type="radio"/>	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	Years
Your paternal grandfather <div style="border: 1px solid black; padding: 2px; display: inline-block;">P G F</div>	<input type="radio"/> <input type="radio"/>	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	Years

[Continued on next page]



2.10a-b (Cont'd)

[If a sibling, child or grandchild is affected, probe to find out which sibling, child or grandchild is affected and code from family code list as appropriate. e.g. S1 for First Son, etc.]

[Code 9 9 9 in age box if subject does not know the answer to 2.10b]

2.10a	2.10b
	How old was your [family member] at the time [he/she] was first diagnosed with skin melanoma?
<p>Yes No</p> <p>Your sister</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> <input type="radio"/></p> <p><input type="text"/> <input type="text"/> <input type="text"/> Years</p>	
<p>Your brother</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> <input type="radio"/></p> <p><input type="text"/> <input type="text"/> <input type="text"/> Years</p>	
<p>Your daughter</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> <input type="radio"/></p> <p><input type="text"/> <input type="text"/> <input type="text"/> Years</p>	
<p>Your son</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> <input type="radio"/></p> <p><input type="text"/> <input type="text"/> <input type="text"/> Years</p>	
<p>Your granddaughter</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> <input type="radio"/></p> <p><input type="text"/> <input type="text"/> <input type="text"/> Years</p>	
<p>Your grandson</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> <input type="radio"/></p> <p><input type="text"/> <input type="text"/> <input type="text"/> Years</p>	
<p>Your [other relative]:</p> <p>[Code]</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> <input type="radio"/></p> <p><input type="text"/> <input type="text"/> <input type="text"/> Years</p>	
<p>Your [other relative]:</p> <p>[Code]</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> <input type="radio"/></p> <p><input type="text"/> <input type="text"/> <input type="text"/> Years</p>	

Family Code	Family Member
SS1	First Sister
SS2	Second Sister
SS3	Third Sister
SS4	Fourth Sister, etc.
B1	First Brother
B2	Second Brother
B3	Third Brother
B4	Fourth Brother, etc.
D1	First Daughter
D2	Second Daughter
D3	Third Daughter
D4	Fourth Daughter, etc.
S1	First Son
S2	Second Son
S3	Third Son
S4	Fourth Son, etc.
GD1	First Granddaughter
GD2	Second Granddaughter
GD3	Third Granddaughter
GD4	Fourth Granddaughter, etc.
GS1	First Grandson
GS2	Second Grandson
GS3	Third Grandson
GS4	Fourth Grandson, etc.



Now I'd like to find out about other skin cancers in your family.

2.11 Have any of your nearest blood relatives, your parents, grandparents, brothers, sisters, children or your grandchildren ever had any skin cancer that was not melanoma?

☐ Yes ☐ No ☐ Don't Know

Now I'd like to know about your family's cancer history in general.

2.12 Have any of your nearest blood relatives, your parents, grandparents, brothers, sisters, children or your grandchildren ever had any cancer other than skin melanoma or another type of skin cancer?

Yes ☐ No ☐ Don't Know

[If no or Don't know, please go to Section 3.0]

2.12a Who was the person with the other cancer?

[After completing details for one relative say: "Were there any other people in your family who had a cancer other than melanoma or another skin cancer?", until answer is no.]

[Fill in Family Code and Type Codes using lists provided on the next page]

[Code 9 9 9 in age box if subject does not know the answer to 2.12d]

	Family Code	Yes	No	2.12b What type of cancer was it?	2.12c [Type Code]	2.12d How old was your [family member] at the time the cancer was diagnosed?
Your mother	M	<input type="radio"/>	<input type="radio"/>			
Your father	F	<input type="radio"/>	<input type="radio"/>			
Your maternal grandmother	M G M	<input type="radio"/>	<input type="radio"/>			
Your maternal grandfather	M G F	<input type="radio"/>	<input type="radio"/>			
Your paternal grandmother	P G M	<input type="radio"/>	<input type="radio"/>			
Your paternal grandfather	P G F	<input type="radio"/>	<input type="radio"/>			
Your sister		<input type="radio"/>	<input type="radio"/>			
Your brother		<input type="radio"/>	<input type="radio"/>			
Your daughter		<input type="radio"/>	<input type="radio"/>			
Your son		<input type="radio"/>	<input type="radio"/>			
Your granddaughter		<input type="radio"/>	<input type="radio"/>			
Your grandson		<input type="radio"/>	<input type="radio"/>			

[continued on next page]

[Code 9 9 9 in age box if subject does not know the answer to 2.12d]

2.12a	Family Code	Yes	No	2.12b What type of cancer was it?	2.12c [Type Code]	2.12d How old was your [family member] at the time the cancer was diagnosed?
<i>[Insert any other siblings, children, grandchildren or relatives with multiple cancers below using the family type codes lists provided at the bottom of this page.]</i>						
Your:	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Your:	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Your:	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Your:	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Your:	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Your:	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Family Code	Family Member
SS1	First Sister
SS2	Second Sister
SS3	Third Sister
SS4	Fourth Sister, etc.
B1	First Brother
B2	Second Brother
B3	Third Brother
B4	Fourth Brother, etc.
D1	First Daughter
D2	Second Daughter
D3	Third Daughter
D4	Fourth Daughter, etc.
S1	First Son
S2	Second Son
S3	Third Son
S4	Fourth Son, etc.
GD1	First Granddaughter
GD2	Second Granddaughter
GD3	Third Granddaughter
GD4	Fourth Granddaughter, etc.
GS1	First Grandson
GS2	Second Grandson
GS3	Third Grandson
GS4	Fourth Grandson, etc.

Type Code	Type of Cancer
01	Adrenal
02	Bladder
03	Brain
04	Breast (one side)
05	Breast both sides
06	Cervix
07	Colon or rectum
08	Esophagus
09	Eye or retinoblastoma
10	Kidney
11	Leukemia
12	Lung
13	Lymphoma or Hodgkin's
14	Melanoma (Non-skin)
15	Mouth or throat
16	Neuroblastoma
17	Ovary/fallopian tube
18	Pancreas
19	Parathyroid
20	Prostate
21	Sarcoma
22	Stomach
23	Testicles
24	Thyroid
25	Uterus or Endometrium
26	Wilm's tumor
27	Other
28	Unknown



3.0 OUTDOOR JOB

I'd now like to ask you a few questions about your jobs. By "jobs" I mean any activity that you consider to be your work, whether paid or unpaid. In particular, I am interested in any job that you have had for a total of one year or more in which you usually worked outdoors for more than an hour per day, between 9 and 5. This would also include seasonal jobs. If, for example, you worked as a lifeguard for 4 summers, that would be one job that would total for a year.

3.1 With that in mind, have you had any job for a total of one year or more in which you usually worked outdoors for more than an hour per day between 9 and 5 ?

☐ Yes ☐ No ☐ Don't Know

[If No or Don't Know, go to Section 4.

If Yes, go to Question 3.2]

3.2 What were these outdoor jobs? [Please record job title or type of work (eg. gardener, painter); if unclear please include a brief (*one line*) description of type of work]

3.2.1 1st: _____

3.2.2 2nd: _____

3.2.3 3rd: _____

3.2.4 4th: _____

3.2.5 5th: _____

3.2.6 6th: _____

I would like you to think about your first outdoor job, *[answer from Question 3.2]*:

[INTERVIEWER: The subject's response to Question 3.2 will indicate whether Questions 3.3 to 3.6 are to be repeated.]

[If the subject had more than one type of outdoor job, say "I would like to ask you about your (second or third etc) outdoor job when you were a [jobtitle] now.." Repeat Questions.
If the subject had only one type of outdoor job, go to Section 4]

	1st Job	2nd Job	3rd Job
3.3 In what year did you first do this?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3.4 In what year did you last do this job?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3.5 For about how many years altogether did you do this job?	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> (Years - Months)	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> (Years - Months)	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> (Years - Months)
3.6 How much time did you usually spend outdoors between 9 and 5 in this job? By outdoors I mean outside and not under any shade.	<input type="text"/> - <input type="text"/> <input type="text"/> (Hours - Minutes) per day	<input type="text"/> - <input type="text"/> <input type="text"/> (Hours - Minutes) per day	<input type="text"/> - <input type="text"/> <input type="text"/> (Hours - Minutes) per day

	4th Job	5th Job	6th Job
3.3 In what year did you first do this?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3.4 In what year did you last do this job?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3.5 For about how many years altogether did you do this job?	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> (Years - Months)	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> (Years - Months)	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> (Years - Months)
3.6 How much time did you usually spend outdoors between 9 and 5 in this job? By outdoors I mean outside and not under any shade.	<input type="text"/> - <input type="text"/> <input type="text"/> (Hours - Minutes) per day	<input type="text"/> - <input type="text"/> <input type="text"/> (Hours - Minutes) per day	<input type="text"/> - <input type="text"/> <input type="text"/> (Hours - Minutes) per day

* between 9am and 5pm

* on at least 10 days in any one year. [read the options]

[If Yes, For each activity to which the subject answered Yes, ask the following questions:]

		4.1a In what year did you first do/play [activity]?	4.1b In what year did you last do/play [activity]?	4.1c Now think about a typical month when you did this. How often on average did you do/play it over this period? [Pick the frequency from the subject's answer and probe as necessary]	4.1d On average, how many hours a day were you outdoors, not under any shade, doing [activity] each time you did it?	4.1e In what seasons did you usually do [activity]? was it: [Read the options]			
						Summer	Autumn	Winter	Spring
Any beach or waterside activities, such as swimming, surfing, walking, sunbathing or pier or beach fishing? I'll ask about sailing, boating and fishing from a boat separately.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> days per week days per month days per year <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> (Hours - Minutes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any outdoor swimming pool activities, such as swimming or sunbathing?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> days per week days per month days per year <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> (Hours - Minutes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any sunbathing other than at the pool or beach?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> days per week days per month days per year <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> (Hours - Minutes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Continue on next page]

4.1 (Cont'd)

[If Yes, For each activity to which the subject answered Yes, ask the following questions:]

		4.1a In what year did you first do/play [activity]?	4.1b In what year did you last do/play [activity]?	4.1c Now think about a typical month when you did this. How often on average did you do/play it over this period? [Pick the frequency from the subjects answer and probe as necessary]	4.1d On average, how many hours a day were you outdoors, not under any shade, doing [activity] each time you did it?	4.1e In what seasons did you usually do [activity]? was it: [Read the options]
						Summer Autumn Winter Spring
Sailing, boating, windsurfing, water skiing or fishing from a boat?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know			<div> <div> <div></div><div></div><div></div> </div> <div>days per week</div> </div> <div> <div> <div></div><div></div><div></div> </div> <div>days per month</div> </div> <div> <div> <div></div><div></div><div></div> </div> <div>days per year</div> </div> <div> <input type="radio"/> <input type="radio"/> <input type="radio"/> </div>	<div> <div></div> - <div></div><div></div> </div> <div>(Hours - Minutes)</div>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
Snow skiing or snowboarding?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know			<div> <div> <div></div><div></div><div></div> </div> <div>days per week</div> </div> <div> <div> <div></div><div></div><div></div> </div> <div>days per month</div> </div> <div> <div> <div></div><div></div><div></div> </div> <div>days per year</div> </div> <div> <input type="radio"/> <input type="radio"/> <input type="radio"/> </div>	<div> <div></div> - <div></div><div></div> </div> <div>(Hours - Minutes)</div>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
Icesports, such as iceskating/ icehockey and icefishing, for example?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know			<div> <div> <div></div><div></div><div></div> </div> <div>days per week</div> </div> <div> <div> <div></div><div></div><div></div> </div> <div>days per month</div> </div> <div> <div> <div></div><div></div><div></div> </div> <div>days per year</div> </div> <div> <input type="radio"/> <input type="radio"/> <input type="radio"/> </div>	<div> <div></div> - <div></div><div></div> </div> <div>(Hours - Minutes)</div>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
Tennis?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know			<div> <div> <div></div><div></div><div></div> </div> <div>days per week</div> </div> <div> <div> <div></div><div></div><div></div> </div> <div>days per month</div> </div> <div> <div> <div></div><div></div><div></div> </div> <div>days per year</div> </div> <div> <input type="radio"/> <input type="radio"/> <input type="radio"/> </div>	<div> <div></div> - <div></div><div></div> </div> <div>(Hours - Minutes)</div>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>

[Continue on next page]

4.1 (Cont'd)

[If Yes, For each activity to which the subject answered Yes, ask the following questions:]

		4.1a In what year did you first do/play [activity]?	4.1b In what year did you last do/play [activity]?	4.1c Now think about a typical month when you did this. How often on average did you do/play it over this period? [Pick the frequency from the subjects answer and probe as necessary]	4.1d On average, how many hours a day were you outdoors, not under any shade, doing [activity] each time you did it?	4.1e In what seasons did you usually do [activity]? was it: [Read the options]
						Summer Autumn Winter Spring
Field sports, such as football, softball or other athletics?	Yes					
	No					
	Don't Know			days per week	days per month	days per year
						(Hours - Minutes)
Golf?	Yes					
	No					
	Don't Know			days per week	days per month	days per year
						(Hours - Minutes)
Bicycle riding?	Yes					
	No					
	Don't Know			days per week	days per month	days per year
						(Hours - Minutes)

[Continue on next page]



4.1 (Cont'd)

[If Yes, For each activity to which the subject answered Yes, ask the following questions:]

		4.1a In what year did you first do/play [activity]?	4.1b In what year did you last do/play [activity]?	4.1c Now think about a typical month when you did this. How often on average did you do/play it over this period? [Pick the frequency from the subjects answer and probe as necessary]	4.1d On average, how many hours a day were you outdoors, not under any shade, doing [activity] each time you did it?	4.1e In what seasons did you usually do [activity]? was it: [Read the options]
						Summer Autumn Winter Spring
Gardening or yard work?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <div>days per week days per month days per year</div> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> (Hours - Minutes)	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
Walking hiking or jogging?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <div>days per week days per month days per year</div> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <div>days per week days per month days per year</div> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> (Hours - Minutes)	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
Any time spent outdoors with no specific activities?*	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <div>days per week days per month days per year</div> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <div>days per week days per month days per year</div> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> (Hours - Minutes)	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>

[Continue on next page]

* [If subject is not sure how to answer, say: "For example, this would include activities like watching children playing soccer or other spectator sports or, just sitting outdoors, or feeding ducks at the park"]

4.1 (Cont'd)

[Record activities that do not fit inot any of the other categories here. If yes, record these activities here. Fill in No if the subject does not have such an activity.]

[If Yes, For each activity to which the subject answered Yes, ask the following questions:]

		4.1a In what year did you first do/play [activity]?	4.1b In what year did you last do/play [activity]?	4.1c Now think about a typical month when you did this. How often on average did you do/play it over this period? [Pick the frequency from the subjects answer and probe as necessary]	4.1d On average, how many hours a day were you outdoors, not under any shade, doing [activity] each time you did it?	4.1e In what seasons did you usually do [activity]? was it: [Read the options]
						Summer Autumn Winter Spring
Are there any other outdoor leisure activities you have had that I haven't asked you about?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="text"/>	<input type="text"/>	<input type="text"/> days per week <input type="text"/> days per month <input type="text"/> days per year	<input type="text"/> - <input type="text"/> (Hours - Minutes)	<input type="radio"/>
Are there any other outdoor leisure activities you have had that I haven't asked you about?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="text"/>	<input type="text"/>	<input type="text"/> days per week <input type="text"/> days per month <input type="text"/> days per year	<input type="text"/> - <input type="text"/> (Hours - Minutes)	<input type="radio"/>
Are there any other outdoor leisure activities you have had that I haven't asked you about?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="text"/>	<input type="text"/>	<input type="text"/> days per week <input type="text"/> days per month <input type="text"/> days per year	<input type="text"/> - <input type="text"/> (Hours - Minutes)	<input type="radio"/>

Subject ID

	E	M	-		/				
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Institution code/Subject Number Code

Date of Interview

		/			/	2	0		
D	D		M	M		Y	Y	Y	Y

5.0 OUTDOOR ACTIVITIES

[INTERVIEWER: The Calendar Summary will indicate the age of the subject and whether the questions for 10, 20, 30, 40, 50, 60, 70, 80 and 90 years of age are applicable.]

Next, I want to ask about the hours you spent outdoors when you were at the end of each decade of your life. By outdoors I mean outside and not under any shade.

I am also going to be asking you about exposure of the site of your melanoma. If you have had more than one melanoma, we are talking about the most recent one, the one on your [site of melanoma].

[Notes for Section 5.0:

- (a) If the subject moved during a particular year, they should be asked to answer these questions for the place in which they spent the most time during that year.
- (b) If the subject was travelling during a particular year, they should be asked to answer these questions for the next year when they were at home doing their usual activities.]

[At any time during Section 5.0, please remind the subject about the conditions for each question if you feel they are uncertain, i.e. the age and in the warmer or cooler months.]

[Start questions for 10 years of age]

[INTERVIEWER: The Calendar Summary will indicate the year in which the subject turned 10, the town or city they were living and the name of the school they were attending.]

Lets begin with the year that you turned 10. That was in [19.....] when you were living in [.....suburb/town] and going to [.....school].

[INTERVIEWER: The Calendar Summary will indicate whether the subject was in the Southern or Northern hemisphere at age 10.]



Consider now only the warmer months, October to March [in the Northern hemisphere: April to September]. In that year,

5.1 How many hours per day did you usually spend outdoors between 9 and 5 on school days?	<input type="text"/> - <input type="text"/>	(Hours - Minutes) per day
5.2 How many hours per day did you usually spend outdoors between 9 and 5 on weekends?	<input type="text"/> - <input type="text"/>	(Hours - Minutes) per day
5.3 For how many weeks in the warmer months did you have vacations from school when you were 10?	<input type="text"/> weeks	
5.3a How many hours per day did you usually spend outdoors between 9 and 5 on those school vacations?	<input type="text"/> - <input type="text"/>	(Hours - Minutes) per day
5.3b Did you spend any part of your vacation in a sunnier climate than your usual location?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	
[If Yes, ask next three questions; if No or Don't Know go to 5.4]		
5.3c Where did you spend it?		
5.3d How long did you spend there?	<input type="text"/> days	
5.3e How many hours per day did you spend outdoors between 9 and 5 there?	<input type="text"/> - <input type="text"/>	(Hours - Minutes) per day
When you were outdoors during the warmer months of the year that you turned 10:		
	Always or almost Always	Not always but more than half the time
	About half the time	Less than half the time
	Never or hardly ever	
5.4 How often did you cover your [site of melanoma] with clothing?* Was it: [Read the options]	<input type="radio"/>	<input type="radio"/>
5.5 How often did you wear sunscreen on your [site of melanoma]? Was it:	<input type="radio"/>	<input type="radio"/>
5.5a [If use was more than hardly ever, ask:] Do you remember what SPF you wore?	<input type="radio"/> Yes <input type="radio"/> No If yes, please specify: <input type="text"/>	
[INTERVIEWER: The Calendar Summary will indicate whether the subject was in the Southern or Northern hemisphere at age 10] Now I want to ask about the cooler months, April to September [in the Northern hemisphere: October to March]. In the year that you turned 10:		
5.6 How many hours per day did you usually spend outdoors between 9 and 5 on school days?	<input type="text"/> - <input type="text"/>	(Hours - Minutes) per day
5.7 And between 9 and 5 on weekends?	<input type="text"/> - <input type="text"/>	(Hours - Minutes) per day
5.8 And how many weeks in the cooler months did you have for vacations from school?	<input type="text"/> weeks	
5.8a How many hours per day did you usually spend outdoors between 9 and 5 on school vacations?	<input type="text"/> - <input type="text"/>	(Hours - Minutes) per day
5.8b Did you spend any part of your vacation in a sunnier climate than your usual location?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	
[If Yes, ask next three questions; if No or Don't Know go to 5.9]		

* [For head/neck site, add: "By cover we mean that there was clothing over the site, not just shade from a hat, for example."]

[continue on next page]

5.8c Where did you spend it?					
5.8d How long did you spend there?	<input type="text"/> <input type="text"/> days				
5.8e How many hours per day did you spend outdoors between 9 and 5 there?	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day				
When you were outdoors during the cooler months of the year you turned 10:					
	Always or almost Always	Not always but more than half the time	About half the time	Less than half the time	Never or hardly ever
5.9 How often did you cover your [site of melanoma] with clothing?* Was it: [Read the options]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.10 How often did you wear sunscreen on your [site of melanoma]? Was it:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.10a [If use was more than hardly ever, ask:] Do you remember what SPF you wore?	<input type="radio"/> Yes <input type="radio"/> No If yes, please specify: <input type="text"/>				
Now, consider the whole of the year that you turned 10:					
5.11 During this period were you ever sunburnt so as to cause pain for two or more days?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know				
[If Yes, ask next two questions. If No or Don't know skip to 5.12]					
5.11a About how many times did this happen?	<input type="text"/> <input type="text"/> times				
5.11b Was your [site of melanoma] usually burnt on these occasions?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know				
5.12 Were you ever sunburnt so severely during this period as to cause large blisters?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know				
[If Yes, ask next two questions, if No or Don't Know, skip to the introduction for the next decade year.]					
5.12a About many times or times altogether in this period did this happen?	<input type="text"/> <input type="text"/> times				
5.12b Was your [site of melanoma] usually blistered on these occasions?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know				

* [For head/neck site, add: "By cover we mean that there was clothing over the site, not just shade from a hat, for example."]

[Start questions for 20 and 30 years of age]

INTERVIEWER: The Calendar Summary will indicate the year in which the subject turned 20 and 30, the town or city they were living and whether they were a college or university student or were working, and give the appropriate details for the type of job. There will be some subjects who turn 20 and 30 during the year that they are interviewed. These individuals will be asked about the year they turned 19 and 29.]

Lets talk now about the year that you turned [age]. That was in [19.....] when you were living in [.....suburb/town] and you were [going to {.....} university or working at {.....} job etc].

[INTERVIEWER: The Calendar Summary will indicate whether the subject was in the Southern or Northern hemisphere at age 20 and 30.]

Consider now only the warmer months, October to March [in the Northern hemisphere: April to September]. In that year,

	20 years of age [19/20]	30 years of age [29/30]
5.13 How many hours per day did you usually spend outdoors between 9 and 5 on weekdays?	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day
5.14 And between 9 and 5 on weekends or days off, not including vacations?	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day
5.15 Did you take vacations in the warmer months of the year that you turned [age]?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know
[If No or Don't Know go to 5.16]		
5.15a For how long in the warmer months did you take vacations?	<input type="text"/> <input type="radio"/> Days <input type="radio"/> Weeks <input type="radio"/> Months	<input type="text"/> <input type="radio"/> Days <input type="radio"/> Weeks <input type="radio"/> Months
5.15b During these vacations, how many hours per day did you usually spend outdoors between 9 and 5?	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day
5.15c Did you spend any part of your vacation in a sunnier climate than your usual location?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know
[If Yes, ask next three questions; if No or Don't Know go to 5.16]		
5.15d Where did you spend it?		
5.15e How long did you spend there?	<input type="text"/> days	<input type="text"/> days
5.15f How many hours per day did you spend outdoors between 9 and 5 there?	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day
And when you were outdoors during the warmer months of the year that you turned [age]:		
	Always or almost Always Not always but more than half the time About half the time Less than half the time Never or hardly ever	Always or almost Always Not always but more than half the time About half the time Less than half the time Never or hardly ever
5.16 How often did you cover your [site of melanoma] with clothing? *Was it: [read the options]	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
5.17 How often did you wear sunscreen on your [site of melanoma] Was it: [read the options]	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
[If use was more than hardly ever, ask:]		
5.17a Do you remember what SPF you wore?	<input type="radio"/> Yes <input type="radio"/> No If yes, please specify: <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No If yes, please specify: <input type="text"/>
[INTERVIEWER: The Calendar Summary will indicate whether the subject was in the Southern or Northern hemisphere at age 20 and 30]		
Now I want to ask about the cooler months April to September [in the Northern hemisphere: October to March]. In the year that you turned [age]:		
5.18 How many hours per day did you usually spend outdoors between 9 and 5 on weekdays?	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day
5.19 And between 9 and 5 on weekends or days off, not including vacations?	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day
5.20 Did you take vacations in the cooler months of the year that you turned [age]?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know
[If No or Don't Know go to 5.21]		
5.20a For how long in the cooler months did you take vacations?	<input type="text"/> <input type="radio"/> Days <input type="radio"/> Weeks <input type="radio"/> Months	<input type="text"/> <input type="radio"/> Days <input type="radio"/> Weeks <input type="radio"/> Months
5.20b During these vacations, how many hours per day did you usually spend outdoors between 9 and 5?	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day
5.20c Did you spend any part of your vacation in a sunnier climate than your usual location?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know
[If Yes, ask next three questions; if No or Don't Know go to 5.21]		

* [For head/neck site, add: "By cover we mean that there was clothing over the site, not just shade from a hat, for example."]
[continue on next page]



	20 years of age [19/20]	30 years of age [29/30]
5.20d Where did you spend it?		
5.20e How long did you spend there?	<input type="text"/> <input type="text"/> days	<input type="text"/> <input type="text"/> days
5.20f How many hours per day did you spend outdoors between 9 and 5 there?	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day
And when you were outdoors during the cooler months of the year that you turned [age]		
	Always or almost Always Not always but more than half the time About half the time Less than half the time Never or hardly ever	Always or almost Always Not always but more than half the time About half the time Less than half the time Never or hardly ever
5.21 How often did you cover the [site of melanoma] with clothing? *Was it: [read the options]	<input type="radio"/> Always or almost Always <input type="radio"/> Not always but more than half the time <input type="radio"/> About half the time <input type="radio"/> Less than half the time <input type="radio"/> Never or hardly ever	<input type="radio"/> Always or almost Always <input type="radio"/> Not always but more than half the time <input type="radio"/> About half the time <input type="radio"/> Less than half the time <input type="radio"/> Never or hardly ever
5.22 How often did you wear sunscreen on your [site of melanoma]? Was it: [read the options]	<input type="radio"/> Always or almost Always <input type="radio"/> Not always but more than half the time <input type="radio"/> About half the time <input type="radio"/> Less than half the time <input type="radio"/> Never or hardly ever	<input type="radio"/> Always or almost Always <input type="radio"/> Not always but more than half the time <input type="radio"/> About half the time <input type="radio"/> Less than half the time <input type="radio"/> Never or hardly ever
[If use was more than hardly ever, ask:]		
5.22a Do you remember what SPF you wore?	<input type="radio"/> Yes <input type="radio"/> No If yes, please specify: <input type="text"/> <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No If yes, please specify: <input type="text"/> <input type="text"/>
Now, consider the whole of the year that you turned [age]		
5.23 During this period were you ever sunburnt so as to cause pain for two or more days?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know
[If Yes, ask next two questions. If No or Don't Know skip to 5.24 for this decade year]		
5.23a About how many times did this happen?	<input type="text"/> <input type="text"/> times	<input type="text"/> <input type="text"/> times
5.23b Was your [site of melanoma] usually burnt on these occasions?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know
5.24 Were you ever sunburnt so severely during this period as to cause large blisters?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know
[If Yes ask next two questions, if No or Don't Know skip to the introduction for the next decade year]		
5.24a About how many times or times altogether in this period did this happen?	<input type="text"/> <input type="text"/> times	<input type="text"/> <input type="text"/> times
5.24b Was your [site of melanoma] usually blistered on these occasions?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know

* [For head/neck site, add: "By cover we mean that there was clothing over the site, not just shade from a hat, for example."]



[Start questions for 40, 50 and 60 years of age]

INTERVIEWER: The Calendar Summary will indicate the year in which the subject turned 40, 50 and 60, the town or city they were living and whether they were working, and give the appropriate details for the type of job. There will be some subjects who turn 40, 50 and 60 during the year that they are interviewed. These individuals will be asked about the year they turned 39, 49 and 59.]

Lets talk now about the year that you turned [age]. That was in [19.....] when you were living in [.....suburb/town] and you were [going to {.....} job etc].

[INTERVIEWER: The Calendar Summary will indicate whether the subject was in the Southern or Northern hemisphere at 40, 50 and 60.]

Consider now only the warmer months, October to March [in the Northern hemisphere: April to September]. In that year,

	40 years of age [39/40]	50 years of age [49/50]	60 years of age [59/60]												
How many hours per day did you usually spend outdoors between 9 and 5 on weekdays?	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day												
5.14 And between 9 and 5 on weekends or days off, not including vacations?	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day												
5.15 Did you take vacations in the warmer months of the year that you turned [age]?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know												
[If No or Don't know go to 5.16]															
5.15a For how long in the warmer months did you take vacations?	<input type="text"/> Days <input type="text"/> Weeks <input type="text"/> Months	<input type="text"/> Days <input type="text"/> Weeks <input type="text"/> Months	<input type="text"/> Days <input type="text"/> Weeks <input type="text"/> Months												
5.15b During these vacations, how many hours per day did you usually spend outdoors between 9 and 5?	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day												
5.15c Did you spend any part of your vacation in a sunnier climate than your usual location?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know												
[If Yes, ask next three questions; if No or Don't Know go to 5.16]															
5.15d Where did you spend it?	<input type="text"/>	<input type="text"/>	<input type="text"/>												
5.15e How long did you spend there?	<input type="text"/> days	<input type="text"/> days	<input type="text"/> days												
5.15f How many hours per day did you spend outdoors between 9 and 5 there?	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day												
And when you were outdoors during the warmer months of the year that you turned [age]:															
	Always or almost Always	Not always but more than half the time	About half the time	Less than half the time	Never or hardly ever	Always or almost Always	Not always but more than half the time	About half the time	Less than half the time	Never or hardly ever	Always or almost Always	Not always but more than half the time	About half the time	Less than half the time	Never or hardly ever
5.16 How often did you cover your [site of melanoma] with clothing? Was it: [Read the options]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.17 How often did you wear sunscreen on your [site of melanoma] Was it: [Read the options]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[If use was more than hardly ever, ask:]															
5.17a Do you remember what SPF you wore?	<input type="radio"/> Yes <input type="radio"/> No If yes, please specify: <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No If yes, please specify: <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No If yes, please specify: <input type="text"/>												
[INTERVIEWER: The Calendar Summary will indicate whether the subject was in the Southern or Northern hemisphere at 40, 50 and 60] Now I want to ask about the cooler months, April to September [in the Northern hemisphere: October to March]. In the year that you turned [age]:															
5.18 How many hours per day did you usually spend outdoors between 9 and 5 on weekdays?	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day												
5.19 And between 9 and 5 on weekends or days off, not including vacations?	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day												
5.20 Did you take vacations in the cooler months of the year that you turned [age]?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know												
[If No or Don't Know, go to 5.21]															
5.20a For how long in the cooler months did you take vacations?	<input type="text"/> Days <input type="text"/> Weeks <input type="text"/> Months	<input type="text"/> Days <input type="text"/> Weeks <input type="text"/> Months	<input type="text"/> Days <input type="text"/> Weeks <input type="text"/> Months												
5.20b During these vacations, how many hours per day did you usually spend outdoors between 9 and 5?	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day												
5.20c Did you spend any part of your vacation in a sunnier climate than your usual location?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know												
[If Yes, ask next three questions; if No or Don't Know go to 5.21]															

* [For head/neck site, add: "By cover we mean that there was clothing over the site, not just shade from a hat, for example."]

[Continue on next page]



	40 years of age [39/40]	50 years of age [49/50]	60 years of age [59/60]												
5.20d Where did you spend it?															
5.20e How long did you spend there?	<input type="text"/> <input type="text"/> days	<input type="text"/> <input type="text"/> days	<input type="text"/> <input type="text"/> days												
5.20f How many hours per day did you spend outdoors between 9 and 5 there?	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day												
And when you were outdoors during the cooler months of the year that you turned [age]:															
	Always or almost Always	Not always but more than half the time	About half the time	Less than half the time	Never or hardly ever	Always or almost Always	Not always but more than half the time	About half the time	Less than half the time	Never or hardly ever	Always or almost Always	Not always but more than half the time	About half the time	Less than half the time	Never or hardly ever
5.21 How often did you cover your [site of melanoma] with clothing? Was it: [Read the options]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.22 How often did you wear sunscreen on your [site of melanoma]? Was it:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[If use was more than hardly ever, ask:]															
5.22a Do you remember what SPF you wore?	<input type="radio"/> Yes <input type="radio"/> No If yes, please specify: <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No If yes, please specify: <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No If yes, please specify: <input type="text"/>												
Now, consider the whole of the year that you turned [age]:															
5.23 During this period were you ever sunburnt so as to cause pain for two or more days?	Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/>												
[If Yes, ask next two questions. If No or Don't Know skip to 5.24 for this decade year]															
5.23a About how many times did this happen?	<input type="text"/> times	<input type="text"/> times	<input type="text"/> times												
5.23b Was your [site of melanoma] usually burnt on these occasions?	Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/>												
5.24 Were you ever sunburnt so severely during this period as to cause large blisters?	Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/>												
[If Yes, ask next two questions. If No or Don't Know, go to the introduction for the next decade year.]															
5.24a About how many times did this happen?	<input type="text"/> times	<input type="text"/> times	<input type="text"/> times												
5.24b Was your [site of melanoma] usually blistered on these occasions?	Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/>												

* [For head/neck site, add: "By cover we mean that there was clothing over the site, not just shade from a hat, for example."]

[Start questions for 70, 80 and 90 years of age]

[INTERVIEWER: The Calendar Summary will indicate the year in which the subject turned 70, 80 and 90 the town or city they were living and whether they were working, and give the appropriate details for the type of job. There will be some subjects who turn 70, 80 and 90 during the year that they are interviewed. These individuals will be asked about the year they turned 69, 79 and 89.]

Lets talk now about the year that you turned [age]. That was in [19.....]
when you were living in {..... suburb/town]
and you were [going to {.....} job etc].

[INTERVIEWER: The Calendar Summary will indicate whether the subject was in the Southern or Northern hemisphere at 70, 80 and 90.]

Consider now only the warmer months, October to March [in the Northern hemisphere: April to September]. In that year,

	70 years of age [69/70]	80 years of age [79/80]	90 years of age [89/90]												
5.13 How many hours per day did you usually spend outdoors between 9 and 5 on weekdays?	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day												
5.14 And between 9 and 5 on weekends or days off, not including vacations?	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day												
5.15 Did you take vacations in the warmer months of the year that you turned [age]?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know												
[If No or Don't Know go to 5.16]															
5.15a For how long in the warmer months did you take vacations?	<input type="text"/> Days <input type="text"/> Weeks <input type="text"/> Months	<input type="text"/> Days <input type="text"/> Weeks <input type="text"/> Months	<input type="text"/> Days <input type="text"/> Weeks <input type="text"/> Months												
5.15b During these vacations, how many hours per day did you usually spend outdoors between 9 and 5?	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day												
5.15c Did you spend any part of your vacation in a sunnier climate than your usual location?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know												
[If Yes, ask next three questions; if No or Don't Know go to 5.16]															
5.15d Where did you spend it?	<input type="text"/>	<input type="text"/>	<input type="text"/>												
5.15e How long did you spend there?	<input type="text"/> days	<input type="text"/> days	<input type="text"/> days												
5.15f How many hours per day did you spend outdoors between 9 and 5 there?	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day												
And when you were outdoors during the warmer months of the year that you turned [age]:															
	Always or almost Always	Not always but more than half the time	About half the time	Less than half the time	Never or hardly ever	Always or almost Always	Not always but more than half the time	About half the time	Less than half the time	Never or hardly ever	Always or almost Always	Not always but more than half the time	About half the time	Less than half the time	Never or hardly ever
5.16 How often did you cover your [site of melanoma] with clothing?*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.17 How often did you wear sunscreen on your [site of melanoma] Was it: [Read the options]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[If use was more than hardly ever, ask:]															
5.17a Do you remember what SPF you wore?	<input type="radio"/> Yes <input type="radio"/> No If yes, please specify: <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No If yes, please specify: <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No If yes, please specify: <input type="text"/>												
[INTERVIEWER: The Calendar Summary will indicate whether the subject was in the Southern or Northern hemisphere at 70, 80 and 90] Now I want to ask about the cooler months, April to September [in the Northern hemisphere: October to March]. In the year that you turned [age]:															
5.18 How many hours per day did you usually spend outdoors between 9 and 5 on weekdays?	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day												
5.19 And between 9 and 5 on weekends or days off, not including vacations?	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day												
5.20 Did you take vacations in the cooler months of the year that you turned [age]?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know												
[If No or don't know go to 5.21]															
5.20a For how long in the cooler months did you take vacations?	<input type="text"/> Days <input type="text"/> Weeks <input type="text"/> Months	<input type="text"/> Days <input type="text"/> Weeks <input type="text"/> Months	<input type="text"/> Days <input type="text"/> Weeks <input type="text"/> Months												
5.20b During these vacations, how many hours per day did you usually spend outdoors between 9 and 5?	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day												
5.20c Did you spend any part of your vacation in a sunnier climate than your usual location?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know												
[If Yes, ask next three questions; if No or Don't Know go to 5.21]															

* [For head/neck site, add: "By cover we mean that there was clothing over the site, not just shade from a hat, for example."]

[Continue on next page]

	70 years of age [69/70]	80 years of age [79/80]	90 years of age [89/90]												
20d Where did you spend it?															
5.20e How long did you spend there?	<input type="text"/> <input type="text"/> days	<input type="text"/> <input type="text"/> days	<input type="text"/> <input type="text"/> days												
5.20f How many hours per day did you spend outdoors between 9 and 5 there?	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day	<input type="text"/> - <input type="text"/> (Hours - Minutes) per day												
And when you were outdoors during the cooler months of the year that you turned [age]															
	Always or almost Always	Not always but more than half the time	About half the time	Less than half the time	Never or hardly ever	Always or almost Always	Not always but more than half the time	About half the time	Less than half the time	Never or hardly ever	Always or almost Always	Not always but more than half the time	About half the time	Less than half the time	Never or hardly ever
5.21 How often did you cover your [site of melanoma] with clothing? * Was it: [Read the options]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.22 How often did you wear sunscreen on your [site of melanoma]? Was it:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[If use was more than hardly ever, ask:]															
5.22a Do you remember what SPF you wore?	<input type="radio"/> Yes <input type="radio"/> No If yes, please specify: <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No If yes, please specify: <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No If yes, please specify: <input type="text"/>												
Now, consider the whole of the year that you turned [age]															
5.23 During this period were you ever sunburnt so as to cause pain for two or more days?	Yes <input type="radio"/>	No <input type="radio"/>	Don't Know <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>	Don't Know <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>	Don't Know <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>	Don't Know <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>	Don't Know <input type="radio"/>
[If Yes, ask next two questions. If No or Don't Know skip to 5.24 for this decade year]															
5.23a About how many times did this happen?	<input type="text"/> times	<input type="text"/> times	<input type="text"/> times												
5.23b Was your [site of melanoma] usually burnt on these occasions?	Yes <input type="radio"/>	No <input type="radio"/>	Don't Know <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>	Don't Know <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>	Don't Know <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>	Don't Know <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>	Don't Know <input type="radio"/>
5.24 Were you ever sunburnt so severely during this period as to cause large blisters?	Yes <input type="radio"/>	No <input type="radio"/>	Don't Know <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>	Don't Know <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>	Don't Know <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>	Don't Know <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>	Don't Know <input type="radio"/>
[If Yes, ask next two questions. If No or Don't Know go to the introduction for the next decade year.]															
5.24a About how many times altogether in this period did this happen?	<input type="text"/> times	<input type="text"/> times	<input type="text"/> times												
5.24b Was your [site of melanoma] usually blistered on these occasions?	Yes <input type="radio"/>	No <input type="radio"/>	Don't Know <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>	Don't Know <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>	Don't Know <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>	Don't Know <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>	Don't Know <input type="radio"/>

* [For head/neck site, add: "By cover we mean that there was clothing over the site, not just shade from a hat, for example."]



6.0 SUN LAMPS

w I'd like to ask you about whether you've ever used a sunlamp or sunbed.

6.1 Have you ever used a sunlamp or a sunbed for any reason? ☐ Never ☐ Yes ☐ Don't Know

*[If never or Don't Know, go to section 7.0;
If yes, ask the following questions]*

6.2 How old were you when you last used one? years old

6.3 How old were you when you first used one? years old

6.4 About how many sunlamp/sunbed sessions have you had, in total over your lifetime?

sessions

6.5 In what type of locations have you used a sunlamp or sunbed?

[After filling the response for one type of location, ask: "Were there any other locations where you used a sunlamp or sunbed?" If Yes, ask: "What other location?" Repeat as necessary.]

- ☐ Tanning Salon
- ☐ Hairdressers, beauty salons
- ☐ Gymnasium - health/fitness club/spa
- ☐ Private home
- ☐ Other (Specify) _____
- ☐ Don't Know

7.0 GENERAL

Now we want to ask you some general questions.

Country of birth sometimes affects disease risk.

7.1 In which countries were your grandparents born? Let's start with: *[don't know is an option]*

- 7.1a Your natural father's father: _____
- 7.1b Now your natural father's mother: _____
- 7.1c Now your natural mother's father: _____
- 7.1d Now your natural mother's mother: _____

7.2 Some inherited factors are more common in people of different backgrounds. We want to know if this is true for melanoma.
How would you describe your ethnic origin? *[do not read the options. Record only one option]*

[If more information is needed, add: Ethnicity is how you see yourself, it is a mixture of culture, religion, skin color, language, the origins of yourself and your family. It is not the same as nationality.]
[Please probe the subject as necessary in order to clarify whether they consider themselves to be white or other.]

- ☐ **Caucasian or white** (Australian, New Zealander, European, White American, Canadian, White South African)
- ☐ **Indigenous Australian** (Aboriginal, Torres Strait Islander)
- ☐ **South-East Asian** (Originated from Brunei, Cambodia, Indonesia, Laos, Malaysia, Myanmar/Burma, Philippines, Singapore, Thailand, Vietnam)
- ☐ **North-East Asian** (Originated from China, Hong Kong, Japan, Korea, Macau, Taiwan)
- ☐ **South Asian** (Originated from Afghanistan, Bangladesh, India, Nepal, Pakistan, Sri Lanka)
- ☐ **Middle Eastern** (Originated from Israel, Iran, Iraq, Lebanon, Turkey, Egypt or Arab)
- ☐ **Pacific Islander** (New Zealand Maori or originated from Pacific Islands, Hawaii, New Guinea)
- ☐ **Indigenous American** (American Indian)
- ☐ **Black American** (Black person originating from USA, Canada, Puerto Rico, Caribbean)
- ☐ **South American of Spanish or local "Indian" descent** (Originating from Mexico, Central or South America)
- ☐ **Black African** (Originated from North Africa, Sub-Saharan Africa, Zimbabwe or Black South African)
- ☐ **Adopted**
- ☐ **Unknown**
- ☐ **Other (Please specify)** _____

[If "Caucasian or white" go to Question 7.2a, otherwise go to Question 7.3.]

7.2a Which of the following most closely describes the part of Europe from which your ancestors came? *[read the options in bold only]*

- ☐ **British** (Originated from UK/Britain, England, Wales, Scotland, Ireland)
- ☐ **Other Northern European** (Originated from Austria, Latvia, Lithuania, Estonia, Denmark, France, Germany, Luxembourg, Netherlands/Holland, Sweden, Norway, Finland, Switzerland, other Western/Northern European country)
- ☐ **Southern European** (Originated from Greece, Italy, Portugal, Spain, Former Yugoslavia, Malta, Cyprus, other Southern European country)
- ☐ **Eastern European** (Originated from Bulgaria, Former Czechoslovakia, Hungary, Poland, Romania, Former USSR, other Eastern European country)
- ☐ **Mixed** (Please specify) _____
- ☐ **Other** (Please specify) _____
- ☐ **Don't Know**

I now have some general questions about your skin.

3 What would happen to your skin if it were exposed to bright sunlight for the first time in summer for one hour in the middle of the day without any protection? Now that's:

- * exposure to bright sunlight for one hour
- * in the middle of the day
- * for the first time in summer
- * without any protection

Which of the following would happen to you? Would you: [read the options]

- ☐ Get a severe sunburn with blistering?
- ☐ Have a painful sunburn for a few days followed by peeling?
- ☐ Get mildly burnt followed by some tanning?
- ☐ Go brown without any sunburn?
- ☐ Don't Know

7.4 What would happen to your skin if it was repeatedly exposed to bright sunlight in summer without any protection? Would it: [read the options]

- ☐ Go very brown and deeply tanned
- ☐ Get moderately tanned
- ☐ Get mildly or occasionally tanned
- ☐ Get no suntan at all or only get freckled
- ☐ Don't Know

[Skip next question if subject already noted number of moles in self-administered questionnaire]

7.5 You were asked if you could get a family member or friend to count the number of moles on your back. Were you able to do that? What was the number of moles?

Number of moles on back: [Code 9 9 9 in number box if subject does not know the answer]

Other factors seem to influence skin cancer risk - things like education and height. So now I have these last few questions to ask.

7.6 What is the highest level of schooling you have completed?

- ☐ Less than high school
- ☐ High school graduate (whether private preparatory, parochial, trade, or public school)
- ☐ Partial college (at least one year, specialized)
- ☐ College or university graduation (bachelor's degree)
- ☐ Graduate or professional training (graduate degree)

7.7 How tall were you at age 21? [For subjects less than age 21 ask: How tall are you now?]

[Interviewer: please convert to cm
using conversion charts in
interviewer manual]

cm

Thank you for your help. I would like to ask you two final questions.

7.8 Have you changed your sun exposure as a result of being diagnosed with melanoma?

[For subjects with second or later primaries: "Did you change your sun exposure after you were first diagnosed with melanoma?"]

☐ Yes ☐ No ☐ Don't Know

[Ask Question 8.9 only if subject has two or more primaries.]

7.9 Did you changed your sun exposure after your second diagnosis of melanoma?

☐ Yes ☐ No ☐ Don't Know

That is all of my questions. Thank you very much for your time and for all your help with this important research. Would you have any objection to our contacting you again if we need to verify information from this interview or if we needed to ask you additional questions for this study?

☐ Yes ☐ No

8.0 INTERVIEWER'S COMMENTS

8.1 Was the subject interested and cooperative?

- ☐ Not at all interested or cooperative
- ☐ Not very interested or cooperative
- ☐ Reasonably interested and cooperative
- ☐ Very interested and cooperative
- ☐ Extremely interested and cooperative

8.2 How much difficulty did the subject have answering the questions?

- ☐ Extreme difficulty
- ☐ More than average difficulty
- ☐ Average difficulty
- ☐ Less than average difficulty
- ☐ No difficulty at all

8.3 How would you rate the accuracy of the subject's responses?

- ☐ Very poor accuracy
- ☐ Less than average accuracy
- ☐ Average accuracy
- ☐ Better than average accuracy
- ☐ Very accurate

Comments: (Use the back of this page if additional space is necessary)