



about  
skin cancer

ADVANCING SURVIVORS' KNOWLEDGE

**LTFU**  
Long-Term Follow-Up Study



**HARVARD**  
**T.H. CHAN**

**SCHOOL OF PUBLIC HEALTH**  
Department of Social and  
Behavioral Sciences

Thank you very much for your participation in this important study. If you prefer, you can complete this survey online at [www.stjude.org/ltfu-ASK18](http://www.stjude.org/ltfu-ASK18). Your log-in ID is your birth date and your password is:

You can also complete the survey over the phone with a trained interviewer by calling the study team toll free at 1-800-775-2167.

If you have any questions, please call the study team at 1-800-775-2167 or via email at [LTFU@stjude.org](mailto:LTFU@stjude.org).

Your generosity in participating is greatly appreciated.

Sincerely,

The LTFU study staff

Today's date:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M	M		D	D		2	0	1	
						Y	Y	Y	Y

Please! Do not mark below this line

Survey #246

2170067654

## A. SKIN CHECK PRACTICE

A1. In general, would you say your health is...

- Excellent
- Very good
- Good
- Fair
- Poor

A2. In the past 6 months, how many times did you carefully check your whole body (including the skin on your back and back of your legs) for any sign of skin cancer?

- 0 times/never     4 times
- 1 time             5 times
- 2 times             6 times
- 3 times             More than 6 times

A3. In the past 6 months, how many times did you have a partner, close relative, or friend help you carefully check your whole body (including the skin on your back and back of your legs) for any sign of skin cancer?

- 0 times/never     4 times
- 1 time             5 times
- 2 times             6 times
- 3 times             More than 6 times

A4. In the past 6 months, have you asked your regular healthcare provider\* or your dermatologist to examine your whole body for skin cancer? *(Select all that apply)*

- Yes – I asked my regular healthcare provider
- Yes – I asked my dermatologist
- No

*\*Your regular healthcare provider is the person you see most frequently for your regular care. This can be your primary care physician (PCP), a general practitioner (GP), a family doctor, an oncologist or any doctor, a nurse practitioner (NP), or a physician assistant (PA), but does not include your dentist.*

For questions A5-A15, we are asking about only the past 2 months.

A5. How many times in the past two months have you carefully checked your whole body (including the skin on your back and back of your legs) for any sign of skin cancer?

- Never
- Once
- 2 or more times

Thinking back over the past 2 months, what areas of your skin, if any, have you carefully checked for warning signs of skin cancer? Please select a response for each area of your skin below.

Checked for skin cancer over the past 2 months?

	Yes	No
A6. The front of your body from the waist up . . .	<input type="checkbox"/>	<input type="checkbox"/>
A7. The front of your thighs and legs . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
A8. The bottom of your feet . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
A9. Your calves . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
A10. The backs of your thighs . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
A11. Your buttocks . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
A12. The lower parts of your back. . . . .	<input type="checkbox"/>	<input type="checkbox"/>
A13. Your upper back . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
A14. Your scalp . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

A15. How many times in the past two months have you had someone (such as a partner, close relative, or friend) help you carefully check your whole body (including the skin on your back and back of your legs) for any sign of skin cancer?

- Never
- Once
- 2 or more times

## B. SKIN CANCER SELF-CHECKS

For the next set of questions, we are asking about skin-checks that you or someone helping you may have done. This would not include skin exams that may have been performed by your regular healthcare provider or any other provider.

### B1. In the past 6 months, have you noticed any moles that have any of the following characteristics? (*Please select all that apply*)

- Asymmetrical (half of the mole looks different from the other half)
- Border irregularities (the outside edges of the mole are not round)
- Color differences (more than one color, for example different colors of tan and brown, red, black, blue/gray, or white)
- Diameter is bigger than ¼ inch or 6 mm (equal to or wider than the size of a pencil head eraser)
- Evolving (changed size, color or shape)
- New mole (that wasn't there before)
- Looks different from other moles around it
- I have not noticed any moles with the above characteristics

### B2. In the past 6 months, have you noticed any of the following characteristics anywhere on your skin? (*Please select all that apply*)

- An unexplained whitish scar-like area
- A shiny bump or nodule
- A reddish patch or irritated area
- A persistent non-healing sore
- A pink growth with a slightly elevated rolled border and crusted indentation in the center
- None of the above characteristics

### B3. In the past 6 months, what did you do the first time you noticed any of the characteristics from B1 and/or B2 on your skin? (*Select all that apply*)

- Contacted my regular healthcare provider for a skin exam
- Contacted my dermatologist for a skin exam
- Asked someone else to look at it (a partner, close relative, or friend)
- Looked at the ASK study materials to compare my mole or spot
- Decided to watch to see if it changed before taking any action
- Decided to wait until my next appointment with my regular healthcare provider to talk to him/her about it
- I have not noticed any of the characteristics from B1 and/or B2 on my skin
- Other

*If Other, please specify.*

*Continue on next page...*

## C. HEALTH & HEALTH CARE PROVIDER EXAMINATIONS

Please indicate below if you've seen any of the following health care providers in the past 6 months and the number of visits with that provider. **Please indicate which of these providers is your Regular Healthcare Provider (RHCP).** Your regular healthcare provider is the person you see most frequently for your regular care. This can be your primary care physician (PCP), a general practitioner (GP), a family doctor, an oncologist or any doctor, a nurse practitioner (NP), or a physician assistant (PA), but does not include your dentist.

### C1a. Who is your regular healthcare provider now?

- A primary care provider; this includes primary care physician (PCP), general practitioner (GP), family doctor, nurse practitioner (NP), or a physician assistant (PA)
- An oncologist
- A cancer survivorship care provider
- An obstetrician or gynecologist (OB/GYN)
- Another type of specialist

Provider name:
Office name:
Address:
City, state, zip:
Phone #:

### C1b. How many visits have you had to these providers in the past 6 months?

	0 visits	1-2 visits	3-5 visits	6 or more visits
<b>A primary care provider</b> ; this includes primary care physician (PCP), general practitioner (GP), family doctor, nurse practitioner (NP), or a physician assistant (PA).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>An oncologist</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>A cancer survivorship care provider</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>An obstetrician or gynecologist</b> (OB/GYN).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Another type of specialist</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### C2. Please tell us if you received any of the following medical exams or procedures in the last 6 months from any provider.

	Received in last 6 months?	
	Yes	No
<b>MALES AND FEMALES</b>		
Flu shot .....	<input type="checkbox"/>	<input type="checkbox"/>
Blood pressure check .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>FEMALES ONLY</b>		
Physical exam to screen for breast cancer .....	<input type="checkbox"/>	<input type="checkbox"/>
Mammogram to screen for breast cancer.....	<input type="checkbox"/>	<input type="checkbox"/>
Pap smear to screen for cervical cancer .....	<input type="checkbox"/>	<input type="checkbox"/>

For the next group of questions, please focus your answers on your regular healthcare provider.

**In the past 6 months, when you had a routine visit with your regular healthcare provider, did you...**

Not applicable, I did not have a routine visit with my regular healthcare provider

	Yes	No	
C3. Prepare a list of questions for him/her? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C4. Ask about cancer screenings that you might need? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C5. Ask questions about the things you want to know and/or things you don't understand? . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For the next group of questions, please answer about things that either your regular healthcare provider or your dermatologist may have done or told you in the past 6 months.

	Yes – my regular healthcare provider	Yes – my dermatologist	No
<b>In the past 6 months, has your regular healthcare provider or your dermatologist... (Select <u>all</u> that apply)</b>			
C6. Told you that you were at risk for skin cancer? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C7. Told you to check your skin for warning signs of skin cancer? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C8. Showed you how to check your skin for warning signs of skin cancer? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C9. In the past 6 months, has your regular health care provider or your dermatologist examined the area where you had radiation treatment for signs of skin cancer? (Please select all that apply)**

- Yes – My regular healthcare provider examined the area
- Yes – My dermatologist examined the area
- No
- Not sure if my regular healthcare provider or my dermatologist examined the area
- Not sure where I had radiation treatment

**C10. In the past 6 months, has your regular health care provider or your dermatologist carefully examined your whole body for any sign of skin cancer? (Please select all that apply)**

- Yes – My regular healthcare provider examined my whole body → **Go to Question C12.**
- Yes – My dermatologist examined my whole body → **Go to Question C12.**
- No
- Don't know

**C11. In the past 6 months, has your regular health care provider or your dermatologist examined any part of your skin for any sign of skin cancer? (Please select all that apply)**

- Yes – My regular healthcare provider examined part of my skin
- Yes – My dermatologist examined part of my skin
- No
- Don't know

**C12. In the past 6 months, has your regular health care provider or your dermatologist noticed an unusual mole(s) or worrisome mark(s) or spot(s) on your skin?**

- Yes
- No → **Go to Question C14.**
- Don't know → **Go to Question C14.**

**C13. How long did it take from the time your regular healthcare provider or your dermatologist noticed an unusual mole(s) or worrisome mark(s) or spot(s) to the time your provider told you the diagnosis?**

- He/She provided a diagnosis during the appointment
- Less than 2 weeks
- 2 to 4 weeks
- 1 to 3 months
- Greater than 3 months
- Pending, still waiting for diagnosis

➔ [Go to Question C14.](#)

**C14. In the past 6 months, how many skin exams, either of your whole body or any part of your skin, have you received from any healthcare provider or dermatologist?**

- 0 ➔ [If 0, go to Question C17 on page 10.](#)
- 1
- 2
- 3
- More than 3

**We would like to know about those skin exams. Please complete the questions below for each of the exams you have had in the past 6 months. If you have had more than 2 skin exams in the past 6 months, please tell us about the first 2 exams in the questions below.**

### C15. First exam

**Who completed the first exam?**

- Primary care provider
- Dermatologist
- Oncologist
- Survivorship care provider
- Obstetrician/Gynecologist
- Other specialist

**Is this your regular healthcare provider?**

Yes

No

**If No,**

**Contact information for the Provider who completed the exam:**

Name:
Address:
Address:
City, state, zip:
Phone #:

Date of exam:   /   /      
M M      D D      Y Y Y Y

**What prompted the exam? (Select all that apply)**

- It was part of a routine visit
- I requested a special appointment
- I was referred for this exam

**Were you fully undressed for this exam?**

- Yes
- No
- Not sure

**How much of your body was examined?**

- My whole body
- Just a part of my body

**What was the outcome of this exam?**

*(Select all that apply)*

- No concerns → Skip to Question C16, if you had a second exam. If not, skip to Question C17.
- Watch and check again later → Skip to Question C16, if you had a second exam. If not, skip to Question C17.
- Referral to specialist
- Biopsy (a small sample taken for further evaluation) or Excision (complete removal of the mole or area of concern)

**If you were referred to a specialist, did the first (referring) doctor follow-up with you after the specialist exam?**

- Yes
- No
- Not sure
- I was not referred to a specialist

**If a biopsy(s) was taken or an excision(s) completed at this visit, we would like to know about each one of those procedures. If you have had more than 3 biopsies and/or excisions during this visit, please tell us about the first 3.**

What was the result of biopsy/excision 1?	What was the result of biopsy/excision 2?	What was the result of biopsy/excision 3?
<input type="checkbox"/> No significant finding, normal mole (benign) <input type="checkbox"/> Atypical/unusual mole <input type="checkbox"/> Actinic keratosis <input type="checkbox"/> Seborrheic keratosis <input type="checkbox"/> Basal cell cancer <input type="checkbox"/> Squamous cell cancer <input type="checkbox"/> Melanoma-in-situ <input type="checkbox"/> Melanoma <input type="checkbox"/> Unsure <input type="checkbox"/> Pending <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> No significant finding, normal mole (benign) <input type="checkbox"/> Atypical/unusual mole <input type="checkbox"/> Actinic keratosis <input type="checkbox"/> Seborrheic keratosis <input type="checkbox"/> Basal cell cancer <input type="checkbox"/> Squamous cell cancer <input type="checkbox"/> Melanoma-in-situ <input type="checkbox"/> Melanoma <input type="checkbox"/> Unsure <input type="checkbox"/> Pending <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> No significant finding, normal mole (benign) <input type="checkbox"/> Atypical/unusual mole <input type="checkbox"/> Actinic keratosis <input type="checkbox"/> Seborrheic keratosis <input type="checkbox"/> Basal cell cancer <input type="checkbox"/> Squamous cell cancer <input type="checkbox"/> Melanoma-in-situ <input type="checkbox"/> Melanoma <input type="checkbox"/> Unsure <input type="checkbox"/> Pending <input type="checkbox"/> Other (specify) _____
If scarring from this biopsy or excision lasted more than 2 months, please rate on a scale from 0 to 5 below. <input type="checkbox"/> 0 No scarring/disfigurement <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Much scarring/disfigurement	If scarring from this biopsy or excision lasted more than 2 months, please rate on a scale from 0 to 5 below. <input type="checkbox"/> 0 No scarring/disfigurement <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Much scarring/disfigurement	If scarring from this biopsy or excision lasted more than 2 months, please rate on a scale from 0 to 5 below. <input type="checkbox"/> 0 No scarring/disfigurement <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Much scarring/disfigurement

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## C16. Second exam or referral exam

### Who completed the second exam?

- Primary care provider
- Dermatologist
- Oncologist
- Survivorship care provider
- Obstetrician/Gynecologist
- Other specialist

### Is this your regular healthcare provider?

Yes

No

**If No,**

### Contact information for the Provider who completed the exam:

(Select if same provider as  first exam and skip Contact information here.)

Name:
Address:
Address:
City, state, zip:
Phone #:

Date of exam: 

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M M      D D      Y Y Y Y

### What prompted the exam? *(Select all that apply)*

- It was part of a routine visit
- I requested a special appointment
- I was referred for this exam

### Were you fully undressed for this exam?

- Yes
- No
- Not sure

### How much of your body was examined?

- My whole body
- Just a part of my body

### What was the outcome of this exam?

*(Select all that apply)*

- No concerns → Skip to Question C17.
- Watch and check again later → Skip to Question C17.
- Referral to specialist
- Biopsy (a small sample taken for further evaluation) or  
Excision (complete removal of the mole or area of concern)

### If referred, did the first (referring) doctor follow-up with you after the specialist exam?

- Yes
- No
- Not sure
- I was not referred to a specialist

*Continue on next page...*



If a biopsy(s) was taken or an excision(s) completed at this visit, we would like to know about each one of those procedures. If you have had more than 3 biopsies and/or excisions during this visit, please tell us about the first 3.

What was the result of biopsy/excision 1?	What was the result of biopsy/excision 2?	What was the result of biopsy/excision 3?
<input type="checkbox"/> No significant finding, normal mole (benign) <input type="checkbox"/> Atypical/unusual mole <input type="checkbox"/> Actinic keratosis <input type="checkbox"/> Seborrheic keratosis <input type="checkbox"/> Basal cell cancer <input type="checkbox"/> Squamous cell cancer <input type="checkbox"/> Melanoma-in-situ <input type="checkbox"/> Melanoma <input type="checkbox"/> Unsure <input type="checkbox"/> Pending <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> No significant finding, normal mole (benign) <input type="checkbox"/> Atypical/unusual mole <input type="checkbox"/> Actinic keratosis <input type="checkbox"/> Seborrheic keratosis <input type="checkbox"/> Basal cell cancer <input type="checkbox"/> Squamous cell cancer <input type="checkbox"/> Melanoma-in-situ <input type="checkbox"/> Melanoma <input type="checkbox"/> Unsure <input type="checkbox"/> Pending <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> No significant finding, normal mole (benign) <input type="checkbox"/> Atypical/unusual mole <input type="checkbox"/> Actinic keratosis <input type="checkbox"/> Seborrheic keratosis <input type="checkbox"/> Basal cell cancer <input type="checkbox"/> Squamous cell cancer <input type="checkbox"/> Melanoma-in-situ <input type="checkbox"/> Melanoma <input type="checkbox"/> Unsure <input type="checkbox"/> Pending <input type="checkbox"/> Other (specify) _____
<p>If scarring from this biopsy or excision lasted more than 2 months, please rate on a scale from 0 to 5 below.</p> <input type="checkbox"/> 0 No scarring/disfigurement <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Much scarring/disfigurement	<p>If scarring from this biopsy or excision lasted more than 2 months, please rate on a scale from 0 to 5 below.</p> <input type="checkbox"/> 0 No scarring/disfigurement <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Much scarring/disfigurement	<p>If scarring from this biopsy or excision lasted more than 2 months, please rate on a scale from 0 to 5 below.</p> <input type="checkbox"/> 0 No scarring/disfigurement <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Much scarring/disfigurement

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C17. In the past 6 months, did you have any other visits, tests or procedures related to your skin?

- Yes  
 No → **Go to Question C18.**

If yes,

C17a. What tests or procedures did you have done (related to your skin)?

The next few questions are about health insurance and healthcare costs.

C18. Do you have health insurance?

- Yes  
 No → **Skip to Question C22.**

C19. Do you have the same health insurance that you did 6 months ago?

- Yes  
 No

C20. During the past 6 months, have you delayed seeking any medical care because of worry about the cost of the co-payment (co-pay)?

- Yes  
 No

C21. Does your health insurance plan require prior authorization or a referral for you to see a dermatologist?

- Yes  
 No  
 Unsure

C22. In the past 6 months, have you had to pay any out-of-pocket costs for visits, tests or treatment related to an unusual mole or spot on your skin, a pre-cancerous mole or spot, or a mole or spot that was diagnosed as cancer?

- Yes  
 No → **Skip to Question D1.**  
 Unsure → **Skip to Question D1.**

If yes,

C22a. How much have you paid in out-of-pocket costs over the last 6 months for care related to unusual, pre-cancerous or cancerous moles or spots on your skin? Out-of-pocket costs include co-payments or coinsurance for physician visits, tests, medications and other treatment.

- Less than \$50  
 \$50-\$100  
 \$101-\$200  
 \$201-\$500  
 More than \$500

## D. SUN & TANNING BEHAVIOR

For the following question please think about your behavior over the past 6 months and answer for that time period only.

D1. In the past 6 months, how many times did you get redness from the sun that lasted a day or more?

- Never  
 1 time  
 2 times  
 3 times  
 4 times  
 5 or more times

## E. SKIN CANCER KNOWLEDGE

E1. Have you heard of the 'ABCDE' rule for detection of melanoma?

- Yes
- No

E2. Melanoma is a serious type of skin cancer. Please identify the warning signs for melanoma. (Please select all that apply)

- A mole that is perfectly round
- A mole that looks different from other moles around it
- A mole with even borders
- A mole that is light brown or tan
- A mole that has changed
- Don't know

## F. RISK BELIEFS

In the following questions, when we say skin cancer we are referring to the three major forms of skin cancer - basal cell cancer, squamous cell cancer, and melanoma.

F1. Compared to the average person your age and gender, would you say that you are:

- Less likely to develop skin cancer
- About as likely to develop skin cancer
- More likely to develop skin cancer
- Much more likely to develop skin cancer

F2. How likely do you think it is that you will develop skin cancer at some point in the future?

- Very unlikely
- Unlikely
- Moderate chance
- Likely
- Very likely

F3. Being diagnosed with skin cancer would be:

- Not at all serious
- A little serious
- Somewhat serious
- Quite serious
- Very serious

## G. ROLE OF SPOUSE/PARTNER/RELATIVE/FRIEND IN HEALTH HABITS

G1. Does your spouse/partner/relative/friend help you with the following? (Select all that apply)

	Yes	No
Learn about my health problems . . .	<input type="checkbox"/>	<input type="checkbox"/>
Talk to the doctor for me . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Schedule appointments for me . . .	<input type="checkbox"/>	<input type="checkbox"/>
Help me make medical decisions. . .	<input type="checkbox"/>	<input type="checkbox"/>

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## H. ATTITUDES ABOUT CHECKING YOUR SKIN

Please indicate how you feel about the following statements.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
H1. I can do a thorough skin check for skin cancer . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H2. It is important that I check my whole body, not just the areas that are usually exposed to the sun, for signs of skin cancer. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H3. I know what I am looking for when I check my skin for skin cancer . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H4. I don't want to check my skin because I do not want to find something concerning. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H5. It is hard to remember to check my skin for skin cancer. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H6. I feel comfortable having a partner/close relative/friend check the back of my body for warning signs of skin cancer . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H7. I would be more likely to check my skin regularly if my regular healthcare provider encouraged me to . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H8. I don't check my skin for skin cancer because my doctor does it for me . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H9. <u>During the next 2 months</u> , I plan to carefully check my skin for skin cancer . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H10. <u>During the next 2 months</u> , I plan to ask a partner, close relative or friend to help me carefully check my skin for skin cancer. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H11. <u>During the next 12 months</u> , I plan to ask my regular healthcare provider or dermatologist to carefully check my skin for skin cancer . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How confident are you that you can:

	Extremely confident	Quite confident	Somewhat confident	A little confident	Not at all confident
H12. Tell the difference between melanoma and freckles or moles? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H13. Check the moles (and any other worrisome marks or spots) on your upper back by yourself or ask someone to look for you? . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H14. Check the moles (and any other worrisome marks or spots) on the back of your lower legs by yourself or ask someone to look for you? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H15. Ask your regular healthcare provider for a skin examination at least once a year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please! Do not mark below this line