



about
skin cancer

ADVANCING SURVIVORS' KNOWLEDGE

LTFU

Long Term Follow-Up Study



HARVARD
SCHOOL OF PUBLIC HEALTH

Department of Social
and Behavioral Sciences

Thank you very much for considering this important study. If you prefer, you can complete this survey online at www.stjude.org/ltfu-ask. 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 contact the study team at 1-800-775-2167 or via email at 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 #191

7740185451

HIPAA Authorization Form

If you sign this form, you are giving St. Jude Children's Research Hospital permission to use or disclose (give out) medical information. It will allow St. Jude and LTFU Researchers to get copies of certain parts of your (your child's) medical record that we may need to review, such as treatment history for your (your child's) childhood illness, records for later illnesses, or health screenings.

LONG-TERM FOLLOW-UP STUDY HIPAA¹ AUTHORIZATION TO USE AND DISCLOSE HEALTH INFORMATION FOR RESEARCH

- Purpose.** As a research participant and at my request, I give Greg Armstrong, M.D., M.S.C.E., and the researcher's staff permission to use and disclose my (my child's) health information for a research project called Long-Term Follow-Up (LTFU) Study.
- Individual Health Information to be Used or Disclosed.** My (My child's) health information that may be used or disclosed for this research may include my (my child's) medical records.
- Who May Disclose My (My Child's) Health Information?** During this study, my (my child's) health care information may be released to the researcher and the researcher's staff by the hospitals, clinics, and health care providers who have treated me.
- Who May Receive My (My Child's) Health Information?** The health information disclosed by researchers and information given by me during the research study may be received and used by Greg Armstrong, M.D., M.S.C.E., the researcher's staff, LTFU collaborators, the LTFU Biopathology Center (Columbus, OH), the LTFU Biorepository (Cincinnati, OH), the LTFU Radiation Physics Center (Houston, TX), the LTFU Statistical Center (Seattle, WA), the Memorial Sloan-Kettering Cancer Center (NY, NY), the Dana Farber Cancer Institute (Boston, MA), ClientTell (Valdosta, GA), and the Harvard School of Public Health (Boston, MA).
- Right to Refuse to Sign this Authorization.** I do not have to sign this form. If I decide not to sign the form, I may not be allowed to take part in this study. However, my decision not to sign this form will not affect any other treatment, payment, or enrollment in health plans or eligibility for benefits.
- Right to Revoke.** I can change my mind and revoke (take back) this authorization (permission) at any time by sending a written notice of my decision to Dr. Greg Armstrong, St. Jude Children's Research Hospital, Department of Epidemiology and Cancer Control, 262 Danny Thomas Place, Memphis, TN 38105. If I take back my permission, the researcher may use and disclose only the protected health information already collected for the research study. No further health information about me will be collected by the researcher or disclosed to the researcher for this study.
- Possible Re-disclosure.** After my (my child's) health information is given out under this authorization form, there is a chance that it might be re-disclosed outside this study and no longer covered by this form. However, I understand that the research team and the St. Jude Institutional Review Board (IRB) are very careful to protect my (my child's) privacy and limit the use of information that can identify me (my child). (The IRB is the committee that reviews studies to be sure that the rights and safety of those taking part in the study are protected.) In addition, the LTFU study maintains a Certificate of Confidentiality from the National Institute of Health to protect the identity of research subjects.

For those taking part in the research study who are not legal adults, this authorization form will expire when they become legal adults (unless the person taking part in the study has appointed a legal guardian to provided authorization). A new form will be required when the child becomes a legal adult. For a legal adult taking part in this study, this authorization (permission) expires at the end of the study.

I am the research participant, or I am legally authorized to act on behalf of the person taking part in the study.

I have read this information and have received a copy of the form.



Printed name of research participant

Signature of research participant or legal guardian

Printed name of legal guardian

Describe how the person signing has authority to act on behalf of the research participant



Date

¹HIPAA is the Health Insurance Portability and Accountability Act of 1996, a federal law related to privacy of health information.

Please! Do not mark below this line

Your regular health care 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.

Do you have a regular health care provider whom you have seen in the past 2 years or whom you plan to see in the next year?

Yes

No

IF NO, STOP SURVEY. NOT ELIGIBLE FOR SKIN CANCER STUDY. PLEASE RETURN SURVEY TO LTFU IN THE SELF-ADDRESSED ENVELOPE.

As part of this study, we will be sending you text messages about skin cancer detection. Please provide us with the cell phone number that you'd like to use to receive text messages. Thank you.

Cell phone number:

() -

We will be sending some participants an attachment for your smartphone or tablet that aids in skin cancer detection. The attachment will only fit the phones and tablets listed below. Please let us know which one of the following smartphones/tablets (your own or borrowed) you will have access to for use in this study. *(Please select only one answer). We will send you special instructions if you need to use the attachment as part of this study.*

iPhone4/4S

Galaxy S3

iPhone5/5S

Galaxy S4

iPhone5C

Galaxy S5

iPhone6/6S

Galaxy S6

iPhone6 Plus/6S Plus

iPad

iPad Mini

No access to any of these phones or tablets

IF NO ACCESS, STOP SURVEY. NOT ELIGIBLE FOR SKIN CANCER STUDY. PLEASE RETURN SURVEY TO LTFU IN THE SELF-ADDRESSED ENVELOPE.

A. HEALTH & HEALTH PROVIDER INFORMATION

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

Excellent

Very good

Good

Fair

Poor

A2. Overall, how confident are you in your ability to take good care of your health?

Very confident

Somewhat confident

A little confident

Not at all confident

A3. Do you have someone (such as a spouse or partner, friend, or relative) whom you talk with about your health concerns?

Yes No

A4. Do you have health insurance?

Yes

No

Go to Question A7.

A5. During the past 12 months, have you delayed seeking any medical care because of worry about the cost of the co-payment (co-pay)?

Yes No

A6. Does your health insurance plan require prior authorization or a referral for you to see a dermatologist?

Yes

No

Unsure

Please indicate how you feel about the following statement.

A7. If I had to see a dermatologist (or other specialist) for a skin cancer exam, I know how to get an appointment.

Yes

No

Unsure

A8. Your regular health care provider may be a 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.

We will be sending your regular health care provider information about skin cancer. Please tell us about your regular health care provider (the provider whom you see most regularly for your usual care):

Provider's Name: _____

Office Name: _____

Address: _____

City/State/Zip code: _____

Phone Number: () -

A8a. When is your next scheduled appointment with this health care provider?

<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

A8b. OR, if you are unable to provide the specific date of your next appointment, what is the general time frame when that appointment is scheduled? *(Please select only one answer)*

- Within the next 30 days
- Within 1 to 2 months
- Within 3 to 6 months
- Within 7 to 12 months
- Over 1 year from now
- No appointment scheduled

If you are unable to provide the specific date, we will ask you to provide this information when you visit the ASK About Skin Cancer Study website.

A9. How many times did you see your regular health care provider (the person whom you saw most frequently for your usual care) during the past 2 years?

- 0 times 7-10 times
- 1-2 times 11-20 times
- 3-6 times More than 20 times

A10. When was your last appointment with your regular health care provider? *(Please select only one answer)*

- Within the last 30 days
- 1 to 2 months ago
- 3 to 6 months ago
- 7 to 12 months ago
- 1 to 2 years ago
- Over 2 years ago

A11. Does your regular health care provider know that you were diagnosed and treated for cancer or a similar illness when you were a child or teenager?

- Yes
- No
- Unsure

A12. Please tell us the year of your most recent medical exams or procedures. If you have never had one, please select Never.

MALES AND FEMALES	Year of last exam/procedure	Never
Flu shot	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
Blood pressure check	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
Complete skin examination for skin cancer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
FEMALES ONLY		
Physical exam to screen for breast cancer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
Mammogram to screen for breast cancer.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
Pap smear to screen for cervical cancer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>

Please! Do not mark below this line

A13. Please indicate all of the health care providers whom you've seen at least once in the past 2 years: *(Please select all that apply)*

- 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)
- A dermatologist
- Another type of specialist

When you have a routine visit with your regular health care provider, how often do you:

	Always	Very often	Fairly often	Sometimes	Almost never	Never
A14. Prepare a list of questions for him/her?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A15. Ask about cancer screenings that you might need?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A16. Ask questions about the things you want to know and things you don't understand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. SKIN CANCER RISK FACTORS

B1. What is the color of your untanned skin? *(Please select only one answer)*

- Very fair
- Fair
- Olive
- Dark
- Very dark
- Not sure

B2. How many blistering sunburns did you have before the age of 18?

- None
- 1
- 2-4
- 5+
- Don't know

B3. Please look at the top side of your right forearm (between your wrist and elbow).

How many moles and freckles do you have on the top of your right forearm?

- 0-5
- 6-10
- 11-20
- 21-40
- Over 40
- Don't know

B4. Do you have any moles anywhere on your skin 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/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
- None that have the above characteristics

B5. Do you have 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

B6. Has a first-degree relative (mother, father, full brother, or full sister) ever had one of the following skin cancers?

(Please select all that apply)

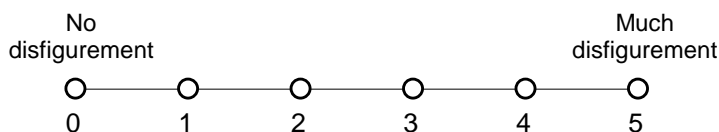
- Melanoma
- Basal cell carcinoma
- Squamous cell carcinoma
- Yes, but not sure what kind
- No, no skin cancer history in my mother, father, full brother, or full sister
- Don't know

B7. Has a health care provider ever removed (or taken a biopsy of) a suspicious mole or a pre-cancerous spot on your skin?

Yes

No [→ Go to Question C1.](#)

B8. On a scale from 0 to 5, with 0 being no disfigurement and 5 being much disfigurement, please fill in the circle above the number to describe the disfigurement or scarring from the procedure. (If you've had more than one biopsy/excision, please answer for the most recent procedure.)



C. SUN & TANNING BEHAVIOR

C1. When the weather is warm and sunny, how many hours in a typical 7-day week (Monday - Sunday) do you usually spend sunbathing?

0 hours weekly [→ Go to Question C3.](#)

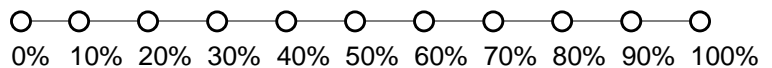
1-3 hours weekly

4-9 hours weekly

10+ hours weekly

C2. When you sunbathe, how frequently do you use sunscreen (with at least SPF 15) that covers your body?

(Please fill in a circle above a number from 0% to 100% of the time)



C3. When the weather is warm and sunny, how many hours in a typical 7-day week (Monday - Sunday) do you usually spend in the sun doing something other than sunbathing (such as working, exercising, walking, gardening, etc.)?

0 hours weekly

1-3 hours weekly

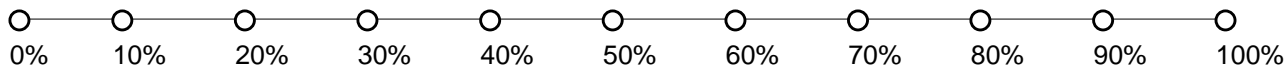
4-9 hours weekly

10+ hours weekly

[Continue on next page...](#)

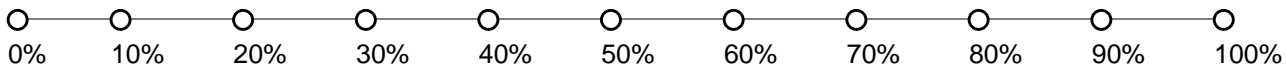
C4. When you spend time in the sun other than sunbathing, how frequently do you wear a hat or visor to keep your head or face protected from the sun?

(Please fill in a circle above a number from 0% to 100% of the time)



C5. When you spend time in the sun other than sunbathing, how frequently do you seek shade or use sun protection such as sunscreen (with at least SPF 15) or a long-sleeve shirt?

(Please fill in a circle above a number from 0% to 100% of the time)



Please answer questions C6 to C10 about times that you may have tanned indoors. Tanning indoors includes using a tanning bed or booth but does not include spray tanning.

C6. Have you ever tanned indoors?

Yes

No → [Go to Question C11.](#)

C7. How old were you when you first began tanning indoors?

Younger than 11 years old

11-15 years old

16-17 years old

18-20 years old

21-25 years old

26-30 years old

31 years or older

C8. How many times have you tanned indoors in your whole life?

1-10 times

11-20 times

21-50 times

51-100 times

101-200 times

201 times or more

C9. How many times have you tanned indoors in the past 12 months?

0 times → [Go to Question C11.](#)

1-2 times

3-10 times

11-24 times

25 times or more

C10. In the past 12 months, how many times did you get redness from tanning indoors that lasted a day or more?

Never

1 time

2 times

3 times

4 times

5 or more times

C11. In the past 12 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

D. HEALTH CARE PROVIDER EXAMINATIONS

D1. Have you ever asked a health care provider or dermatologist to examine your whole body (not just a mark or spot) for skin cancer? *(Please select all that apply)*

- Yes – a health care provider
- Yes – a dermatologist
- No

Please answer Questions D2 to D6 about things a health care provider or a dermatologist may have EVER done or told you. *(Please select all that apply)*

Has a health care provider or dermatologist EVER:	Yes – a health care provider	Yes – a dermatologist	No
D2. Told you that you were at risk for skin cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D3. Told you to avoid using tanning beds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D4. Told you to check your skin for warning signs of skin cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D5. Showed you how to check your skin for warning signs of skin cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D6. Carefully examined your whole body for any sign of skin cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For questions D7 - D12, please answer about your regular health care provider (the person identified in Question A8 as the provider you see most regularly for your usual care) or your dermatologist (if you have one). Please also answer for only the past 12 months.

D7. In the past 12 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 health care provider examined the area
- Yes – My dermatologist examined the area
- No
- Not sure if my regular health care provider/my dermatologist examined the area
- Not sure where I had radiation treatment

D8. In the past 12 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 health care provider examined my whole body → [Go to Question D10.](#)
- Yes – My dermatologist examined my whole body → [Go to Question D10.](#)
- No ↓

D9. In the past 12 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 health care provider examined part of my skin
- Yes – My dermatologist examined part of my skin
- No

D10. In the past 12 months, have you asked your regular health care provider or your dermatologist to examine your whole body for skin cancer? *(Please select all that apply)*

- Yes – I asked my regular health care provider
- Yes – I asked my dermatologist
- No

D11. In the past 12 months, has your regular health care provider referred you to a dermatologist (or other specialist) because he/she was concerned about skin cancer?

Yes

No [→ Go to Question E1.](#)

D12. During this time, did your regular health care provider follow up with you after your dermatologist (or other specialist) appointment regarding your visit?

Yes

No

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 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. What do you think is the chance 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

[Continue on next page...](#)

G. SKIN CANCER SELF-CHECKS

G1. Have you ever read or seen ways to check your skin for skin cancer?

Yes No

G2. Have you ever used a poster or handout to help you check your skin for skin cancer?

Yes No

G3. In the past 12 months, have you noticed a change in any of your moles (or a change in worrisome marks or spots)?

Yes No **→ Go to G4 below.**

No **→ Skip to G5.**

G4. Did you tell your regular health care provider or your dermatologist that you had a mole (or mark or spot) that had changed?

Yes No

	Once a month (about 12 times/year)	Every few months (about 4 times/year)	Every 6 months (about 2 times/year)	Every year (about once a year)	Never
G5. How often do you carefully check <u>your whole body</u> (including the skin on your back and back of your legs) for any sign of skin cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G6. How often do you have a partner, close relative, or friend help you carefully check <u>your whole body</u> (including the skin on your back and back of your legs) for any sign of skin cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For questions G7-G17, we are asking about only the past 2 months.

G7. 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
	G8. The front of your body from the waist up . . .	<input type="checkbox"/>
G9. The front of your thighs and legs	<input type="checkbox"/>	<input type="checkbox"/>
G10. The bottom of your feet	<input type="checkbox"/>	<input type="checkbox"/>
G11. Your calves	<input type="checkbox"/>	<input type="checkbox"/>
G12. The backs of your thighs	<input type="checkbox"/>	<input type="checkbox"/>
G13. Your buttocks	<input type="checkbox"/>	<input type="checkbox"/>
G14. The lower parts of your back.	<input type="checkbox"/>	<input type="checkbox"/>
G15. Your upper back	<input type="checkbox"/>	<input type="checkbox"/>
G16. Your scalp	<input type="checkbox"/>	<input type="checkbox"/>

G17. 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

H. ATTITUDES ABOUT CHECKING YOUR SKIN

Please indicate how you feel about the following statements.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
H1. It is important that I regularly check my skin for signs of skin cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H2. 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"/>
H3. 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"/>
H4. 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"/>
H5. 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"/>
H6. 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"/>
H7. 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"/>
H8. I would be more likely to check my skin regularly if my regular health care provider encouraged me to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H9. Performing skin self-checks will increase the likelihood of early detection and treatment before a skin cancer can develop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H10. 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"/>
H11. <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"/>

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 health care 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"/>

I. MANAGING YOUR HEALTH

Below are some statements that people sometimes make when they talk about their health. Please indicate how much you agree or disagree with each statement as it applies to you personally. Your answers should be what is true for you and not just what you think others want you to say. If the statement does not apply to you, select N/A.

	Strongly agree	Agree	Disagree	Strongly disagree	N/A
11. When all is said and done, I am the person who is responsible for taking care of my health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Taking an active role in my own health care is the most important thing that affects my health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I am confident I can help prevent or reduce problems associated with my health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I know what each of my prescribed medications does	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please! Do not mark below this line

	Strongly agree	Agree	Disagree	Strongly disagree	N/A
15. I am confident that I can tell whether I need to go to the doctor or whether I can take care of a health problem myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I am confident that I can tell a doctor concerns I have even when he or she does not ask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I am confident that I can follow through on medical treatments I may need to do at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I understand my health problems and what causes them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I know what treatments are available for my health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110. I have been able to maintain (keep up with) lifestyle changes, like eating right or exercising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111. I know how to prevent problems with my health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112. I am confident I can figure out solutions when new problems arise with my health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
113. I am confident that I can maintain lifestyle changes, like eating right and exercising, even during times of stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

J. HEALTH CONCERNS

Please indicate how you feel about the following statements.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
J1. I get tired of hearing health advice; sometimes I just want to tune it out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J2. I don't think too much about health problems that haven't happened yet; I'm just concentrating on enjoying my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J3. My cancer experience is behind me; it doesn't make sense to spend time thinking about future health problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

K. SOURCES OF HEALTH INFORMATION

Please indicate how frequently you use the following sources specifically for skin cancer information:

	Frequently	Sometimes	Rarely	Never
K1. The Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K2. Health application (app) for cell phone or tablet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K3. Social media (for example, Facebook, Twitter)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K4. Television.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K5. Radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K6. Pamphlets/brochures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K7. Newspapers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K8. Magazines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K9. A health care provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K10. LTFU Study.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you very much for taking the time to complete this survey. We will ask you to complete the next survey 1 year from now.

Please! Do not mark below this line