

12 MONTH FOLLOW UP INTERVIEW

Section One - Colouring and Skin Type

1. Have you made an attempt to get a suntan in the past 12 months?

Please select one of the following answers:

- Yes
- No
- Don't Know/Unsure

2. When outdoors, how often do you do each of the following?

Your response options are:

1. Rarely/Never 2. Sometimes 3. Usually, or 4. Always

- a) Wear a shirt with sleeves
- b) Wear sunglasses
- c) Stay in the shade
- d) Use sunscreen
- e) Limit your time in the sun during midday hours
- f) Wear a hat
- g) Stay under an umbrella

3. How likely is it, do you think, that you will get skin cancer at some time in the future?

Your response options are: Not at all likely, Somewhat likely, Very likely, or Don't know/Unsure

Section Two - Physical Activity

For this section of the interview, we would like to ask you about your physical health. This involves asking some questions about your exercise and physical activity status and regime.

4. How many days per week do you exercise for at least 30 minutes?

Please select one of the following answers:

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

The next four questions I'm about to ask, relate to any physical activity or exercise that you may have done in the last week.

5. In the last week, how many times have you walked continuously, for at least 10 minutes, for recreation, exercise or to get to and from places?

Number of Times:

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6. What do you estimate was the total time, in minutes, that you spent walking in this way in the last week?

Number of Minutes:

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7. In the last week, how many times did you do any vigorous gardening or heavy work around the yard, which made you breathe harder or puff and pant?

Number of Times:

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8. What do you estimate was the total time, in minutes, that you spent doing vigorous gardening or heavy work around the yard in the last week?

Number of Minutes:

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Great, thank you for answering those questions. For the next four questions about exercise, we would like you to exclude household chores, gardening and yard work as we specifically wish to focus on vigorous physical activity.

9. In the last week, how many times did you do any vigorous physical activity (e.g. jogging, cycling, aerobics, competitive tennis) which made you breath harder or puff and pant?

Number of Times:

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10. What do you estimate was the total time, in minutes, that you spent doing this vigorous physical activity in the last week?

Number of Minutes:

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11. In the last week, how many times did you do more moderate physical activity (e.g. gentle swimming, social tennis, golf) that you have not already mentioned?

Number of Times:

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12. What do you estimate was the total time, in minutes, that you spent doing these activities in the last week?

Number of Minutes:

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Section Three - Skin Self-Examination History

Now, we'd like to ask a few questions about you or a person who is not a doctor examining your skin for the early signs of skin cancer.

13. Is your main job or other daily activity now...

Please select one of the following answers:

- Sedentary (involves mostly sitting)
- Work that mainly involves standing and walking but does not require other physical activity
- Work that includes standing and walking and also some lifting and carrying
- Heavy physical work that includes lifting and carrying
- I am currently not working

14. Have you or someone who is not a doctor, such as your spouse or partner, ever deliberately checked any part of your skin for early signs or skin cancer?

Please select one of the following answers:

- Yes
- No
- Unsure

15. In the past 12 months, have you or someone who is not a doctor, such as your spouse or partner, deliberately checked any part of your skin for early signs of skin cancer?

Please select one of the following answers:

- Yes
- No
- Unsure

16. In the past 12 months, how often have you or someone who is not a doctor checked any part of your skin for early signs of skin cancer?

Please select one of the following answers:

- 1-2 times
- 3-4 times
- 5-6 times
- More than 6 times

17. Thinking back to the last time you or someone who is not a doctor checked your own skin, which areas of your body did you actually check?

Please select all that apply.

- Face
- Neck
- Upper Chest
- Arms
- Hands (including palms and fingers)
- Torso
- Front of thighs/knees/shins
- Feet (including toes and soles of feet)
- Back of thighs/knees/shins
- Buttocks
- Lower Back
- Higher Back
- Back of Neck
- Scalp
- Whole Body

18. During your last check, did you use a hand-held mirror or full-size mirror to check difficult to see areas of your skin such as your back?

Please select one of the following answers:

- Yes, hand-held mirror
- Yes, full-size mirror
- Yes, both
- No
- Unsure

19. During your last skin check, did you have someone to help you see difficult to see areas, for example, your partner or relative?

Please select one of the following answers:

- Yes
- No
- Unsure

20. In the next 12 months, do you intend to check your skin for early signs of skin cancer?

Please select one of the following answers:

- Yes
- No
- Unsure

21. How confident are you that you can check your own skin correctly?

Please indicate on a scale from 1 (not at all confident) to 10 (highly confident).

22. How confident are you that you will find the time in the next 12 months to check your own skin?

Please indicate on a scale from 1 (not at all confident) to 10 (highly confident).

22. How confident are you that you will find the time in the next 12 months to check your own skin?

Please indicate on a scale from 1 (not at all confident) to 10 (highly confident).

23. When you last checked your own skin, did you find a spot or mole of concern?

Please select one of the following answers:

- Yes
- No
- Unsure
- Did not check my skin

24. If yes, what did you do?

Please select one of the following answers or add your own.

- Watched it for up to one month
- Watched it for longer than one month
- Showed it to partner/relative
- Showed it to a doctor
- Other please specify

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Section Four - Skin Examination History by Doctor

Ok, for the next section we would like to ask you a few questions about having your skin checked by a doctor (this may be your own GP, a doctor at a skin cancer clinic or a dermatologist).

25. Has a doctor ever deliberately checked any part of your skin for early signs of skin cancer?

Please select one of the following answers:

- Yes
- No
- Unsure

26. In the past 12 months, has a doctor deliberately checked any part of your skin for early signs of skin cancer?

Please select one of the following answers:

- Yes
- No
- Unsure

27. In the past 12 months, has a doctor deliberately checked the skin on your whole body? Usually this would involve taking your clothes off at least down to your underwear.

Please select one of the following answers:

- Yes
- No
- Unsure

28. Who initiated your last skin check by a doctor?

Please select one of the following answers or add your own.

- You
- My usual doctor
- Another doctor
- Someone else (e.g. wife, partner, other relative)
- Other
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29. During your last skin check, did the doctor suggest you check your own skin for early signs of skin cancer?

Please select one of the following answers:

- Yes
- No

30. Did the doctor show you how to check your own skin for early signs of skin cancer?

Please select one of the following answers:

- Yes
- No

31. Did you make a specific appointment to have your skin checked by the doctor, or did you just wait until you saw the doctor for some other reason?

Please select one of the following answers:

- Specific appointment
- Just waited until next appointment
- Unsure

32. Were you able to get an appointment with the doctor for your skin check as soon as you wanted?

Please select one of the following answers:

- Yes
- No

33. How long, in minutes, did you have to wait for your appointment?

Number of Minutes:

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34. During your last skin check, did the doctor treat any particular spots or skin lesions, or find something that was suspicious?

Please select one of the following answers:

- Yes
- No

35. Did the doctor freeze or burn off any spots or skin lesions?

Please select one of the following answers:

- Yes
- No

36. Did the doctor give you a cream to treat any spots or skin lesions?

Please select one of the following answers:

- Yes
- No

37. Did the doctor cut off, biopsy or excise any spots or lesions?

Please select one of the following answers:

- Yes
- No

38. How many spots were cut off, biopsied or excised?

Number of Spots Removed:

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39. Did the doctor ask you to come back for a skin examination in the future?

Please select one of the following answers:

- Yes, in less than 6 months
- Yes, in 6 to 12 months
- Yes, in more than 12 months
- No, the doctor did not ask me to come back

Section Five - Attitudes and Beliefs

For this section of the questionnaire we'd like to ask you about your attitudes and beliefs about checking your skin.

40. For each of the following statements, please indicate whether you strongly disagree, disagree, agree, strongly agree, or are unsure with each statement. One per line.

1. Strongly Agree 2. Agree 3. Unsure 4. Disagree 5. Strongly Disagree

- a) It is important to check my skin for skin cancer even if I have no symptoms
- b) I think checking my skin would make me anxious
- c) Checking my skin is a priority for me
- d) I think I could find something suspicious on my skin if it was there
- e) If I saw something suspicious on my skin, I'd go to the doctor straight away
- f) I am confident in a doctor's ability to diagnose skin cancer
- g) I have made plans on when to examine my own skin
- h) I am confident that I can take up examining my own skin even if I have not looked at my skin in the past few months

The Self-Efficacy Scale

41. For the next series of statements, please indicate how much each statement is true to you either: strongly disagree, disagree, neutral, agree or strongly agree? One per line.

1. Strongly Agree 2. Agree 3. Unsure 4. Disagree 5. Strongly Disagree

- a) I can always manage to solve difficult problems if I try hard enough
- b) If someone opposes me, I can find the means and ways to get what I want
- c) It is easy for me to stick to my aims and accomplish my goals
- d) I am confident that I could deal efficiently with unexpected events
- e) Thanks to my resourcefulness, I know how to handle unforeseen situations
- f) I can solve most problems if I invest the necessary effort
- g) I can remain calm when facing difficulties because I can rely on my coping abilities
- h) When I am confronted with a problem, I can usually find several solutions
- i) If I am in trouble, I can usually think of a solution
- j) I can usually handle whatever comes my way

41. For the next series of statements, please indicate how much each statement is true to you either: strongly disagree, disagree, neutral, agree or strongly agree? One per line.

1. Strongly Agree 2. Agree 3. Unsure 4. Disagree 5. Strongly Disagree

- a) I can always manage to solve difficult problems if I try hard enough
- b) If someone opposes me, I can find the means and ways to get what I want
- c) It is easy for me to stick to my aims and accomplish my goals
- d) I am confident that I could deal efficiently with unexpected events
- e) Thanks to my resourcefulness, I know how to handle unforeseen situations
- f) I can solve most problems if I invest the necessary effort
- g) I can remain calm when facing difficulties because I can rely on my coping abilities
- h) When I am confronted with a problem, I can usually find several solutions
- i) If I am in trouble, I can usually think of a solution
- j) I can usually handle whatever comes my way

The Multidimensional Scale of Perceived Social Support

42. Please state whether you strongly disagree, disagree, are unsure, agree, or strongly agree with the following statements? Please select only one per line.

1. Strongly Agree 2. Agree 3. Unsure 4. Disagree 5. Strongly Disagree

- a) There is a special person around when I am in need.
- b) There is a special person with whom I can share my joys and sorrows.
- c) My family really tries to help me.
- d) I get the emotional help and support I need from my family.
- e) I have a special person who is a real source of comfort to me.
- f) My friends really try to help me. o) I can count on my friends when things go wrong.
- g) I can talk about my problems with my family.
- h) I have friends with whom I can share my joys and sorrows.
- i) There is a special person in my life who cares about my feelings.
- j) My family is willing to help me make decisions.
- k) I can talk about my problems with my friends.

42. Please state whether you strongly disagree, disagree, are unsure, agree, or strongly agree with the following statements?

Please select only one per line.

1. Strongly Agree 2. Agree 3. Unsure 4. Disagree 5. Strongly Disagree

- a) There is a special person around when I am in need.
- b) There is a special person with whom I can share my joys and sorrows.
- c) My family really tries to help me.
- d) I get the emotional help and support I need from my family.
- e) I have a special person who is a real source of comfort to me.
- f) My friends really try to help me.
- g) I can count on my friends when things go wrong.
- h) I can talk about my problems with my family.
- i) I have friends with whom I can share my joys and sorrows.
- j) There is a special person in my life who cares about my feelings.
- k) My family is willing to help me make decisions.
- l) I can talk about my problems with my friends.

Section Six - Other Health Behaviours

Now, the following section will cover questions about various health behaviours.

43. Please answer yes or no to the following questions.

Please select only one per line. Yes, No, or Unsure

- Have you smoked 100 cigarettes in your entire life?
- During a usual day, do you eat 5 serves of fruit and vegetables?
- During a usual day, do you drink soft drink such as lemonade, cola, fanta, sprite or similar?
- During a usual day, so you eat takeaway food?
- During a usual day, do you drink alcohol?

44. Please answer the following:

How tall are you in cm:

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What is your current weight in kg:

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45. During a usual day, do you take any medication?

Please select one of the following answers and add your comments.

- Yes

- No

If yes, please specify

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