

Survey A

Instructions

- Please answer ALL of the sections in the survey, even if they do not seem to be directly relevant to you. Your information is essential for this study and may also be important for studies of other types of cancer. Everything you tell us will be treated in the strictest confidence but you are free to leave blank any specific questions that you do not wish to answer.
- If you are not sure of the correct answer, please give us your best estimate. We are asking many different people the same sets of questions and we are very interested in the different types of responses.

Section A. First some questions about YOU Birth and Residence

Q1. How old are you? years of age

Q2. What best describes your current situation?

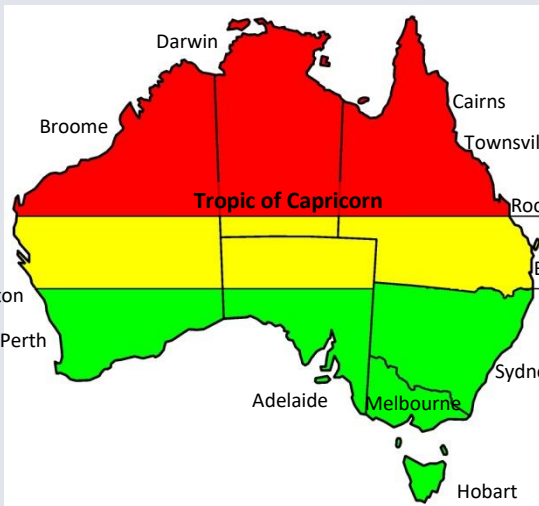
- Never married Married
 Defacto / living with a partner
 Widowed Divorced Separated

Q3. Where were you born?

Town/City
 State/Province
 Country

Q4. If you were born overseas: How old were you when you moved permanently to Australia? years of age

Q5. How many YEARS of your life have you lived in the following three regions of AUSTRALIA: (to the nearest year)



Northern region

Central region

Southern region

Where did you live the longest as a child/youth (up to age 20 years)?

- Northern region Central region Southern region (see map above)

If you have lived outside Australia for more than ONE YEAR, please tell us where you lived, and for how many years.

State/Province <u>AND</u> Country that you lived in (list below)	Years as a child/youth (aged 0-20 years old)	Years as an adult (more than 20 years old)

Q6. Do you have private health insurance? Yes No

Q7. Are you a veteran; war widow/er; or spouse, carer, dependant of a veteran? Yes No

Q8. What is your ancestry? (That is, where did most of your ancestors come from?) *(Many people have mixed ancestry. Please cross as many boxes as required)*

- English Irish Scottish Dutch
 German Polish Croatian Italian
 Filipino Indian Chinese Vietnamese
 Serbian Turkish South American
 Greek Maltese Lebanese
 Aboriginal or Torres Strait Islander
 South Sea Islander Australian
 Other (please specify)

Education and work

Q9. What is the highest qualification you have completed?

- No school certificate or other qualification
 School or intermediate certificate (or equivalent)
 Higher school or leaving certificate (or equivalent)
 Trade/apprenticeship (e.g. hairdresser, chef)
 Certificate/diploma (e.g. child care, technician)
 University degree

Q10. Which of the following best describes you NOW?

- Full-time worker Part-time worker Student
 Home duties Unemployed Retired
 other (please specify)

If you are a full-time or part-time worker, do you regularly do night shifts? Yes No

Section B. Some questions about your colouring and skin

Skin colour

Q11. How would you rate your natural skin colour on areas never exposed to the sun (like under your arm)?

- Fair Medium Olive/Dark Black

Skin type

Q12. IMAGINE you did go out in the strong sun for 30 minutes in the middle of the day for the first time in summer, without protecting your skin with sunscreen or clothing. Which of the following would happen to you?

- not burn burn a little
 burn moderately burn badly

Q13. Now, IMAGINE you did spend several weeks outdoors in the sun, without protecting your skin with sunscreen or clothing. Which of the following would happen to your skin?

- not tan tan lightly
 tan moderately tan deeply

Eye colour

Q14. What colour are your eyes?

- Blue Grey Green Hazel Brown
 Other (please specify)

Hair colour

Q15a. What was your NATURAL hair colour when you were 21 years of age?

- Red/ Auburn Blonde Light brown
 Dark brown Black

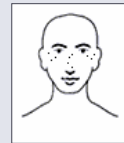
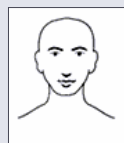
Q15b. How much of your (natural) hair colour is grey?

- No grey hair
 A few grey hairs
 A moderate amount of grey hair
 Completely grey/white hair

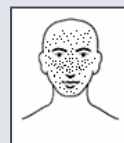
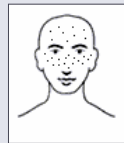
At what age did you first notice you had more than “just a few” grey hairs? years of age OR N/A

Freckles

Q16. When you were 21 years of age, how many FRECKLES on your face did you have at the end of summer? Match your answers with the pictures below. *Please tick one box*



- I had no freckles I had a few freckles

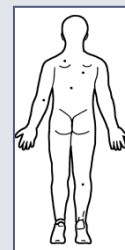
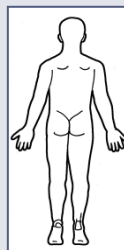


- I had some freckles I had many freckles

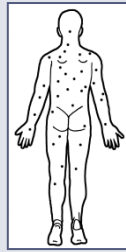
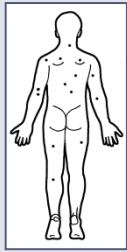
Moles

Moles are small brown or black spots on the skin, either raised or flat. Moles usually develop before age 20. They do not change in appearance after sun exposure.

Q17. When you were 21 years of age, how many MOLES did you have on your skin? Match your answers with the pictures below. *Please tick one box*



- I had no moles I had a few moles



- I had some moles I had many moles

Please count the **MOLES** on your **LEFT UPPER ARM** (from shoulder to elbow only) that are larger than this dot (2mm) ● moles

How many of those moles are larger than 5 mm? (that is, larger than this dot) ●●● moles

Section C. Some questions about sun exposure and sun protection

Q18. About how many times were you sunburned so badly that you were sore for at least 2 days, or your skin peeled..

..as a child? (less than 10 years old)

- 50+ times 21–50 times 11–20 times
 6-10 times 1-5 times Never

..as a teenager/youth? (10-20 years old)

- 50+ times 21–50 times 11–20 times
 6-10 times 1-5 times Never

..as an adult? (more than 20 years old)

- 50+ times 21–50 times 11–20 times
 6-10 times 1-5 times Never

Q19. Do you **ROUTINELY** (that is, most days) apply sunscreen, including moisturisers or makeup with a sun protection factor (SPF), regardless of whether or not you are going out in the sun? (please tick all that apply)

- Yes – to my face Yes – to my hands/forearms
 Yes – to other parts of my body No

Q20. Thinking about **ALL** of the times when you were outside in the sun during the past year, about how often did you:

Apply sunscreen? (OTHER THAN moisturisers/makeup with an SPF)

- Never Less than 50% of the time
 More than 50% of the time All the time

Wear a hat?

- Never Less than 50% of the time
 More than 50% of the time All the time

Q21. At each of the following ages/time periods, please tell us how many **HOURS** you typically spent outdoors and in the sun **EACH DAY**..

.. **MONDAY to FRIDAY?**

- in the past year 0-1 1-2 2-3 4+
aged 10-19 yrs 0-1 1-2 2-3 4+

- aged 20-29 yrs 0-1 1-2 2-3 4+
aged 30-39 yrs 0-1 1-2 2-3 4+
.. **SATURDAY/SUNDAY?**
in the past year 0-1 1-2 2-3 4+
aged 10-19 yrs 0-1 1-2 2-3 4+
aged 20-29 yrs 0-1 1-2 2-3 4+
aged 30-39 yrs 0-1 1-2 2-3 4+

Q22. How many times **IN YOUR WHOLE LIFE** have you used sunbeds or tanning beds?

- 50+ 21–50 11–20 6-10 1-5 never

How old were you when you first used sunbeds or tanning beds? years of age **OR** Not applicable

Section D. Medical history: you and your family

Q23. In general, compared to other people, would you say your health is?

- excellent very good good fair poor

Q24. About how many separate **SKIN CANCERS** (but *not* moles or warts) have you *ever* had **CUT OFF** your skin?

- 20+ skin cancers 10-20 skin cancers
 2-10 skin cancers 1 skin cancer none

Q25. About how many separate **SUNSPOTS** or **SKIN CANCERS** have you *ever* had **FROZEN** or **BURNT OFF** your skin?

- 50+ sunspots 21–50 sunspots 11–20 sunspots
 6-10 sunspots 1-5 sunspots none

Q26a. On average, how often have you taken the following common medications during the **PAST YEAR?** (tick one box)

PARACETAMOL (such as Panadol, Panamax, Tylenol, Dymadon)

- Never Less than 1/month
 Less than 1/week More than 1/week

CORTICO-STERIODS tablets by mouth

(such as Cortisone, Hydrocortisone, Prednisolone, Dexamethasone)

- Never Less than 1/month
 Less than 1/week More than 1/week

Why did you take it? (please name the condition)

Q26b. Have you regularly (*that is*, more than once per week) taken **ASPIRIN** for a year or longer? (such as Aspro, Disprin, Bex, Vincents, Alka-Seltzer)

- Yes No Not sure

When did you start? years ago

How many years have you taken aspirin, in total?

total years (0 if less than one)

Why do/did you take **ASPIRIN?**

- Prevent/treat heart disease
 For arthritis/joint problems
 Other reason

Do/did you take ASPIRIN

- Every day Every second day Less often

Is/was each ASPIRIN tablet:

- Low dose
 Standard dose (300 mg) - How many tablets per day?
 Not sure

Q26c. Have you regularly (*that is*, more than once per week) taken ANTI-INFLAMMATORIES for a year or longer?

(such as Nurofen, Brufen, Ibuprofen, Indocid, Voltaren, but not aspirin or paracetamol/panadol)

- Yes No Not sure

When did you start? years ago

How many years have you taken anti-inflammatories for, in total?

total years (0 if less than one)

Why do/did you take anti-inflammatories?

- For arthritis/joint problems Other reason

Do/did you take ANTI-INFLAMMATORIES:

- Every day Every second day Less often

Q27. Have any close blood relatives ever been told that they have MELANOMA? (Melanomas are the most serious form of skin cancers, are usually dark, and are always treated by surgery)

- Yes No Don't know

If yes: How many of these relatives?

- a) Parent, brother, sister or child
b) Uncle, aunt, niece, nephew or grand-parent

Q28. How likely is it, do you think, that you will get melanoma at some time in the future?

- Not at all likely Somewhat likely
 Very likely Not sure

Section E. Some questions about your weight, height and lifestyle

Q29. How tall are you?

cms OR ft ins

Q30. About how much do you weigh now? kg

Q31. About how much did you weigh at age 21 years?
 kg

Q32. Clothing Size - please complete one of the following:-

for MEN: What is your trouser size now (waist)?

cm OR inches

for WOMEN: What is your dress size now?

Q33. Have you ever been a regular smoker? (That is, have you ever smoked tobacco daily for at least 6 months?)

- Yes No go to Q34

How old were you when you started smoking regularly? years of age

Are you a regular smoker now? Yes No

If no: How old were you when you stopped smoking regularly? years of age

About how much do/did you smoke on average each day? Cig/day

Q34. Have you ever had a drink of alcohol?

- Yes No go to Q35

If Yes:

Have you ever drunk alcohol regularly? (That is, drinking at least once a month for 6 months or more)

- Yes No

How old were you when you started to drink regularly?

years of age

How many alcoholic drinks do you usually have each week? (one drink = a glass of wine, middy of beer or nip of spirits)

- none less than 1 2-4 5-6
 7-13 14-20 21-27 28 or more

On how many days each week do you usually drink alcohol? (go to Q35 if you answered 'none' or 'less than 1')

- 1 2 3 4 5 6 7 days

Q35. How many servings of the following foods do you usually eat each day? (one serving = a piece of fruit, a 250ml cup of juice, or half a cup of vegetables)

- Fruit pieces per day
Fruit juice cups per day
Vegetables (excluding potatoes) servings per day

Q36. How many hours of sleep do you usually get each night, on average?

- 0-5 6 7 8 9 10+

Q37. On a scale of 1 to 10 how would you rate your average level of stress during the PAST YEAR? (1 means you had little or no stress and 10 means you had a great deal of stress)

- 1 2 3 4 5 6 7 8 9 10

Q38. During the past 3 years how many times has ALL or NEARLY ALL of your skin been deliberately checked by ...

...A DOCTOR

- Never Once 2-5 times
 More than 5 times Don't remember

...SOMEONE ELSE (e.g. spouse, partner)

- Never Once 2-5 times
 More than 5 times Don't remember

...YOURSELF

- Never Once 2-5 times
 More than 5 times Don't remember

Section F. WOMEN ONLY (men please go to Q44)

Q39. How old were you when your periods started? years of age

Q40. Have you been through menopause?

- Yes No *go to Q41*

If Yes: at what age? years of age

If Yes: How did your periods stop?

- naturally after a hysterectomy
 birth control pill hormone treatment

Q41. Have you ever ever used hormone replacement therapy (HRT) for any reason? (For example for menopausal symptoms or osteoporosis) That includes hormone tablets, patches, implants, creams or pessaries. Yes No

If Yes: How long did you use HRT for altogether? years months

How old were you the FIRST time you used HRT? years of age

Q42. Have you ever taken oral contraceptives or used injected contraceptives? Yes No

If Yes: for how long? years months

Q43. Has a doctor ever told you that you have endometriosis?

- Yes No Don't know

If Yes: was it diagnosed by...

- surgery OR clinically (i.e. no operation)

Q44. Have you and a partner ever tried to conceive (get pregnant) for 12 months or more without success?

- Yes No

If Yes: Were you told by a health professional that this was due to a medical problem with:

- yourself your partner both of you

Q45. How many children have you given birth to? children

(Please include stillbirths but do not include miscarriages; please write "0" if you have not had any children) *If '0' children go to Q48*

Q46. How old were you at the birth of your first child?

years of age

Q47a. What is the longest time (in months) that you breastfed any of your children for? (please include any breastfeeding even if you were also bottle-feeding) If you did not breastfeed your children please put '0' months.

months

Q47b. How long (in months) did you breastfeed your first child for? (please include any breastfeeding even if you were also bottle-feeding) If you did not breastfeed your children please put '0' months.

months

Q48. Have you ever had a miscarriage (loss of a foetus at or prior to the 19th week of pregnancy) or stillbirth (loss at or following the 20th week of pregnancy)?

- Yes No *If Yes:*

How many miscarriages stillbirths

Q49. Have you ever had a hysterectomy (womb removed)?

- No Unsure Yes

If Yes: How old were you? years of age

Were your ovaries removed? No Unsure Yes, one Yes, both Yes, unsure if one or both

Q50. Are you the mother of twins? Yes No *go to Q51*

If Yes:

Have your twins ever been genetically tested to determine whether they are identical or not?

- No need to test, opposite sex – one twin male, one twin female
- No
- Yes

If Yes: What was the result?

- Identical
- Non-identical

If No: Non-identical twins are no more alike than ordinary brothers and sisters. Identical twins, on the other hand, have such a strong resemblance to each other in stature, skin tone, hair colour, facial features, etc., that people often mistake one for the other, or say they are “as alike as two peas in a pod”.

Do you think your twins are:

- Identical
- Non-identical

Were your twins conceived with the help of Assisted Reproductive Technology (Fertility) Treatment (e.g. hormone treatment or IVF)?

- Yes
- No

Q51. Have you ever experienced any of the following during any of your pregnancies? *(tick all that apply)*

- Anaemia
- Pre-eclampsia
- Eclampsia
- Toxemia
- Preterm labour
- Cytomegalovirus
- High blood pressure
- Abnormal hormone levels
- Uterine Fibroids
- Polycystic Ovaries
- Intrahepatic cholestasis of pregnancy *(intense itching without a rash)*
- Antenatal depression
- Postnatal depression
- Gestational diabetes – controlled by diet
- Gestational diabetes – requiring medication
- Hypoglycaemia (low blood sugar)
- Spotting or bleeding
- Abnormalities in the development of the foetus
- Termination
- Planned C-section
- Unplanned C-section
- Use of vacuum extractor or forceps to deliver the baby
- Prolapsed cord
- Baby going to SDBU/NICU
- High levels of medical intervention during birth
- Foetal distress
- Episiotomy
- Feelings of loss of control
- Injury to baby during birth

Nausea or Vomiting so bad that...

- you spoke to a doctor or nurse about it
- medication was required to control it
- it resulted in weight loss
- it resulted in hospitalization
- you could not continue the pregnancy

Section G: for MEN and WOMEN

The next section contains several checklists of questions. These questions ask about common medical or health conditions. As far as we know, most of these conditions are not directly related to skin cancer, however they are very helpful for our ongoing research into the genetics of common conditions. Your help is greatly appreciated.

Q52. Have you ever been diagnosed with cancer other than skin cancer? Yes No

If yes: What type of cancer was it? (Please list up to 2)

1.	When was it diagnosed? MM/YYYY
2.	When was it diagnosed? MM/YYYY

Q53. Have you ever been diagnosed with any other serious disease that required treatment from a specialist Doctor?

Yes No *If yes: What illness was diagnosed? (Please list up to 2)*

1.	When was it diagnosed? MM/YYYY
2.	When was it diagnosed? MM/YYYY

Q54. Do you have a strong family history of other types of cancer? (i.e. not melanoma or skin cancer) (that is, 2 or more blood relations affected?)

Yes No Don't know

If yes:

How many close family members

(parents, brothers/sisters, children) have had cancer?

What types of cancer did they have?

Comments:

How many other family members (grandparents, aunts/uncles, nieces/nephews) have had cancer?

What types of cancer did they have?

Comments:

Q55. Are you taking a vitamin D supplement?

Yes No

If yes, what is the dose of the Vitamin D supplement?

IU

Q56. Has a doctor ever told you that you have diabetes?

No Yes – Type 1 Yes – Type 2
 Yes – Type unknown

If yes, what treatment have you received?

- Insulin - date started
Are you using insulin now? Yes No
- Tablets - date started
Are you taking tablets now? Yes No
- Just diet and exercise

Q57. Have you ever been diagnosed with, experienced or been treated for any of the following conditions? (*tick all that apply*)

- Asthma Eczema Hay Fever Migraine
- Epilepsy Anorexia Bulimia
- Binge eating disorder Dementia Stroke
- Frequent heartburn or acid reflux
- Gastro-esophageal reflux disorder (GERD)
- Parkinson's disease
- Ear Infections leading to the insertion of grommets
- Tonsillitis leading to the removal of your tonsils
- Attention Deficit Hyperactivity Disorder (ADHD)
- Autism or Asperger syndrome
- Crohn's Disease Ulcerative Colitis
- Uterine Fibroids Polycystic Ovaries
- Depression Anxiety
- Bipolar disorder (Manic depression)
- Obsessive Compulsive Disorder
- Schizophrenia / Psychosis
- Panic attacks Social phobia
- Agoraphobia Post-traumatic stress disorder
- Alcoholism Gambling addiction
- Food allergies
- Chronic Obstructive Pulmonary Disease (COPD)
- Rheumatic heart disease
- Ischaemic heart disease (e.g. heart attack)
- Angina
- Hypertensive heart disease (caused by high blood pressure)
- Glaucoma Motion sickness
- Vertigo Stuttering

- Gallstones leading to the removal of your gall-bladder
- Hip or knee replacement
- Osteoarthritis
- Rheumatoid arthritis
- Colorectal polyps (following colonoscopy)
- Insomnia
- Multiple Sclerosis
- Sleep Apnoea
- Lupus

Q58. Some experiences can be frightening, horrible or traumatic. In relation to your experience/s, did any of the following happen to you for at least one month? *(tick all that apply)*

- Had nightmares about the event(s) or thought about the event(s) when you did not want to?
- Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?
- Been constantly on guard, watchful, or easily startled?
- Felt numb or detached from people, activities, or our surroundings?
- Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?

If you said yes to more than one of the above questions, did you experience these during the same month?

- No
- Yes

How old were you when these symptoms were worst? ____ years old.

Was the experience that triggered these symptoms related to *(tick all that apply)*

- experiences in the defence forces or emergency services
- a natural emergency
- a violent attack or assault
- pregnancy or child birth
- another kind of event

Q59. Have you used CANNABIS (marijuana, grass, hash), even if it was a long time ago?

- No
- Yes, 1-2 times
- Yes, 3-5 times
- Yes, 6-10 times
- Yes, 11-39 times
- Yes, 40 times or more
- Prefer not to answer

If yes:

Considering when you were using cannabis most regularly, how often did you use it?

- Less than once a month
- Once a month or more, but not every week
- Once a week or more, but not every day
- Every day
- Do not know
- Prefer not to answer

About how old were you when you first used cannabis? ____ years old.

Q60. Which hand would you use to write a letter? Left Right Either

Q61. Are you a twin or are there any twins in your extended biological family (i.e. blood relatives)? Yes No

If Yes:

What is their relationship to you (select all that apply):

- I am a twin
- My Mother
- My Father
- My Brother/Sister
- My Uncle/Aunt
- My Nephew/Niece
- My Cousin
- My Grandparent
- My Son/Daughter
- Other

Are any of the twins **non-identical** (select all that apply):

- Me and my twin
- My Mother
- My Father
- My Brother/Sister
- My Uncle/Aunt
- My Nephew/Niece
- My Cousin
- My Grandparent
- My Son/Daughter
- Other

Q62. From time to time other researchers at the QIMR Berghofer Medical Research Institute conduct online studies on other health related topics. Would you be willing to receive emails (no more than once or twice a year) inviting you to participate in other studies? Participation in any of these studies will be entirely voluntary and you may choose not to participate in any or all of these studies.

- Yes, I agree that you may contact me about participating in other studies; my email address is:
- No, I'm not interested in participating in other studies at this time.

THANK YOU

FURTHER INFORMATION

If you would like to provide further detail about any of the questions, please use the following space:

Question Number	Comment

Alternatively you may contact the Study Team

Phone: 1800 222 600

Fax: 3845 3502

Email: Qskin@qimr.edu.au