

Questionnaire 2019 National Skin Cancer Campaign



Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Eidgenössisches Departement des Innern EDI
Bundesamt für Gesundheit BAG

TO BE COMPLETED BY THE PATIENT:

1. Gender: M F 2. Year of Birth (YYYY): _____ 3. Place of Birth: (region, country) _____

4. Current residence: (region, country) _____ 5. Weight: (kg) _____ Height: (cm) _____

6. Ethnicity: White/Caucasian Black or African American Asian Hispanic or Latino

Other: (please specify) _____

7. What is your highest degree of education? Primary school High school Vocational education University degree or more

8. Do you live alone? No Yes

9. Why have you come to this Euromelanoma visit? (Tick all that apply)

I have many moles I have a recently changed or suspicious skin lesion

I was previously diagnosed with skin cancer I have a family member or a friend with skin cancer

Because I simply want to have my skin checked Because I heard of it on the media

10. Have you previously participated in a Euromelanoma visit? No Yes

11. Have you ever received a full skin examination? (excluding Euromelanoma) No Yes

12. What was your natural hair color at age 18 years? Red Blonde Brown Black

13. How many freckles do you have on your face during summer time?

(Definition: Light brown small spots on the face that appear during summer time and disappear in winter)



None Few Some Many

14. How does (would) your skin react to the summer sun? My skin:

always burns, never tans burns rarely, tans readily

always burns, tans minimally or with difficulty very rarely burns, tans very easily

sometimes burns and then tans never burns

15. OCCUPATIONAL SUN EXPOSURE

Did or do you have a job/profession with at least 4 hours/day spent outdoor in the sun between 11AM and 4PM?

No Yes If yes, for how many years? _____ Never-Rarely Sometimes Most of the time/Always

If yes, how often do you apply sunscreen?

how often do you use a hat?

how often do you use protective clothing?

how often do you seek the shade or stay indoors during peak hours?

16. RECREATIONAL SUN EXPOSURE

Did or do you have outdoor hobbies or physical activities – other than sunbathing – between 11AM and 4PM?

No Yes If yes, for how many years? _____ Never-Rarely Sometimes Most of the time/Always

If yes, how often do you apply sunscreen?

how often do you use a hat?

how often do you use protective clothing?

how often do you seek the shade or stay indoors during peak hours?

17. INTENTIONAL SUN EXPOSURE

Did or do you intentionally go into the sun in spring/summer time, including vacation, between 11AM and 4PM?

No Yes If yes, for how many years? _____ Never-Rarely Sometimes Most of the time/Always

If yes, how often do you apply sunscreen?

how often do you use a hat?

how often do you use protective clothing?

how often do you seek the shade or stay indoors during peak hours?

18. How many times in your life have you spent time in the sun in order to get a tan?

1 to 10 times 11 to 25 times More than 25 times

19. Did you spend in total one year or more in a country with much higher sun exposure than the country where you currently live?

No Yes

If yes, how many years before age 18? _____

how many years after age 18? _____

20. Have you ever used sunbeds/sunlamps/solarium?

No Yes

If yes, Lifetime number of sessions: _____

Age at first exposure: _____

Age at last exposure: _____

21. Have you ever experienced severe sunburn? (Definition: sunburns with redness and pain for 2 or more days or formation of blisters regardless of the duration)

Before 18 years of age: No Yes I do not know/remember

As of 18 years of age: No Yes I do not know/remember

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TO BE COMPLETED BY THE PHYSICIAN:

22. Family history of melanoma: (in first-degree relatives: father, mother, brother, sister)

- No Yes (1 first-degree relative) Yes (≥ 2 first-degree relatives)
 Patient doesn't know

23. Family history of non-melanoma skin cancer: (in first-degree relatives: father, mother, brother and sister)

- No Yes Patient doesn't know

24. Personal history of skin cancer:

- No Yes, melanoma Yes, BCC Yes, SCC
 Yes: other (please specify _____) Patient doesn't know

25. Skin examination performed today: full partia

26. I used dermoscopy to examine this patient: Yes No

27. Number of nevi on the whole body: <25 25–50 50–100 >100

27.1 Presence of >20 nevi on both arms Yes No

28. Presence of clinically atypical nevi: (Definition: asymmetry, ill-defined border, irregular pigmentation/color, diameter >5mm)

- No Yes (if yes, how many? _____)

29. Congenital nevi: (excluding small-sized congenital nevi)

Medium-large sized congenital nevi (>1.5–40 cm):

- No Yes (if yes, site(s): _____)

Giant congenital nevi (≥ 40 cm):

- No Yes (if yes, site(s): _____)

30. Presence of solar lentigines: (Definition: permanent, multiple, macular pigmented lesions, in areas of chronic sun exposure, do not disappear in winter)

- No Yes

31. Clinically suspicious lesions:

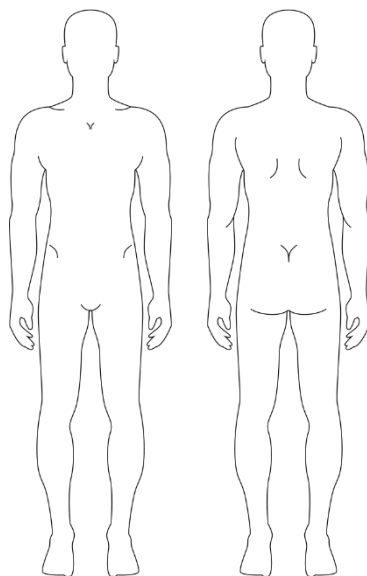
31.1. Melanoma: No Yes (number: _____)

31.2. BCC: No Yes (number: _____)

31.3. SCC: No Yes (number: _____)

31.4. Actinic keratoses: No Yes (number: _____) Field cancerization

31.5. Other or clinically undefined: No Yes (please specify: _____)



32. The lesion was first detected by: (please fill only when there is a clinically suspicious lesion observed by the dermatologist, if there are several lesions, the clinically most important one)

- patient spouse/partner
 dermatologist other person
 another health professional

33. A finding requiring treatment was determined and the patient was recommended to undergo dermatological treatment promptly:

- No Yes