DEQ.010  Next are some general questions about {your/SP's} skin and hair.

How many moles (do you/does SP) have that are at least 1/4 inch in diameter?

HAND CARD DEQ1

NONE ........................................................... 0
1 OR 2 ........................................................... 1
3 TO 5 ........................................................... 2
6 TO 10 ........................................................... 3
MORE THAN 10 .................................................. 4
REFUSED .................................................... 7
DON'T KNOW ............................................ 9

DEQ.020  What {is/was} {your/SP's} natural hair color {at 18}?

CAPI INSTRUCTION:
DISPLAY {WAS} {YOUR} {at 18} IF SP AGE > 18.
DISPLAY {IS} {SP'S/YOUR} IF SP AGE IS <= 18.

RED............................................................ 1
BLONDE......................................................... 2
LIGHT BROWN ............................................. 3
MEDIUM BROWN ........................................... 4
DARK BROWN ............................................... 5
BLACK........................................................ 6
OTHER.......................................................... 7
REFUSED .................................................... 77
DON'T KNOW ................................................ 99

DEQ.030  If after several months of not being in the sun, {you/SP} then went out in the sun without sunscreen or protective clothing for a half hour, which one of these would happen to {your/his/her} skin?

HAND CARD DEQ2

GET A SEVERE SUNBURN WITH BLISTERS .................................................. 1
A SEVERE SUNBURN FOR A FEW DAYS WITH PEELING .................................. 2
MILDLY BURNED WITH SOME TANNING... ............................................. 3
TURNING DARKER WITHOUT A SUNBURN ............................................... 4
NOTHING WOULD HAPPEN IN HALF AN HOUR .......................................... 5
OTHER ............................................................ 6
REFUSED .................................................... 7
DON'T KNOW ................................................ 9

DEQ.034  When you go outside on a very sunny day, for more than one hour, how often do you . . .

HAND CARD DEQ2A

a. Stay in the shade? Would you say . . .
b. Wear a hat that shades your face, ears and neck? Would you say...

always, ........................................................... 1
most of the time, ............................................... 2
sometimes, ..................................................... 3
rarely, or ........................................................ 4
never? ........................................................... 5

REFUSED ...................................................... 7
DON'T KNOW .................................................. 9

CAPI INSTRUCTION:
INCLUDE THE FOLLOWING HELP SCREEN AT THIS SCREEN.
HELP SCREEN:
Include any wide-brimmed hat that shades your face, ears and neck from the sun. Do NOT include visors, baseball caps, or hats that do not shade the ears and neck.

c. Wear a long sleeved shirt? Would you say...

always, ........................................................... 1
most of the time, ............................................... 2
sometimes, ..................................................... 3
rarely, or ........................................................ 4
never? ........................................................... 5

REFUSED ...................................................... 7
DON'T KNOW .................................................. 9

d. Use sunscreen? Would you say...

always, ........................................................... 1
most of the time, ............................................... 2
sometimes, ..................................................... 3
rarely, or ........................................................ 4
never? ........................................................... 5

REFUSED ...................................................... 7
DON'T KNOW .................................................. 9

DEQ.036 What is the SPF number of the sunscreen you use most often?

READ IF NECESSARY:
IF USE MORE THAN ONE OR DIFFERENT ONES, PICK THE ONE YOU USE MOST OFTEN.

|___|___|

ENTER NUMBER OF SPF

CAPI INSTRUCTION:
BUILD HARD EDITS AS 1-50.
INCLUDE THE FOLLOWING HELP SCREEN:
HELP SCREEN:
By SPF, we mean the "Sun Protection Factor"; the number on the label of the sunscreen that tells you how much protection against the sun it has.

REFUSED ..................................................... 77
DON'T KNOW ............................................. 99

DEQ.038 How many times in the past year have you had a sunburn?

|  |  |  |
ENTER NUMBER OF TIMES

NEVER ..................................................... 000
REFUSED ..................................................... 777
DON'T KNOW ............................................. 999

CAPI INSTRUCTION:
BUILD HARD EDITS AS 1-365.

DEQ.040 {Have you/Has SP} ever been told by a doctor or other health professional that {you/s/he/SP} had melanoma?

YES ............................................................. 1
NO .............................................................. 2
HAS SKIN CANCER BUT DOES NOT KNOW WHAT TYPE (CODE ONLY IF VOLUNTEERED) ........................................ 3
REFUSED ..................................................... 7
DON'T KNOW ............................................. 9

DEQ.050 Have any of {your/SP's} close blood relatives ever been told by a doctor or other health professional that they had melanoma? By close blood relatives, we mean parents, grandparents, brothers, sisters, or children.

YES ............................................................. 1
NO .............................................................. 2
REFUSED ..................................................... 7
DON'T KNOW ............................................. 9
DEQ.060 During the past 12 months, that is since {DISPLAY CURRENT MONTH} a year ago, {have you/has SP} had dermatitis, eczema, or any other type of red, inflamed skin rash?

YES ............................................................... 1
NO ............................................................................. 2 (END OF SECTION)
REFUSED ....................................................... 7 (END OF SECTION)
DON'T KNOW ................................................... 9 (END OF SECTION)

DEQ.070 {Do you/Does SP} have this skin condition today?

YES ............................................................... 1
NO ............................................................................. 2
REFUSED ....................................................... 7
DON'T KNOW ................................................... 9

DEQ.081 Please look at this card and tell me the parts of the body that {were/are} affected by this skin condition?

PROBE: Any other parts?

CODE ALL THAT APPLY

HAND CARD DEQ3

HANDS .......................................................... 10
ARMS .............................................................. 11
HEAD, FACE, OR NECK ...................................... 12
TORSO ............................................................. 13
LEGS ............................................................... 14
SHOULDER ....................................................... 15
GROIN ............................................................. 16
BUTTOCKS ........................................................ 17
FEET ............................................................... 18
OTHER BODY AREA (SPECIFY) ________________ 30
REFUSED ....................................................... 7
DON'T KNOW ................................................... 9