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

<table>
<thead>
<tr>
<th>Choice</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td>0</td>
</tr>
<tr>
<td>1 OR 2</td>
<td>1</td>
</tr>
<tr>
<td>3 TO 5</td>
<td>2</td>
</tr>
<tr>
<td>6 TO 10</td>
<td>3</td>
</tr>
<tr>
<td>MORE THAN 10</td>
<td>4</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Hair Color</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>RED</td>
<td>1</td>
</tr>
<tr>
<td>BLONDE</td>
<td>2</td>
</tr>
<tr>
<td>LIGHT BROWN</td>
<td>3</td>
</tr>
<tr>
<td>MEDIUM BROWN</td>
<td>4</td>
</tr>
<tr>
<td>DARK BROWN</td>
<td>5</td>
</tr>
<tr>
<td>BLACK</td>
<td>6</td>
</tr>
<tr>
<td>OTHER</td>
<td>7</td>
</tr>
<tr>
<td>REFUSED</td>
<td>77</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>99</td>
</tr>
</tbody>
</table>
DEQ.031 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 . . .

always, ...................................................... 1
most of the time, ....................................... 2
sometimes, ............................................. 3
rarely, or ............................................... 4
never? .................................................. 5
DON'T GO OUT IN THE SUN ...................... 6 (DEQ.038)
REFUSED ................................................ 7
DON'T KNOW ........................................... 9

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 (DEQ.038)
REFUSED ..................................................... 7 (DEQ.038)
DON'T KNOW................................................ 9 (DEQ.038)

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.041  \{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.051 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.053 \{Have you/Has SP\} ever been told by a health care provider that \{you/he/she\} had psoriasis (sore-eye-asis)?

YES ............................................................... 1
NO ................................................................. 2 (DEQ.061)
REFUSED ..................................................... 7 (DEQ.061)
DON'T KNOW ................................................... 9 (DEQ.061)

DEQ.055 On a scale of 1 to 10, how much of a problem has \{your/his/her\} psoriasis been in \{your/his/her\} everyday life, where 1 means no problem at all and 10 means a very large problem?

HAND CARD DEQ3

(          )

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

CAPI INSTRUCTION:
ONLY ALLOW ENTRY OF 1 THROUGH 10 (NO '0' ALLOWED).
DEQ.057 {Do you/SP} currently have . . .

HAND CARD DEQ4

Little or no psoriasis, ........................................... 1
Only a few patches (that could be covered by one or two palms of (your/his/her) hand), ........................................... 2
Scattered patches (that could be covered between three and ten palms of (your/ his/her) hand), or ........................................... 3
Extensive psoriasis (covering large areas of the body, that would be more than ten palms of (your/his/her) hand)? .................. 4
REFUSED ..................................................... 7
DON’T KNOW................................................ 9

DEQ.061 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.071 {Do you/Does SP} have this skin condition today?

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

DEQ.083 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 DEQ5

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