

DERMATOLOGY - DEQ

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 TURNING DARKER WITHOUT A SUNBURN	3
NOTHING WOULD HAPPEN IN HALF AN HOUR	4
OTHER	5
REFUSED	6
DON'T KNOW	7
	9

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

CAPI INSTRUCTION:

IF SP AGE < 12, DISPLAY "HAVE YOU" FOR THE FIRST DISPLAY AND SP NAME FOR THE SECOND DISPLAY.

- 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.080 What parts of the body {were/are} affected by this skin condition?

PROBE: Any other parts?

CODE ALL THAT APPLY

- HANDS 1
- ARMS 2
- HEAD, FACE, OR NECK 3
- TORSO 4
- LEGS 5
- OTHER BODY AREA (SPECIFY) _____ 6
- REFUSED 7
- DON'T KNOW 9

DEQ.090 Did this skin condition {you/SP} had in the **past 12 months** result from chemicals or other substances which got on {your/his/her} skin?

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

DEQ.100 What chemicals or other substances were these?
PROBE: Any others?

ENTER CHEMICAL OR SUBSTANCE NAME

REFUSED 7
 DON'T KNOW 9

CAPI INSTRUCTION:
 QUESTION TEXT SHOULD BE OPTIONAL, "[]S, AFTER FIRST TIME. DO NOT PLACE PROBE IN BRACKETS.
 FOLLOW BASIC FORMAT FOR DIETARY SUPPLEMENT LOOKUP. ALLOW INTERVIEWER TO MAKE MULTIPLE CHEMICAL OR SUBSTANCE ENTRIES.

DEQ.103 PRESS BACKSPACE KEY TO START THE LOOKUP.
 SELECT CHEMICAL OR SUBSTANCE FROM CAPI SUBSTANCE LIST.
 IF CHEMICAL OR SUBSTANCE **NOT** ON LIST –
 PRESS BACKSPACE KEY TO DELETE ENTRY
 THEN TYPE '*' AND SELECT '* PRODUCT NOT ON LIST'.
 PRESS ENTER TO ACCEPT SELECTION OR TO CONTINUE.

CAPI INSTRUCTION:
 DISPLAY CAPI SUBSTANCE LIST. FOLLOW BASIC FORMAT FOR DIETARY SUPPLEMENT LOOKUP.

<p>BOX 2</p> <p>CHECK ITEM DEQ.105: IF SP 16 YEARS OR OLDER, ASK DEQ.110. OTHERWISE, GO TO END OF SECTION.</p>
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DEQ.110 {Were you/Was SP} at work or at {your/his/her} job or business when {you/s/he} got these substances on {your/her/his} skin?

YES 1
 NO 2