This survey asks about you, your child, and your views and habits when out in the sun. The information you provide will help us understand what people are doing to prevent sun damage and skin cancer. All information will be kept private and confidential. Thank you for your help.

1. What is your relationship to the child?
   - ○ mother
   - ○ father
   - ○ other

2. On average, how long was your child outdoors in the sun between 10 a.m. and 4 p.m. last summer?
   a. Hours per day in the sun (10 a.m. to 4 p.m.) on WEEKDAYS
      - ○ 1 or less
      - ○ 2
      - ○ 3
      - ○ 4
      - ○ 5
      - ○ 6
   b. Hours per day in the sun (10 a.m. to 4 p.m.) on WEEKENDS
      - ○ 1 or less
      - ○ 2
      - ○ 3
      - ○ 4
      - ○ 5
      - ○ 6

When you are outdoors in the sun, how often do you have your child do each of the following?

<table>
<thead>
<tr>
<th>Rarely or never</th>
<th>Sometimes</th>
<th>Usually</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Wear a shirt with sleeves</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>4. Wear sunglasses</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>5. Stay in the shade or under an umbrella</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>6. Wear sunscreen</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>7. Wear a hat</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

8. How often do you or your child apply sunscreen on him/her before s/he goes to outdoor activities?
   - ○ Rarely or never
   - ○ Sometimes
   - ○ Usually
   - ○ Always

9. When do you (or your child) usually first put sunscreen on?
   - ○ First thing in the morning
   - ○ Before going outside
   - ○ After being outside
   - ○ Do not apply sunscreen
      Please skip to Question 12

10. What brand of sunscreen do you or your child use most often?
    Please specify:

11. What is the Sun Protection Factor (SPF) number of this sunscreen? (fill in the number)

12. Have you taught your child how to apply sunscreen?
   - ○ Yes
   - ○ No
13. Child's sex:  
- Male  
- Female

14. Child's age:  
- 5  
- 6  
- 7  
- 8  
- 9  
- 10  
- Other

15. What is this child's natural hair color?  
- Red  
- Blonde  
- Light brown  
- Dark brown  
- Black

16. What is the color of this child's eyes?  
- Green  
- Blue  
- Light brown  
- Dark brown  
- Black

17. Has this child ever had a severe sunburn?  
- Yes  
- No

18. What is the color of this child's untanned skin?  
- Very fair  
- Fair  
- Olive  
- Dark  
- Very dark  
- Black

19. After being in direct sunlight for more than 30 minutes, does this child get:  
- A severe burn with blistering  
- A severe burn without blistering  
- A mild burn, but then tan or darken  
- Tanned easily  
- Tanned slowly

20. How many times last summer did this child get a sunburn?  
- None  
- 1  
- 2  
- 3  
- 4  
- 5 or more

### Information about You

The next questions ask about YOU and YOUR OWN sun protection habits (not your child's).

When you are outdoors in the sun, how often do you do each of the following?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Rarely or never</th>
<th>Sometimes</th>
<th>Usually</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>21. Wear a shirt with sleeves</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>22. Wear sunglasses</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>23. Stay in the shade or under an umbrella</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>24. Wear sunscreen</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>25. Wear a hat</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
</tbody>
</table>

26. When do you usually first apply sunscreen?  
- First thing in the morning  
- Before going outside  
- After being outside  
- Do not use sunscreen  

27. What brand of sunscreen do you use most often?  
Please specify:

28. What is the Sun Protection Factor (SPF) number of your sunscreen?  
(fill in the number)

29. What is your natural hair color?  
- Red  
- Blonde  
- Light brown  
- Dark brown  
- Black
30. Have you ever had a severe sunburn? (i.e. painful and/or blistering)
   - Yes
   - No

31. What is the color of your untanned skin?
   - Very fair
   - Dark
   - Fair
   - Very dark
   - Olive
   - Black

32. Have you ever been told by your doctor that you have skin cancer?
   - No
   - Yes If YES, what type?

### Background Information

33. Your sex:
   - Male
   - Female

34. Your date of birth: [ ]/ [ ]/ [ ]

35. Racial/Ethnic background: (Fill in the one best choice)
   - Caucasian/White
   - Black
   - Hispanic
   - Asian (Japanese, Chinese, Korean, etc.)
   - Other

36. What was your total household income in the past 12 months? (Optional)
   - $10,000 or less
   - $10,001 to $20,000
   - $20,001 to $35,000
   - $35,001 to $50,000
   - $50,001 to $75,000
   - More than $75,000

37. How much schooling do you have?
   - Have not completed high school
   - Completed high school
   - Completed some college
   - Graduated from a 4-year college
   - Completed graduate school
   - Other

38. Are you:
   - Married
   - Divorced/widowed/separated
   - Never been married
   - Part of an unmarried couple

39. How many children do you have? [ ]

### Thank you for your assistance!