

EUROMELANOMA QUESTIONNAIRE 2012

To be completed by person screened:

1. Gender: Male ☐ Female ☐

2. Date of Birth: (day/month/year) / /

3. What is Your highest degree of education?

☐ Primary school ☐ High school ☐ Vocational education ☐ University degree

4. Why did you participate in Euromelanoma? (Tick all that apply)

- ☐ I have many moles
- ☐ Recently changed or suspicious lesion
- ☐ I was previously diagnosed with a skin cancer
- ☐ I have a family member or friend with skin cancer
- ☐ Because I want to have my skin checked

5. Have you previously received a full skin examination? (including Euromelanoma)

No ☐ Yes ☐ _ Number of times

6. Did or do you have an outdoor occupation? If yes, for how many years?

- ☐ No
- ☐ Yes, for:
 - ☐ 1 year or less
 - ☐ more than 1, until 5 years
 - ☐ more than 5, until 10 years
 - ☐ more than 10 years

7. How does your skin react to the summer sun?

- ☐ My skin always burns, never tans
- ☐ My skin always burns, tans minimally or with difficulty
- ☐ My skin initially burns and then tans
- ☐ My skin burns minimally, tans readily

8. Did you suffer from severe sunburn (a painful sunburn, with intense redness or blistering, lasting for 2 days or more) before the age of 18?

☐ No ☐ Yes ☐ I don't remember

9. How often do you use sunscreens when you are exposed to the sun?

9.1. When you are outdoor for > 1 hour (other than sunbathing):

☐ Never ☐ Sometimes ☐ Always

9.2. Do you apply sunscreen when you are sunbathing:

☐ Never ☐ Sometimes ☐ Always

9.3. I never take a sunbath: ☐

10. 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, before the age of 18: ☐☐ years

☐ Yes, after the age of 18: ☐☐ years

11. Sun exposure during adulthood?

11.1. Number of weeks per year at sunny holidays:

☐ 0 ☐ 2 weeks or less ☐ more than 2 weeks

11.2. Do you use solarium?

☐ No ☐ Yes \leq 20 sessions or less/year ☐ Yes, 21 or more sessions/ year

11.3. Number of years using solarium (including in the past only): ☐☐ yrs

To be completed by physician:

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

☐ No ☐ Yes: 1 relative ☐ Yes: ≥ 2 first degree relatives ☐ Patient doesn't know

13. Personal history of skin cancer:

☐ No
☐ Yes, melanoma
☐ Yes, non-melanoma skin cancer
☐ Patient doesn't know if he/she has had skin cancer

14. Skin examination performed today: ☐ full ☐ partial

15. I used dermoscopy to examine this patient: ☐ Yes ☐ No

16. Clinical examination:

16.1. Number of moles: ☐ <25 ☐ 25-50 ☐ 50-100 ☐ >100

16.2 Presence of lentigines on the back / chest: ☐ No ☐ Yes

16.3 Presence of atypical moles (according to definition*):

☐ No ☐ Yes Number: ____

** (asymmetry, ill-defined border, irregular pigmentation/color, diameter >6mm)*

16.4 Presence of actinic keratoses: ☐ No ☐ Yes

17. Clinically suspicious lesions[#]:

1. Melanoma: ☐ No * ☐ Yes ____ Number

2. BCC: ☐ No + ☐ Yes ____ Number

3. SCC: ☐ No # ☐ Yes ____ Number

4. Other or clinically undefined: ☐ No ☐ Yes ____ Number

18. 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 ☐ dermatologist ☐ another health professional ☐ spouse/partner ☐ other person