Supplementary Online Content


eFigure 1: Baseline questionnaire completed by the participants in the control and intervention groups at enrollment.
eFigure 2: Follow-up questionnaire completed during a phone interview 3 months after enrollment.

This supplementary material has been provided by the authors to give readers additional information about their work.
Study ID #: __________

University Hospitals Case Medical Center Department of Dermatology
Melanoma Education Baseline Questionnaire
Principal Investigators: Drs. Angela Brunhall and Jeremy Bordeaux
Co-Investigators: Drs. Kevin Cooper and Sean Carlson

1. Today’s Date: (MM/DD/YY)

2. Last name: First name:

3. Home phone number:

4. Alternate phone number:

5. DOB: (MM/DD/YY)

6. Gender:  □ Male  □ Female

7. Race/Ethnicity:  □ White/Caucasian  □ Black/African American  □ Asian  □ Native American  □ Hispanic  □ Other______________

8. Highest level of education completed:
   □ 6th Grade  □ Some high school  □ High school diploma  □ Some college  □ College degree  □ Advanced degree

9. Have you had skin cancer in the past?
   □ Don’t know → proceed to question #11
   □ No → proceed to question #11
   □ Yes → proceed to question #10
10. What type of skin cancer have you had? (check all that apply)
    □ Don’t Know  □ Basal cell skin cancer
    □ Squamous cell skin cancer  □ Melanoma skin cancer

11. Have any of your first degree relatives (parent, sibling, or child) had melanoma skin cancer?
    □ No  □ Yes  □ Don’t Know

12. Check all that apply:
    □ I have red or blonde hair
    □ I had blistering sunburns as a child
    □ I have been told by a doctor that I have or had an “atypical” or “dysplastic” mole
    □ I have approximately more than 100 moles
    □ I have light (blue or green) eyes
    □ I generally burn instead of tan after sun exposure

13. Do you closely examine your skin for signs of skin cancer (also called skin self-examination)?
    □ No → (if no, proceed to question #15)
    □ Yes → (If yes, proceed to question #14)

14. Approximately how many times in the last year have you closely examined your skin for signs of skin cancer (also called skin self-examination)? ____________

15. Approximately how many times in the last year have you presented to a physician for evaluation of a skin lesion suspicious for melanoma skin cancer? ____________

16. How confident are you that you could identify a lesion suspicious for melanoma skin cancer on your skin?
    □ Very confident  □ Somewhat confident  □ Neutral  □ Not very confident  □ Not at all confident

17. How often do you wear sun-protective clothing (broad brimmed hat, long sleeved shirt, etc.) when you know you will be in the sun for a long period of time?
    □ Always  □ Frequently  □ Sometimes  □ Infrequently  □ Never

18. How often do you apply sun block to your skin before you go outdoors?
    □ Always  □ Frequently  □ Sometimes  □ Infrequently  □ Never

19. Do you think your risk of getting melanoma skin cancer is...
    □ Much higher than average
    □ Somewhat higher than average
    □ About average
    □ Less than average
    □ Much less than average

20. Please name the ABCDs of melanoma below:
   A= __________________________
   B= __________________________
   C= __________________________
   D= __________________________

21. Circle the lesion below most suspicious for melanoma:
   A.  
   B.  

22. Circle the lesion below most suspicious for melanoma:
   A.  
   B.  

   A number of statements which people have used to describe themselves are given below. Read each statement and then circle the most appropriate number to the right of the statement to indicate how you feel right now, at this moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feelings best.

   23. I feel calm  1  2  3  4
   24. I am tense  1  2  3  4
   25. I feel upset  1  2  3  4
   26. I am relaxed  1  2  3  4
   27. I feel content  1  2  3  4
   28. I am worried  1  2  3  4

   Thank you for your participation.
Study ID #: __________

University Hospitals Case Medical Center Department of Dermatology
Melanoma Education Questionnaire #4 – Long-term follow up
Principal Investigators: Drs. Angela Bomhall and Jeremy Bordeaux
Co-Investigators: Drs. Kevin Cooper and Sean Carlson

Last name: __________________    First name: __________________
DOB: __________________ (MM/DD/YY)

“Hello. My name is __________________ and I am calling to speak with you regarding the melanoma education study that you enrolled in during your clinic visit at The University Hospitals Bomhall dermatology clinic on __________ . Do you have 5-10 minutes to answer a few follow up questions?”

1. In the last 2 months, since we last spoke to you, have you closely examined your skin for signs of skin cancer (also called skin self-examination)?
   No → (if no, proceed to question #6)
   Yes → (if yes, proceed to question #2)

2. Approximately how many times over the last 2 months since we last spoke with you have you closely examined your skin for signs of skin cancer (also called skin self-examination)?

3. Over the last 2 months since we last spoke with you, approximately how many times have you presented to a physician for evaluation of a lesion on your skin suspicious for melanoma?

   Proceed to question 5 if no lesions identified, continue to question 4 if lesions identified.

4. If any of these lesions were skin cancer, what type of skin cancer were they?
   ○ Melanoma
   ○ Basal cell skin cancer
   ○ Squamous cell skin cancer

5. In the last 2 months, how often have you worn sun-protective clothing (broad brimmed hat, long sleeved shirt, etc.) when you know you will be in the sun for a long period of time?
   Always    Frequently    Sometimes    Infrequently    Never

6. In the last 2 months, how often have you applied sunblock to your skin before going outdoors?
   Always    Frequently    Sometimes    Infrequently    Never

7. Do you think your risk of getting melanoma skin cancer is:
   ○ Much higher than average
   ○ Somewhat higher than average
   ○ About average
   ○ Less than average
   ○ Much less than average

8. How confident are you that you could identify melanoma skin cancer during a skin self-examination?
   ○ Very confident
   ○ Somewhat confident
   ○ Neutral
   ○ Not very confident
   ○ Not at all confident

9. Please name any of the ABCDs of melanoma that you remember:
   A= ________
   B= ________
   C= ________
   D= ________

A number of statements which people have used to describe themselves are given below. Read each statement and circle the most appropriate number to the right of the statement to indicate how you feel right now, at this moment. There are no correct or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feelings best.

10. I feel calm
    1    2    3    4
11. I am tense
    1    2    3    4
12. I feel upset
    1    2    3    4
13. I am relaxed
    1    2    3    4
14. I feel content
    1    2    3    4
15. I am worried
    1    2    3    4
16. Have you received a multimedia (text, phone, e-mail, letter) reminder to closely examined your skin for signs of skin cancer (also called skin self-examination)?
   Yes → (If yes, proceed to question #16)
   No → 

   “Thank you for your participation – this completes your participation in the melanoma education study. Do you have any questions?
   If you have any questions in the future please reference your consent forms or your physician for contact information regarding this study.”

Thank you for your participation.