

IRB#2200
 In Person
 Questionnaire

SCOT STUDY

CASE-CONTROL QUESTIONNAIRE

STUDY ID: 	DATE OF INTERVIEW: ___/___/_____ <div style="text-align: right;">(MO/DAY/YEAR)</div>
REFERENCE DATE: ___/_____ <div style="text-align: right;">(MO/YEAR)</div>	AGE AT TRANSPLANT ___ <div style="text-align: right;">(YRS)</div>
REFERENCE AGE: ___ <div style="text-align: right;">(YRS)</div>	DATE OF TRANSPLANT ___/_____ <div style="text-align: right;">(MO/YEAR)</div>
	ORGAN TRANSPLANTED K / H/K / H
INTERVIEWER: _____ <div style="text-align: right;">(INITIALS)</div> _____ <div style="text-align: right;">(ID #)</div>	GENDER F / M MAILED FOLLOW-UP Q COMPLETE Y / N IF YES, WHEN: ___/_____ <div style="text-align: right;">(MO/YEAR)</div>

SCOT STUDY

CASE-CONTROL QUESTIONNAIRE

- A. INTRODUCTION AND SKIN TYPE
- B. RESIDENCE AND SUN EXPOSURE HISTORY
- C. TANNING DEVICES
- D. SMOKING AND SEXUAL HISTORY
- E. FAMILY BACKGROUND
- F. TRANSPLANT AND RELATED MEDICATION
- G. MEDICAL CONDITIONS
- H. MEDICATION HISTORY
- I. PERSONAL INFORMATION
- J. INTERVIEWER'S COMMENTS

BEGIN. TIME INTERVIEW BEGAN (24-hr clock time):

____:____

SECTION A. INTRODUCTION AND SKIN TYPE

Thank you very much for agreeing to participate in the SCOT Study. In this interview we will be talking about a number of topics, including your skin, medical history, medications you have taken, and other health-related subjects. Throughout the interview, I will be asking questions about events that occurred prior to (REFDATE). While some of the questions may seem repetitive, it is important that we get information that is accurate.

A1. What is your date of birth?

MONTH		DAY		YEAR					

A2. So this would have made you (REFAGE) in (REFDATE). Is this correct?

NO..... 1
 YES 2 (A3)

A3. And this would make you (CURRENT AGE) currently. Is this correct?

NO..... 1
 YES 2 (A4)

The following questions focus on your complexion and your exposure to the sun.

A4. What is the natural color of your eyes? **SHOWCARD A4**

LIGHT BLUE 1
 DARK BLUE or BLUE/GRAY 2
 GREEN/BLUE OR GREEN/GRAY 3
 LIGHT HAZEL 4
 DARK HAZEL 5
 LIGHT BROWN..... 6
 DARK BROWN 7
 OTHER (SPECIFY) 97
 DON'T KNOW 99

A5. What was your natural hair color when you were 20 years old? **SHOWCARD A5**

BLONDE 1
 RED/STRAWBERRY BLONDE 2
 REDDISH BROWN/AUBURN..... 3
 LIGHT BROWN / DIRTY BLONDE 4
 MEDIUM BROWN..... 5
 DARK BROWN 6
 BLACK 7
 OTHER (SPECIFY).....97
 DON'T KNOW 99

A6. Do you consider yourself to have a light, medium or dark complexion, **relative to other people in your race or ethnic group?**

- LIGHT..... 1
- MEDIUM..... 2
- DARK 3
- OTHER (SPECIFY).....7
- REFUSED.....8
- DON'T KNOW 9

A7 What would happen to your skin if it were exposed to bright sunlight for the 1st time in summer, for 45 – 60 minutes in the middle of the day, without any protection?

SHOWCARD A7

- GET A SEVERE SUNBURN WITH BLISTERING 1
- HAVE A PAINFUL SUNBURN FOR A FEW
DAYS FOLLOWED BY PEELING..... 2
- GET MILDLY BURNT FOLLOWED BY SOME
DEGREE OF TANNING..... 3
- TAN WITHOUT ANY SUNBURN..... 4
- DON'T KNOW 9

A8. Which of the following would best describe your skin, as an adult, after repeated and prolonged exposure to sunlight with no protection?

SHOWCARD A8

- VERY BROWN AND DEEPLY TANNED..... 1
- MODERATELY TANNED 2
- ONLY MILDLY TANNED, OR A TENDENCY TO PEEL 3
- BURNED ONLY, FRECKLED OR NO SUNTAN AT ALL..... 4
- DON'T KNOW 9

SECTION B: RESIDENCE AND SUN EXPOSURE HISTORY

Now I'm going to ask where you lived at different ages and about the amount of time you spent in the sun at those ages. I will be asking about time you spent in the sun during warmer and cooler months, as well as, how much time you spent in the sun on weekdays and weekends. Please be sure to include time you spent in the sun while at work, school and in any leisure activities such as walking, water sports, skiing... *(note for QxQ: "we are interested in what you would consider weekdays and weekends, for example if your work schedule was Thursday through Monday, rather than a typical Monday through Friday, please consider your work days (Thursday through Monday) to be "weekdays")*

B1. Where were you born? City _____ State / Country (if not USA) _____

B2. From birth to 9 years old where did you live for the **longest period of time?**
(If several different cities enter county or area R lived the longest, For example it is ok to enter King Co., Western Wa, Wa DC area)
 City _____ State / Country (if not USA) _____

ASK B3-B9 FOR EACH AGE GROUP, THEN ASK FOR THE NEXT AGE GROUP. [THIS WILL NEED TO BE PROGRAMMED TO HAVE A SMART SKIP PATTERN BASED ON PARTICIPANT AGE? THE LAST ENTRY SHOULD BE THE REMAINING PART OF THE DECADE THAT IS NOT ASKED ABOUT PRIOR TO TRANSPLANT. FOR EXAMPLE, IF TD IS AT 46 Y/O, THE LAST ENTRY WILL BE LOOKING AT 40 Y/O TO 46 Y/O.

AGE GROUP	<p>B3. Between the ages of (AGES), where did you live for the longest period of time?</p> <p><i>(If several different cities enter county or area R lived the longest. For example it is ok to enter King Co., Western Wa, Wa DC area)</i></p> <p><i>(If R's time is split equally in different places, please make comments)</i></p>	<p>B4. Between the ages of (AGES), on weekdays in the warmer months, how many hours per day did you usually spend in direct sunlight? <i>(between the hours of 9AM and 5PM)</i></p> <p>SHOWCARD B4</p>	<p>B5. Between the ages of (AGES), on weekends in the warmer months, how many hours per day did you usually spend in direct sunlight? <i>(between the hours of 9AM and 5PM)</i></p> <p>SHOWCARD B5</p>	<p>B6.Between the ages of (AGES) how often did you usually use sunscreen when you were in the mid-day sun during the warmer months?</p> <p>SHOWCARD B6</p> <p><i>[FOR WOMEN]: This includes sunscreen in your makeup.</i></p>	<p>B7. Between the ages of (AGES), on weekdays in the cooler months, how many hours per day did you usually spend in direct sunlight? <i>(between the hours of 9AM and 5PM)</i></p> <p>SHOWCARD B7</p>	<p>B8. Between the ages of (AGES), on weekends in the cooler months, how many hours per day did you usually spend in direct sunlight? <i>(between the hours of 9AM and 5PM)</i></p> <p>SHOWCARD B8</p>	<p>B9.Between the ages of (AGES), how often did you usually use sunscreen when you were in the mid-day sun during the cooler months?</p> <p>SHOWCARD B9</p> <p><i>[FOR WOMEN]: This includes sunscreen in your makeup.</i></p>
<p>a.</p> <p>Transplant age to present</p>	<p>_____</p> <p>CITY</p> <p>_____</p> <p>STATE/COUNTRY (if not USA)</p> <p>_____</p> <p>COUNTY/OTHER</p>	<p><1 HOUR A</p> <p>1-2 HOURS B</p> <p>3-4 HOURS C</p> <p>5-6 HOURS D</p> <p>7-8 HOURS E</p> <p>DON'T KNOW 9</p>	<p><1 HOUR A</p> <p>1-2 HOURS B</p> <p>3-4 HOURS C</p> <p>5-6 HOURS D</p> <p>7-8 HOURS E</p> <p>DON'T KNOW 9</p>	<p>NEVER OR RARELY 1</p> <p>LT THAN ½ THE TIME 2</p> <p>ABOUT ½ THE TIME 3</p> <p>GT THAN ½ THE TIME 4</p> <p>ALWAYS OR NEARLY ALWAYS 5</p>	<p><1 HOUR A</p> <p>1-2 HOURS B</p> <p>3-4 HOURS C</p> <p>5-6 HOURS D</p> <p>7-8 HOURS E</p> <p>DON'T KNOW 9</p>	<p><1 HOUR A</p> <p>1-2 HOURS B</p> <p>3-4 HOURS C</p> <p>5-6 HOURS D</p> <p>7-8 HOURS E</p> <p>DON'T KNOW 9</p>	<p>NEVER OR RARELY 1</p> <p>LT THAN ½ THE TIME 2</p> <p>ABOUT ½ THE TIME 3</p> <p>GT THAN ½ THE TIME 4</p> <p>ALWAYS OR NEARLY ALWAYS 5</p>

AGE GROUP	<p>B3. Between the ages of (AGES), where did you live for the longest period of time?</p> <p>(If several different cities enter county or area R lived the longest. For example it is ok to enter King Co., Western Wa, Wa DC area)</p> <p>(If R's time is split equally in different places, please make comments)</p>	<p>B4. Between the ages of (AGES), on weekdays in the warmer months, how many hours per day did you usually spend in direct sunlight? <i>(between the hours of 9AM and 5PM)</i></p> <p>SHOWCARD B4</p>	<p>B5. Between the ages of (AGES), on weekends in the warmer months, how many hours per day did you usually spend in direct sunlight? <i>(between the hours of 9AM and 5PM)</i></p> <p>SHOWCARD B5</p>	<p>B6.Between the ages of (AGES) how often did you usually use sunscreen when you were in the mid-day sun during the warmer months?</p> <p>SHOWCARD B6</p> <p><i>[FOR WOMEN]: This includes sunscreen in your makeup.</i></p>	<p>B7. Between the ages of (AGES), on weekdays in the cooler months, how many hours per day did you usually spend in direct sunlight? <i>(between the hours of 9AM and 5PM)</i></p> <p>SHOWCARD B7</p>	<p>B8. Between the ages of (AGES), on weekends in the cooler months, how many hours per day did you usually spend in direct sunlight? <i>(between the hours of 9AM and 5PM)</i></p> <p>SHOWCARD B8</p>	<p>B9.Between the ages of (AGES), how often did you usually use sunscreen when you were in the mid-day sun during the cooler months?</p> <p>SHOWCARD B9</p> <p><i>[FOR WOMEN]: This includes sunscreen in your makeup.</i></p>
<p>10 to 19 years old</p>	<p>CITY _____</p> <p>STATE/COUNTRY (if not USA) _____</p> <p>COUNTY/OTHER _____</p>	<p><1 HOUR A</p> <p>1-2 HOURS B</p> <p>3-4 HOURS C</p> <p>5-6 HOURS D</p> <p>7-8 HOURS E</p> <p>DON'T KNOW 9</p>	<p><1 HOUR A</p> <p>1-2 HOURS B</p> <p>3-4 HOURS C</p> <p>5-6 HOURS D</p> <p>7-8 HOURS E</p> <p>DON'T KNOW 9</p>	<p>NEVER OR RARELY 1</p> <p>LT THAN ½ THE TIME 2</p> <p>ABOUT ½ THE TIME 3</p> <p>GT THAN ½ THE TIME 4</p> <p>ALWAYS OR NEARLY ALWAYS 5</p>	<p><1 HOUR A</p> <p>1-2 HOURS B</p> <p>3-4 HOURS C</p> <p>5-6 HOURS D</p> <p>7-8 HOURS E</p> <p>DON'T KNOW 9</p>	<p><1 HOUR A</p> <p>1-2 HOURS B</p> <p>3-4 HOURS C</p> <p>5-6 HOURS D</p> <p>7-8 HOURS E</p> <p>DON'T KNOW 9</p>	<p>NEVER OR RARELY 1</p> <p>LT THAN ½ THE TIME 2</p> <p>ABOUT ½ THE TIME 3</p> <p>GT THAN ½ THE TIME 4</p> <p>ALWAYS OR NEARLY ALWAYS 5</p>
<p>d. 20 to 29 years old</p>	<p>CITY _____</p> <p>STATE/COUNTRY (if not USA) _____</p> <p>COUNTY/OTHER _____</p>	<p><1 HOUR A</p> <p>1-2 HOURS B</p> <p>3-4 HOURS C</p> <p>5-6 HOURS D</p> <p>7-8 HOURS E</p> <p>DON'T KNOW 9</p>	<p><1 HOUR A</p> <p>1-2 HOURS B</p> <p>3-4 HOURS C</p> <p>5-6 HOURS D</p> <p>7-8 HOURS E</p> <p>DON'T KNOW 9</p>	<p>NEVER OR RARELY 1</p> <p>LT THAN ½ THE TIME 2</p> <p>ABOUT ½ THE TIME 3</p> <p>GT THAN ½ THE TIME 4</p> <p>ALWAYS OR NEARLY ALWAYS 5</p> <p>SHOWCARD B4</p>	<p><1 HOUR A</p> <p>1-2 HOURS B</p> <p>3-4 HOURS C</p> <p>5-6 HOURS D</p> <p>7-8 HOURS E</p> <p>DON'T KNOW 9</p>	<p><1 HOUR A</p> <p>1-2 HOURS B</p> <p>3-4 HOURS C</p> <p>5-6 HOURS D</p> <p>7-8 HOURS E</p> <p>DON'T KNOW 9</p>	<p>NEVER OR RARELY 1</p> <p>LT THAN ½ THE TIME 2</p> <p>ABOUT ½ THE TIME 3</p> <p>GT THAN ½ THE TIME 4</p> <p>ALWAYS OR NEARLY ALWAYS 5</p> <p>SHOWCARD B4</p>

AGE GROUP	<p>B3. Between the ages of (AGES), where did you live for the longest period of time?</p> <p>(If several different cities enter county or area R lived the longest. For example it is ok to enter King Co., Western Wa, Wa DC area)</p> <p>(If R's time is split equally in different places, please make comments)</p>	<p>B4. Between the ages of (AGES), on weekdays in the warmer months, how many hours per day did you usually spend in direct sunlight? <i>(between the hours of 9AM and 5PM)</i></p> <p>SHOWCARD B4</p>	<p>B5. Between the ages of (AGES), on weekends in the warmer months, how many hours per day did you usually spend in direct sunlight? <i>(between the hours of 9AM and 5PM)</i></p> <p>SHOWCARD B5</p>	<p>B6.Between the ages of (AGES) how often did you usually use sunscreen when you were in the mid-day sun during the warmer months?</p> <p>SHOWCARD B6</p> <p><i>[FOR WOMEN]: This includes sunscreen in your makeup.</i></p>	<p>B7. Between the ages of (AGES), on weekdays in the cooler months, how many hours per day did you usually spend in direct sunlight? <i>(between the hours of 9AM and 5PM)</i></p> <p>SHOWCARD B7</p>	<p>B8. Between the ages of (AGES), on weekends in the cooler months, how many hours per day did you usually spend in direct sunlight? <i>(between the hours of 9AM and 5PM)</i></p> <p>SHOWCARD B8</p>	<p>B9.Between the ages of (AGES), how often did you usually use sunscreen when you were in the mid-day sun during the cooler months?</p> <p>SHOWCARD B9</p> <p><i>[FOR WOMEN]: This includes sunscreen in your makeup.</i></p>
<p>e.</p> <p>30 to 39 years old</p>	<p>CITY</p> <hr/> <p>STATE/COUNTRY (if not USA)</p> <hr/> <p>COUNTY/OTHER</p>	<p><1 HOUR A</p> <p>1-2 HOURS B</p> <p>3-4 HOURS C</p> <p>5-6 HOURS D</p> <p>7-8 HOURS E</p> <p>DON'T KNOW 9</p>	<p><1 HOUR A</p> <p>1-2 HOURS B</p> <p>3-4 HOURS C</p> <p>5-6 HOURS D</p> <p>7-8 HOURS E</p> <p>DON'T KNOW 9</p>	<p>NEVER OR RARELY 1</p> <p>LT THAN ½ THE TIME 2</p> <p>ABOUT ½ THE TIME 3</p> <p>GT THAN ½ THE TIME 4</p> <p>ALWAYS OR NEARLY ALWAYS 5</p>	<p><1 HOUR A</p> <p>1-2 HOURS B</p> <p>3-4 HOURS C</p> <p>5-6 HOURS D</p> <p>7-8 HOURS E</p> <p>DON'T KNOW 9</p>	<p><1 HOUR A</p> <p>1-2 HOURS B</p> <p>3-4 HOURS C</p> <p>5-6 HOURS D</p> <p>7-8 HOURS E</p> <p>DON'T KNOW 9</p>	<p>NEVER OR RARELY 1</p> <p>LT THAN ½ THE TIME 2</p> <p>ABOUT ½ THE TIME 3</p> <p>GT THAN ½ THE TIME 4</p> <p>ALWAYS OR NEARLY ALWAYS 5</p>
<p>f.</p> <p>40 to 49 years old</p>	<p>CITY</p> <hr/> <p>STATE/COUNTRY (if not USA)</p> <hr/> <p>COUNTY/OTHER</p>	<p><1 HOUR A</p> <p>1-2 HOURS B</p> <p>3-4 HOURS C</p> <p>5-6 HOURS D</p> <p>7-8 HOURS E</p> <p>DON'T KNOW 9</p>	<p><1 HOUR A</p> <p>1-2 HOURS B</p> <p>3-4 HOURS C</p> <p>5-6 HOURS D</p> <p>7-8 HOURS E</p> <p>DON'T KNOW 9</p>	<p>NEVER OR RARELY 1</p> <p>LT THAN ½ THE TIME 2</p> <p>ABOUT ½ THE TIME 3</p> <p>GT THAN ½ THE TIME 4</p> <p>ALWAYS OR NEARLY ALWAYS 5</p>	<p><1 HOUR A</p> <p>1-2 HOURS B</p> <p>3-4 HOURS C</p> <p>5-6 HOURS D</p> <p>7-8 HOURS E</p> <p>DON'T KNOW 9</p>	<p><1 HOUR A</p> <p>1-2 HOURS B</p> <p>3-4 HOURS C</p> <p>5-6 HOURS D</p> <p>7-8 HOURS E</p> <p>DON'T KNOW 9</p>	<p>NEVER OR RARELY 1</p> <p>LT THAN ½ THE TIME 2</p> <p>ABOUT ½ THE TIME 3</p> <p>GT THAN ½ THE TIME 4</p> <p>ALWAYS OR NEARLY ALWAYS 5</p>

AGE GROUP	<p>B3. Between the ages of (AGES), where did you live for the longest period of time?</p> <p>(If several different cities enter county or area R lived the longest. For example it is ok to enter King Co., Western Wa, Wa DC area)</p> <p>(If R's time is split equally in different places, please make comments)</p>	<p>B4. Between the ages of (AGES), on weekdays in the warmer months, how many hours per day did you usually spend in direct sunlight? <i>(between the hours of 9AM and 5PM)</i></p> <p>SHOWCARD B4</p>	<p>B5. Between the ages of (AGES), on weekends in the warmer months, how many hours per day did you usually spend in direct sunlight? <i>(between the hours of 9AM and 5PM)</i></p> <p>SHOWCARD B5</p>	<p>B6.Between the ages of (AGES) how often did you usually use sunscreen when you were in the mid-day sun during the warmer months?</p> <p>SHOWCARD B6</p> <p><i>[FOR WOMEN]: This includes sunscreen in your makeup.</i></p>	<p>B7. Between the ages of (AGES), on weekdays in the cooler months, how many hours per day did you usually spend in direct sunlight? <i>(between the hours of 9AM and 5PM)</i></p> <p>SHOWCARD B7</p>	<p>B8. Between the ages of (AGES), on weekends in the cooler months, how many hours per day did you usually spend in direct sunlight? <i>(between the hours of 9AM and 5PM)</i></p> <p>SHOWCARD B8</p>	<p>B9.Between the ages of (AGES), how often did you usually use sunscreen when you were in the mid-day sun during the cooler months?</p> <p>SHOWCARD B9</p> <p><i>[FOR WOMEN]: This includes sunscreen in your makeup.</i></p>
<p>g. 50 to 59 years old</p>	<p>CITY _____</p> <p>STATE/COUNTRY (if not USA) _____</p> <p>COUNTY/OTHER _____</p>	<p><1 HOUR A</p> <p>1-2 HOURS B</p> <p>3-4 HOURS C</p> <p>5-6 HOURS D</p> <p>7-8 HOURS E</p> <p>DON'T KNOW 9</p>	<p><1 HOUR A</p> <p>1-2 HOURS B</p> <p>3-4 HOURS C</p> <p>5-6 HOURS D</p> <p>7-8 HOURS E</p> <p>DON'T KNOW 9</p>	<p>NEVER OR RARELY 1</p> <p>LT THAN ½ THE TIME 2</p> <p>ABOUT ½ THE TIME 3</p> <p>GT THAN ½ THE TIME 4</p> <p>ALWAYS OR NEARLY ALWAYS 5</p> <p>SHOWCARD B4</p>	<p><1 HOUR A</p> <p>1-2 HOURS B</p> <p>3-4 HOURS C</p> <p>5-6 HOURS D</p> <p>7-8 HOURS E</p> <p>DON'T KNOW 9</p>	<p><1 HOUR A</p> <p>1-2 HOURS B</p> <p>3-4 HOURS C</p> <p>5-6 HOURS D</p> <p>7-8 HOURS E</p> <p>DON'T KNOW 9</p>	<p>NEVER OR RARELY 1</p> <p>LT THAN ½ THE TIME 2</p> <p>ABOUT ½ THE TIME 3</p> <p>GT THAN ½ THE TIME 4</p> <p>ALWAYS OR NEARLY ALWAYS 5</p> <p>SHOWCARD B4</p>
<p>h. 60 to 69 years old</p>	<p>CITY _____</p> <p>STATE/COUNTRY (if not USA) _____</p> <p>COUNTY/OTHER _____</p>	<p><1 HOUR A</p> <p>1-2 HOURS B</p> <p>3-4 HOURS C</p> <p>5-6 HOURS D</p> <p>7-8 HOURS E</p> <p>DON'T KNOW 9</p>	<p><1 HOUR A</p> <p>1-2 HOURS B</p> <p>3-4 HOURS C</p> <p>5-6 HOURS D</p> <p>7-8 HOURS E</p> <p>DON'T KNOW 9</p>	<p>NEVER OR RARELY 1</p> <p>LT THAN ½ THE TIME 2</p> <p>ABOUT ½ THE TIME 3</p> <p>GT THAN ½ THE TIME 4</p> <p>ALWAYS OR NEARLY ALWAYS 5</p> <p>SHOWCARD B4</p>	<p><1 HOUR A</p> <p>1-2 HOURS B</p> <p>3-4 HOURS C</p> <p>5-6 HOURS D</p> <p>7-8 HOURS E</p> <p>DON'T KNOW 9</p>	<p><1 HOUR A</p> <p>1-2 HOURS B</p> <p>3-4 HOURS C</p> <p>5-6 HOURS D</p> <p>7-8 HOURS E</p> <p>DON'T KNOW 9</p>	<p>NEVER OR RARELY 1</p> <p>LT THAN ½ THE TIME 2</p> <p>ABOUT ½ THE TIME 3</p> <p>GT THAN ½ THE TIME 4</p> <p>ALWAYS OR NEARLY ALWAYS 5</p> <p>SHOWCARD B4</p>

Now I would like to ask you about how often you wore a hat when out in the sun during the years before and after your **(most recent) transplant.**

B10. Between **[transplant date]** and **[REF DATE]**, how often did you usually wear a hat when out in the sun during the warmer months?
SHOWCARD B10/B12

- Never or Rarely..... 1
- Less than ½ the time 2
- About half the time..... 3
- Greater than half the time 4
- Always or nearly always 5

B11. Which type of hat did you wear most often during this period? **SHOWCARD B11/B13**

- Never wore hat 0
- Crusher hat 1
- Brimmed hat with neck flap 2
- Brimmed sun hat..... 3
- Visor..... 4
- Baseball cap 5

B12. In the **10 years prior to [transplant date]**, how often did you usually wear a hat when out in the sun during the warmer months?
SHOWCARD B10/B12

- Never or Rarely..... 1
- Less than ½ the time 2
- About half the time..... 3
- Greater than half the time 4
- Always or nearly always 5

B13. Which type of hat did you wear most often during this period? **SHOWCARD B11/B13**

- Never wore hat 0
- Crusher hat 1
- Brimmed hat with neck flap 2
- Brimmed sun hat..... 3
- Visor..... 4
- Baseball cap 5

SECTION C. TANNING DEVICES

Now I would like to ask you about use of sun reflectors, sunlamps, tanning booths and self tanning products.

TANNING DEVICES

C1. Prior to (REFDATE), did you ever _____? 	C2. How old were you when you first used any type of (a/b/c/d)?	C3. How old were you when you last used any type of (a/b/c/d)	C4. <i>If age first used is greater than transplant age skip to C6.</i> Between the ages of [age started] and [transplant age or age last used], how many times did you use a (a / b/c/d)	C5. On average, how many minutes were you exposed to the (a / b) each time you used it?	C6. After your transplant and prior to (REFDATE) how many times did you use (a / b/c/d)?	C7. On average, how many minutes were you exposed to the (a / b) each time you used it?
a. Use a Sun reflector? NO 1 (C1b) YES 2 (C2) DK 9 (C1b)	__ __ AGE	__ __ AGE	__ __ # times	__ __ __ # minutes <i>If age last used is less than transplant, age skip to C1b</i>	__ __ # times	__ __ __ # minutes
b. Use a sunlamp or tanning lamp in a home or tanning salon? This would NOT include any medical ultraviolet lamp treatment in a doctor or dentist's office? NO 1 (C1c) YES 2 (C2) DK 9 (C1c)	__ __ AGE	__ __ AGE	__ __ # times	__ __ __ # minutes <i>If age last used is less than transplant, age skip to C8</i>	__ __ # times	__ __ __ # minutes
c. Use self tanning lotions? NO 1 (C1d) YES 2 (C2) DK 9 (C1d)	__ __ AGE	__ __ AGE	__ __ # times		__ __ # times	
d. Have a spray on tan at a salon. NO 1 (C8) YES 2 (C2) DK 9 (C8)	__ __ AGE	__ __ AGE	__ __ # times		__ __ # times	

If NO to C1a and C1b skip to C2

- C8. (Skip to C14 if R NEVER used a Sun reflector)** Did you ever get a sunburn from a using a sun reflector so as to cause pain for two or more days?
- NO..... 1 (C14)
 YES..... 2
- C9. (Skip if age R first used a sun reflector is greater than TP age)** How many times did this happen **prior to your transplant?**
- _____|_____|
 NO. OF TIMES
- C10. (Skip if age R last used a Sun reflector is less than TP age)** How many times did this happen between the time after your transplant up until (REFDATE)?
- _____|_____|
 NO. OF TIMES
- C11.** While using a sun reflector, did you ever get sunburned so severely as to cause blisters?
- NO..... 1 (C14)
 YES..... 2
- C12. (Skip if age R first used a Sun Reflector is greater than TP age)** How many times did this happen **prior to your transplant?**
- _____|_____|
 NO. OF TIMES
- C13. (Skip if age R last used a Sun reflector is less than TP age)** How many times did this happen between the time after your transplant up until (REFDATE)?
- _____|_____|
 NO. OF TIMES
- C14. (Skip to C20 if R NEVER used a tanning lamp)** Did you ever get a sunburn from using any type of sun lamp or tanning lamp so as to cause pain for two or more days?
- NO..... 1(C20)
 YES..... 2
- C15. (Skip if age R first used a tanning lamp is greater than transplant age)** How many times did this happen **prior to your transplant?**
- _____|_____|
 NO. OF TIMES
- C16. (Skip if age R last used a tanning lamp is less than transplant age)** How many times did this happen between the time after your transplant up until (REFDATE)?
- _____|_____|
 NO. OF TIMES
- C17.** While using a sunlamp or tanning lamp, did you ever get sunburned so severely as to cause blisters?
- NO.....1(C20)
 Yes.....2
- C18. (Skip if age R first used a tanning lamp is greater than transplant age)** How many times did this happen **prior to your transplant?**

____|____|
NO. OF TIMES

C19. (Skip if age R last used a tanning lamp is less than transplant age) How many times did this happen between the time after your transplant up until (REFDATE)?

____|____|
NO. OF TIMES

C20. Did you ever get a sunburn from natural sun exposure so as to cause pain for two or more days?

NO..... 1(C26)
YES..... 2

C21. How many times did this happen prior to you transplant?

____|____|
NO. OF TIMES

C22. How many times did this happen between the time after your transplant up until (REFDATE)?

____|____|
NO. OF TIMES

C23. Did you get sunburned so severely as to cause blisters?

NO..... 1(C26)
YES..... 2

C24. How many times did this happen prior to your transplant?

____|____|
NO. OF TIMES

C25. How many times did this happen between the time after your transplant up until (REFDATE)?

____|____|
NO. OF TIMES

C26. Did you ever have a burn other than a sunburn that left a scar?

NO..... 1(Section D)
YES..... 2
DK..... 9(Section D)

C27. How old were you when you first had a burn that left a scar?

AGE

SECTION D. SMOKING and SEXUAL HISTORIES

Now I have some questions about smoking.

D1. Prior to TODAY, did you ever smoke more than 100 cigarettes in your life?

NO 1 (D8)
 YES 2

D2. Were you smoking cigarettes in (REFDATE)?

NO 1
 YES 2
 DK 9

	D3. At what age did you (first/next) start smoking cigarettes?	D4. After age (AGE IN D3) up until today did you stop smoking them for 6 months or longer?	D5. How old were you when you (first/next) stopped for 6 months or longer?	D6. On average, how many cigarettes did you smoke per day/week/month/year between the ages of (D3) and (D5 or current age)?	D7. Skip to D8 if D4 = NO. After age (AGE IN D5), did you start smoking cigarettes again?
1ST	____ AGE STARTED	NO 1 (D6) YES 2 DK 9 (D6)	____ AGE STOPPED	____ CIGARETTES PER DAY 1 WEEK 2 MONTH 3 YEAR 4 DK 9	NO 1 (D8) YES 2 (D3) DK 9 (D8)
2ND	____ AGE STARTED	NO 1 (D6) YES 2 DK 9 (D6)	____ AGE STOPPED	____ CIGARETTES PER DAY 1 WEEK 2 MONTH 3 YEAR 4 DK 9	NO 1 (D8) YES 2 (D3) DK 9 (D8)
3RD	____ AGE STARTED	NO 1 (D6) YES 2 DK 9 (D6)	____ AGE STOPPED	____ CIGARETTES PER DAY 1 WEEK 2 MONTH 3 YEAR 4 DK 9	NO 1 (D8) YES 2 (D3) DK 9 (D8)

D3. At what age did you (first/next) start smoking cigarettes?	D4. After age (AGE IN D3) up until today did you stop smoking them for 6 months or longer?	D5. How old were you when you (first/next) stopped for 6 months or longer?	D6. On average, how many cigarettes did you smoke per day/week/month/year between the ages of (D3) and (D5 or current age)?	D7. Skip to D8 if D4 = NO. After age (AGE IN D5), did you start smoking cigarettes again?
---	--	---	--	---

4TH	<p>____</p> <p>AGE STARTED</p>	<p>NO 1 (D6)</p> <p>YES..... 2</p> <p>DK..... 9 (D6)</p>	<p>____</p> <p>AGE STOPPED</p>	<p>____</p> <p>CIGARETTES PER</p> <p>DAY..... 1</p> <p>WEEK..... 2</p> <p>MONTH..... 3</p> <p>YEAR..... 4</p> <p>DK..... 9</p>	<p>NO..... 1 (D8)</p> <p>YES..... 2 (D3)</p> <p>DK..... 9 (D8)</p>
5TH	<p>____</p> <p>AGE STARTED</p>	<p>NO 1 (D6)</p> <p>YES..... 2</p> <p>DK..... 9 (D6)</p>	<p>____</p> <p>AGE STOPPED</p>	<p>____</p> <p>CIGARETTES PER</p> <p>DAY..... 1</p> <p>WEEK..... 2</p> <p>MONTH..... 3</p> <p>YEAR..... 4</p> <p>DK..... 9</p>	<p>NO..... 1 (D8)</p> <p>YES..... 2 (D3)</p> <p>DK..... 9 (D8)</p>
6TH	<p>____</p> <p>AGE STARTED</p>	<p>NO 1 (D6)</p> <p>YES..... 2</p> <p>DK..... 9 (D6)</p>	<p>____</p> <p>AGE STOPPED</p>	<p>____</p> <p>CIGARETTES PER</p> <p>DAY..... 1</p> <p>WEEK..... 2</p> <p>MONTH..... 3</p> <p>YEAR..... 4</p> <p>DK..... 9</p>	<p>NO..... 1 (D8)</p> <p>YES..... 2 (D3)</p> <p>DK..... 9 (D8)</p>
7TH	<p>____</p> <p>AGE STARTED</p>	<p>NO 1 (D6)</p> <p>YES..... 2</p> <p>DK..... 9 (D6)</p>	<p>____</p> <p>AGE STOPPED</p>	<p>____</p> <p>CIGARETTES PER</p> <p>DAY..... 1</p> <p>WEEK..... 2</p> <p>MONTH..... 3</p> <p>YEAR..... 4</p> <p>DK..... 9</p>	<p>NO..... 1 (D8)</p> <p>YES..... 2 (D3)</p> <p>DK..... 9 (D8)</p>

D8. Between the time of your transplant and (TODAY), were you ever regularly exposed to other people's tobacco smoke at home? By regularly, I mean most days of a week for at least a year.

NO.....1(D10)
YES.....2
DK.....9(D10)

D9. Between the time of your transplant and (TODAY) how many years were you exposed to tobacco smoke at home?

|_|_|_|

NO. OF YEARS

D10. Between the time of your transplant and (TODAY), were you ever regularly exposed to other people's tobacco smoke while at work? By regularly, I mean most days of a week for at least a year.

NO..... 1(D12)
YES..... 2
DK..... 9(D12)

D11. Between the time of your transplant and (TODAY) how many years were you exposed to tobacco smoke while at work?

|_|_|_|

NO. OF YEARS

One of our interests in this study is the role viruses may play in causing disease. Many viral infections are transmitted during sexual activity. We are aware of the personal nature of this question, but we hope that you will answer as completely as possible.

D12. Please take a look at the showcard and estimate the total number of partners you had prior to **(REFDATE)**.
SHOWCARD D15

- None..... A
- ONE B
- 2-4 C
- 5-14 D
- 15-29 E
- 30-49 F
- 50 OR MORE G
- REFUSED 8
- DON'T KNOW 9

SECTION E. FAMILY BACKGROUND

Now I would like to ask you some questions about your family. I will be asking specifically about your blood relatives. First, I would like to know. . .

E1. Are you adopted?

NO..... 1 (E3)
 YES..... 2

E2. Do you have any information about your biological family?

NO..... 1 (E8)
 YES..... 2

E3. In what country was your [*relation*] born? What was (his/her) ancestry or ethnicity? By this I mean the country where (his/her) ancestors originally came from.

(1) COB (look up table) (2) ANCESTRY (look-up table)

E3a. father _____

E3b. mother _____

E3c. father's father _____

E3d. father's mother _____

E3e. mother's father _____

E3f. mother's mother _____

Now, I would like to ask you about your biological siblings and children.

E4. How many **full brothers** do you have that are either deceased or living?

____|____|
 NO. OF BROTHERS

E5. How many **half-brothers** do you have that are either deceased or living?

____|____|
 NO. OF HALF BROTHERS

E6. How many **full sisters** do you have that are either deceased or living?

____|____|
 NO. OF SISTERS

E7. How many **half-sisters** do you have that are either deceased or living?

____|____|
 NO. OF HALF SISTERS

E8. How many **biological sons** do you have, living or deceased?

____|____|
 NO. OF SONS

E9. How many **biological daughters** do you have, living or deceased?

____|____|
 NO. OF DAUGHTERS

Now I am going to ask some more specific questions about your relatives, starting with your mother.

	Relation	Seq #	E10. In what year was your (oldest/next) (RELATION) born?	E11a. Is your (relation) living? E11b. (If NO) In what year did your (relation) die?	E12. Did your (relation) ever have SCSC, BCC, or another type of non-melanoma skin cancer? (circle all that apply)	E13. At what age was your (relation) first diagnosed with skin cancer?	E14. Did your (relation) ever have any other cancer, (including melanoma) ?	E15. What type or types of cancer did your (relation) have? [LOOKUP TABLE]	E16. At what age was each cancer diagnosed? (if unknown use codes: < 50 = -4 99=DK > 50 = -5)
1	Mother <u>0 1</u>		_____	NO 1 Yes 2 DK 9 _____	NO...1(E14) Yes, SCSC...2 Yes, BCC...3 Yes, other/unk type of skin CA 4 DK..... 9(E14)	_____ YEARS	NO 1 Yes 2 DK 9	_____ _____ _____	_____ _____ _____
2	Father <u>0 2</u>		_____	NO 1 Yes 2 DK.9 _____	NO...1(E14) Yes, SCSC..2 Yes, BCC...3 Yes, other/unk...4 DK..... 9(E14)	_____ YEARS	NO 1 Yes 2 DK.9	_____ _____ _____	_____ _____ _____
3	_____ ____		_____	NO 1 Yes 2 DK.9 _____	NO...1(E14) Yes, SCSC..2 Yes, BCC...3 Yes, other/unk...4 DK.....9(E14)	_____ YEARS	NO 1 Yes 2 DK.9	_____ _____ _____	_____ _____ _____
4	_____ ____		_____	NO 1 Yes 2 DK.9 _____	NO...1(E14) Yes, SCSC..2 Yes, BCC...3 Yes, other/unk...4 DK.....9(E14)	_____ YEARS	NO 1 Yes 2 DK.9	_____ _____ _____	_____ _____ _____
5	_____ ____		_____	NO 1 Yes 2 DK.9 _____	NO...1(E14) Yes, SCSC..2 Yes, BCC...3 Yes, other/unk...4 DK.....9(E14)	_____ YEARS	NO 1 Yes 2 DK.9	_____ _____ _____	_____ _____ _____
6	_____ ____		_____	NO 1 Yes 2 DK.9 _____	NO...1(E14) Yes, SCSC..2 Yes, BCC...3 Yes, other/unk...4 DK.....9(E14)	_____ YEARS	NO 1 Yes 2 DK.9	_____ _____ _____	_____ _____ _____

	Relation	Seq #	E10. In what year was your (oldest/next) (RELATION) born?	E11a. Is your (relation) living? E11b. (If NO) In what year did your (relation) die?	E12. Did your (relation) ever have SCSC, BCC, or another type of non-melanoma skin cancer? (circle all that apply)	E13. At what age was your (relation) first diagnosed with skin cancer?	E14. Did your (relation) ever have any other cancer, (including melanoma) ?	E15. What type or types of cancer did your (relation) have? [LOOKUP TABLE]	E16. At what age was each cancer diagnosed? (if unknown use codes: < 50 = -4 99=DK > 50 = -5)
7	_____		_____	NO 1 Yes 2 DK.9 _____	NO...1(E14) Yes, SCSC..2 Yes, BCC...3 Yes, other/unk...4 DK.....9(E14)	_____ YEARS	NO 1 Yes 2 DK 9	_____ _____ _____	_____ _____ _____
8	_____		_____	NO 1 Yes 2 DK.9 _____	NO...1(E14) Yes, SCSC..2 Yes, BCC...3 Yes, other/unk...4 DK.....9	_____ YEARS	NO 1 Yes 2 DK.9	_____ _____ _____	_____ _____ _____
9	_____		_____	NO 1 Yes 2 DK.9 _____	NO...1(E14) Yes, SCSC..2 Yes, BCC...3 Yes, other/unk...4 DK.....9(E14)	_____ YEARS	NO 1 Yes 2 DK.9	_____ _____ _____	_____ _____ _____
10	_____		_____	NO 1 Yes 2 DK.9 _____	NO...1(E14) Yes, SCSC..2 Yes, BCC...3 Yes, other/unk...4 DK.....9(E14)	_____ YEARS	NO 1 Yes 2 DK.9	_____ _____ _____	_____ _____ _____
11	_____		_____	NO 1 Yes 2 DK.9 _____	NO...1(E14) Yes, SCSC..2 Yes, BCC...3 Yes, other/unk...4 DK.....9(E14)	_____ YEARS	NO 1 Yes 2 DK.9	_____ _____ _____	_____ _____ _____
12	_____		_____	NO 1 Yes 2 DK.9 _____	NO...1(E14) Yes, SCSC..2 Yes, BCC...3 Yes, other/unk...4	_____ YEARS	NO 1 Yes 2 DK.9	_____ _____ _____	_____ _____ _____

	Relation	Seq #	E10. In what year was your (oldest/next) (RELATION) born?	E11a. Is your (relation) living? E11b. (If NO) In what year did your (relation) die?	E12. Did your (relation) ever have SCSC, BCC, or another type of non-melanoma skin cancer? (circle all that apply)	E13. At what age was your (relation) first diagnosed with skin cancer?	E14. Did your (relation) ever have any other cancer, (including melanoma) ?	E15. What type or types of cancer did your (relation) have? [LOOKUP TABLE]	E16. At what age was each cancer diagnosed? (if unknown use codes: < 50 = -4 99=DK > 50 = -5)
					DK.....9(E14)				
13	_____		_____	NO 1 Yes 2 DK.9 _____	NO...1(E14) Yes, SCSC..2 Yes, BCC...3 Yes, other/unk...4 DK.....9(E14)	_____ YEARS	NO 1 Yes 2 DK 9	_____ _____ _____	_____ _____ _____
14	_____		_____	NO 1 Yes 2 DK.9 _____	NO...1(E14) Yes, SCSC..2 Yes, BCC...3 Yes, other/unk...4 DK.....9(E14)	_____ YEARS	NO 1 Yes 2 DK.9	_____ _____ _____	_____ _____ _____
15	_____		_____	NO 1 Yes 2 DK.9 _____	NO...1(E14) Yes, SCSC..2 Yes, BCC...3 Yes, other/unk...4 DK.....9(E14)	_____ YEARS	NO 1 Yes 2 DK.9	_____ _____ _____	_____ _____ _____

SECTION F. TRANSPLANT AND RELATED MEDICATIONS

Now I would like to ask you about your (ORGAN) transplant/s and some of the related treatments that you have had.

	F1 In what month and year was your first heart or kidney transplant surgery?	F2. Which organ or organs were transplanted during {F1 Mo/Yr}? SHOWCARD F2	F3. (KIDNEY TRANSPLANTS) What was the primary reason for your kidney transplant in {F1 Mo/Yr}? SHOWCARD F3	F4. (HEART TRANSPLANT) What was the primary reason for transplant in {F1 Mo/Yr}? SHOWCARD F4
1	___ ___ / MO. ___ ___ ___ YEAR	Kidney[01] Kidney, Pancreas[02] Bilateral Kidney[03] Bilateral Kidney, Pancreas[04] Heart[05] (F4) Heart, Kidney[06] Heart, Kidney, Pancreas[07] Heart, Bilateral Kidney[08] Heart, Bilateral Kidney and Pancreas[09]	Glomular Diseases[01] Tubular And Interstitial Disease .. [02] Polycystic Kidneys[03] Congenital, Familial, Metabolic Disease [04] Diabetes[05] Renovascular & Vascular Diseases[06] Cancer[07] Retransplant/Graft Failure[08] Hypertensive Nephrosclerosis [.....09] Other (Specify)[97] Don't Know[98]	Cardiomyopathy[1] Coronary Artery Disease[2] Retransplant/Graft Failure ...[3] Valvular Heart Disease[4] Congenital Heart Disease[5] Other (specify)[7] Don't Know[9]
2	___ ___ / MO. ___ ___ ___ YEAR	Kidney[01] Kidney, Pancreas[02] Bilateral Kidney[03] Bilateral Kidney, Pancreas[04] Heart[05] (F4) Heart, Kidney[06] Heart, Kidney, Pancreas[07] Heart, Bilateral Kidney[08] Heart, Bilateral Kidney and Pancreas[09]	Glomular Diseases[01] Tubular And Interstitial Disease .. [02] Polycystic Kidneys[03] Congenital, Familial, Metabolic Disease [04] Diabetes[05] Renovascular & Vascular Diseases[06] Cancer[07] Retransplant/Graft Failure[08] Hypertensive Nephrosclerosis [.....09] Other (Specify)[97] Don't Know[98]	Cardiomyopathy[1] Coronary Artery Disease[2] Retransplant/Graft Failure ...[3] Valvular Heart Disease[4] Congenital Heart Disease[5] Other (specify)[7] Don't Know[9]
3	___ ___ / MO. ___ ___ ___ YEAR	Kidney[01] Kidney, Pancreas[02] Bilateral Kidney[03] Bilateral Kidney, Pancreas[04] Heart[05] (F4) Heart, Kidney[06] Heart, Kidney, Pancreas[07] Heart, Bilateral Kidney[08] Heart, Bilateral Kidney and Pancreas[09]	Glomular Diseases[01] Tubular And Interstitial Disease .. [02] Polycystic Kidneys[03] Congenital, Familial, Metabolic Disease [04] Diabetes[05] Renovascular & Vascular Diseases[06] Cancer[07] Retransplant/Graft Failure[08] Hypertensive Nephrosclerosis [.....09] Other (Specify)[97] Don't Know[98]	Cardiomyopathy[1] Coronary Artery Disease[2] Retransplant/Graft Failure ...[3] Valvular Heart Disease[4] Congenital Heart Disease[5] Other (specify)[7] Don't Know[9]

F5. (KIDNEY TRANSPLANT PATIENTS ONLY) Did you have dialysis?

NO..... 1 (F7)
 YES..... 2

F5a. When did you first have dialysis?

|_|_|_|_| |_|_|_|_|_|
 MONTH YEAR

F5b. When did you last have dialysis?

|_|_|_|_| |_|_|_|_|_|
 MONTH YEAR

F6. (KIDNEY TRANSPLANT PATIENTS ONLY) For how many weeks or months altogether were you on dialysis? *(Please calculate 1 year =12 mo.)*

|_|_|_|_| |_|_|_|_|_|
 WKS MONTHS

TURN TO SHOWCARD F7/F13 TRANSPLANT MEDICATION

Please take a look at the showcard. I would like to ask you about medications **you may have taken or are currently taking** in relation to your **most recent transplant**.

F7. ASK ONLY IF PERSON DID NOT COMPLETE ANNUAL FOLLOW-UP Q

Have you taken any of the medications listed here in relation to your transplant between **[most recent transplant date-1year]** and **[TODAY]**? *(PLEASE DO NOT INCLUDE CORTICOSTEROIDS IN THEIR SECTION)*

NO..... 1
 YES..... 2
 DON'T KNOW..... 9

F8. ASK ONLY IF PERSON DID COMPLETE ANNUAL FOLLOW-UP Q

Have you taken any of the medications listed here in relation to your transplant **between [FOLLOW-UP Q DATE] up until [TODAY]**? *(PLEASE DO NOT INCLUDE CORTICOSTEROIDS IN THIS SECTION)*

NO..... 1(F13)
 YES..... 2
 DON'T KNOW..... 9 (F13)

<p>F9. What is the name of the (first/next) medication you took related to your transplant between {TD-1} and today?</p> <p>SHOWCARD F7/F13 [Look-up table]</p>	<p>F10. Are you currently taking this medication?</p>	<p>F11a. How old were you when you started taking (medication)? F11b. <i>(If not currently taking)</i> How old were you when you last took (medication)? F11c. For how long ALTOGETHER between (age started) and (age stopped) did you take (medication)?</p>	<p>F12. How many pills/other did you usually take per day/week/month/year.?</p>
---	---	---	---

1 st Medication	<p>_____</p> <p style="text-align: center;"> _ _ _ _ Code</p>	<input type="checkbox"/> ₁ NO <input type="checkbox"/> ₂ YES	<p style="text-align: center;">____ Age started</p> <p style="text-align: center;">____ Age stopped (if med not current)</p> <p style="text-align: center;">____ Yrs ____ Mo</p>	<p style="text-align: center;">____ no of pills/other taken per</p> <input type="checkbox"/> ₁ Day <input type="checkbox"/> ₂ Week <input type="checkbox"/> ₃ Month <input type="checkbox"/> ₄ Year
	<p>F9. What is the name of the (first/next) medication you took related to your transplant between {TD-1} and today?</p> <p>SHOWCARD F7/F13 [Look-up table]</p>	<p>F10. Are you currently taking this medication?</p>	<p>F11a. How old were you when you started taking (medication)?</p> <p>F11b. (If not currently taking) How old were you when you last took (medication)?</p> <p>F11c. For how long ALTOGETHER between (age started) and (age stopped) did you take (medication)?</p>	<p>F12. How many pills/other did you usually take per day/week/month/year.?</p>
2 nd Medication	<p>_____</p> <p style="text-align: center;"> _ _ _ _ Code</p>	<input type="checkbox"/> ₁ NO <input type="checkbox"/> ₂ YES	<p style="text-align: center;">____ Age started</p> <p style="text-align: center;">____ Age stopped (if med not current)</p> <p style="text-align: center;">____ Yrs ____ Mo</p>	<p style="text-align: center;">____ no of pills/other taken per</p> <input type="checkbox"/> ₁ Day <input type="checkbox"/> ₂ Week <input type="checkbox"/> ₃ Month <input type="checkbox"/> ₄ Year
3 rd Medication	<p>_____</p> <p style="text-align: center;"> _ _ _ _ Code</p>	<input type="checkbox"/> ₁ NO <input type="checkbox"/> ₂ YES	<p style="text-align: center;">____ Age started</p> <p style="text-align: center;">____ Age stopped (if med not current)</p> <p style="text-align: center;">____ Yrs ____ Mo</p>	<p style="text-align: center;">____ no of pills/other taken per</p> <input type="checkbox"/> ₁ Day <input type="checkbox"/> ₂ Week <input type="checkbox"/> ₃ Month <input type="checkbox"/> ₄ Year
4 th Medication	<p>_____</p> <p style="text-align: center;"> _ _ _ _ Code</p>	<input type="checkbox"/> ₁ NO <input type="checkbox"/> ₂ YES	<p style="text-align: center;">____ Age started</p> <p style="text-align: center;">____ Age stopped (if med not current)</p> <p style="text-align: center;">____ Yrs ____ Mo</p>	<p style="text-align: center;">____ no of pills/other taken per</p> <input type="checkbox"/> ₁ Day <input type="checkbox"/> ₂ Week <input type="checkbox"/> ₃ Month <input type="checkbox"/> ₄ Year
5 th Medication	<p>_____</p> <p style="text-align: center;"> _ _ _ _ Code</p>	<input type="checkbox"/> ₁ NO <input type="checkbox"/> ₂ YES	<p style="text-align: center;">____ Age started</p> <p style="text-align: center;">____ Age stopped (if med not current)</p> <p style="text-align: center;">____ Yrs ____ Mo</p>	<p style="text-align: center;">____ no of pills/other taken per</p> <input type="checkbox"/> ₁ Day <input type="checkbox"/> ₂ Week <input type="checkbox"/> ₃ Month <input type="checkbox"/> ₄ Year
6 th Medication	<p>_____</p> <p style="text-align: center;"> _ _ _ _ Code</p>	<input type="checkbox"/> ₁ NO <input type="checkbox"/> ₂ YES	<p style="text-align: center;">____ Age started</p> <p style="text-align: center;">____ Age stopped (if med not current)</p> <p style="text-align: center;">____ Yrs ____ Mo</p>	<p style="text-align: center;">____ no of pills/other taken per</p> <input type="checkbox"/> ₁ Day <input type="checkbox"/> ₂ Week <input type="checkbox"/> ₃ Month

(ASK ONLY IF MORE THAN ONE KIDNEY / HEART TRANSPLANT OTHERWISE SKIP TO F18)

Please take a look at the showcard. I would like to ask you about medications **you may have taken or are currently taking** in relation to your **previous transplant(s)**.

F13. (ASK ONLY IF PERSON DID NOT COMPLETE ANNUAL FOLLOW-UP Q)

Have you taken any of the medications listed here in relation to your **prior transplant(s)** starting in **(first transplant date from F1-1yr}** through **{most recent transplant date -1 yr}** (*PLEASE DO NOT INCLUDE CORTICOSTEROIDS IN THIS SECTION*)?

- NO..... 1
 YES..... 2
 DON'T KNOW..... 9

	<p>F14. What is the name of the (first/next) medication you took related to your first transplant between {F1-1YR} and {MOST RECENT TP-1YR}? SHOWCARD F7/F13 [Look-up table]</p>	<p>F15. Are you currently taking this medication?</p> <p><input type="checkbox"/>₁ NO <input type="checkbox"/>₂ YES</p>	<p>F16a. How old were you when you started taking (medication)?</p> <p>F16b. (<i>If not currently taking</i>) How old were you when you last took (medication)?</p> <p>F16c. For how long ALTOGETHER between (age started) and (age stopped) did you take (medication)?</p>	<p>F17. How many pills/other did you usually take per day/week/month/year.?</p>
1 st Medication	<p>_____</p> <p style="text-align: center;"> _ _ _ _ Code</p>		<p style="text-align: center;">_____ Age started _____ Age stopped (if med not current) _____ Yrs _____ Mo</p>	<p>_____ no of pills/other taken per</p> <p><input type="checkbox"/>₁ Day <input type="checkbox"/>₂ Week <input type="checkbox"/>₃ Month <input type="checkbox"/>₄ Year</p>
2 nd Medication	<p>_____</p> <p style="text-align: center;"> _ _ _ _ Code</p>		<p style="text-align: center;">_____ Age started _____ Age stopped (if med not current) _____ Yrs _____ Mo</p>	<p>_____ no of pills/other taken per</p> <p><input type="checkbox"/>₁ Day <input type="checkbox"/>₂ Week <input type="checkbox"/>₃ Month <input type="checkbox"/>₄ Year</p>

3 rd Medication	_____ [][][][][] Code	<input type="checkbox"/> ₁ NO <input type="checkbox"/> ₂ YES	____ Age started ____ Age stopped (if med not current) ____ Yrs ____ Mo	____ no of pills/other taken per <input type="checkbox"/> ₁ Day <input type="checkbox"/> ₂ Week <input type="checkbox"/> ₃ Month <input type="checkbox"/> ₄ Year
	F14. What is the name of the (first/next) medication you took related to your first transplant between {F1-1YR} and {MOST RECENT TP-1YR}? SHOWCARD F7/F13 [Look-up table]	F15. Are you currently taking this medication?	F16. How old were you when you started taking (medication)? F16b. (If not currently taking) How old were you when you last took (medication)? F16c. For how long ALTOGETHER between (age started) and (age stopped) did you take (medication)?	F17. How many pills/other did you usually take per day/week/month/year.?
4 th Medication	_____ [][][][][] Code	<input type="checkbox"/> ₁ NO <input type="checkbox"/> ₂ YES	____ Age started ____ Age stopped (if med not current) ____ Yrs ____ Mo	____ no of pills/other taken per <input type="checkbox"/> ₁ Day <input type="checkbox"/> ₂ Week <input type="checkbox"/> ₃ Month <input type="checkbox"/> ₄ Year
5 th Medication	_____ [][][][][] Code	<input type="checkbox"/> ₁ NO <input type="checkbox"/> ₂ YES	____ Age started ____ Age stopped (if med not current) ____ Yrs ____ Mo	____ no of pills/other taken per <input type="checkbox"/> ₁ Day <input type="checkbox"/> ₂ Week <input type="checkbox"/> ₃ Month <input type="checkbox"/> ₄ Year

Now I would like to ask you about some other medical conditions you may have had.

F18. Before (REFDATE), did a doctor or other health professional ever tell you that you had:	F19.	F20. What age were you when it was first diagnosed?
---	-------------	--

F18. Before (REFDATE), did a doctor or other health professional ever tell you that you had:	F19.	F20. What age were you when it was first diagnosed?
a. Rheumatoid arthritis? NO 1 (F18b) YES 2 DK 9 (F18b)		_____ AGE
b. Chronic sinusitis? NO 1 (F18c) YES 2 DK 9 (F18c)		_____ AGE
c. Skin abscesses? NO 1 (F18d) YES 2 DK 9 (F18d)		_____ AGE
d. Ulcerative colitis or Crohn's disease? NO 1 (F18e) YES 2 DK 9 (F18e)		_____ AGE
e. Systemic Lupus? NO 1 (F18f) YES 2 DK 3 (F18f)		_____ AGE
f. Multiple Sclerosis? NO 1 (F18g) YES 2 DK 9 (F18g)		_____ AGE
g. Shingles NO 1 (F18h) YES 2 DK 9 (F18h)		_____ AGE
h. Infectious Mononucleosis NO 1 (F18i) YES 2 DK 9 (F18i)	Did you have mononucleosis diagnosed more than once? NO 1 YES 2 DK 9	_____ AGE at first diagnosis _____ AGE at most recent diagnosis (if R reports more than one)
i. Asthma NO 1 (F18j) YES 2 DK 9 (F18j)		_____ AGE

F18. Before (REFDATE), did a doctor or other health professional ever tell you that you had:	F19.	F20. What age were you when it was first diagnosed?
j. Pancreatitis? NO.....1 (F21) YES2 DK9 (F21)		_____ AGE

Next, I am going to ask you some questions about various types of medications that you may have taken.

TURN TO SHOWCARD F21 STEROIDS"

F21. We are interested in recording information about **corticosteroid or steroid** medications you may have taken in the form of a pill, shot or inhaler These include medications such as cortisone or prednisone, and are commonly taken in relation to transplants or for the medical conditions I just asked you about. **Prior to (TODAY) did you ever use any of the medications listed here for a total of six months or more (THIS DOES NOT HAVE TO BE 6 CONTINUOUS MONTHS)?** Please do not include creams or lotions. (For steroid injection, record 'Yes' if received two or more injections per month for one month or longer
.SHOWCARD F21

NO
 1(
 F29)
 YES..... 2
 DON'T KNOW..... 9
 (F29)

STEROID MEDICATIONS (RECORDING LIFETIME USE OF STERIODS) - create room for 10 rows

<p>F22. What was the name of the (first/next) corticosteroid medication you took? SHOWCARD F22</p>	<p>F23. For what CONDITION/S did you take (medication)? [If F1=2, Please, report each of your transplants as a separate condition.]</p>	<p>F24a. How old were you when you first took (MEDICATION) for [CONDITION]? F24b. How old were you when you last took (MEDICATION) for [CONDITION]?</p>		<p>F25. For how long ALTOGETHER did you use this medication between (age started) and (age stopped) for (CONDITION)?</p>	<p>F26. When you were taking (MEDICATION) how many times per day, week, or month did you usually take it? <i>(go to next condition reported in F24 if more than one)</i></p>		<p>F27. Did you take any other corticosteroids for six months or more? YES (F22) NO or DK (F28)</p>
NAME OF MEDICATION	CONDITION	From	To	Number of Years and Months altogether	# of times per	1-Day 2-Wk 3-Mo	
_____	_____	___	___	___ Yrs ___ Mo	___	___	NO 1 Yes 2 DK 9
_____	_____	___	___	___ Yrs ___ Mo	___	___	NO 1 Yes 2 DK 9
_____	_____	___	___	___ Yrs ___ Mo	___	___	NO 1 Yes 2 DK 9
_____	_____	___	___	___ Yrs ___ Mo	___	___	NO 1 Yes 2 DK 9
_____	_____	___	___	___ Yrs ___ Mo	___	___	NO 1 Yes 2 DK 9
_____	_____	___	___	___ Yrs ___ Mo	___	___	NO 1 Yes 2 DK 9

We are interested in many different types of photosensitizing medications that you may have taken or applied to your skin **at least four times per week continuously for 6 months or longer.**

Photosensitizing MEDICATIONS

	F28. PRIOR TO TODAY, did you use (medication/showcard) at least four times a week continuously for six months or longer?	F29 (Ask for HORMONE CONTRACEPTIVES AND HRT only) Which of the following type or types of medication did you use from this group?	F30. For what CONDITION did you primarily take this medication?	F31a. How old were you when you first took this type of medication? F31b. How old were you when you last took this type of (medication?)	F32. For how long ALTOGETHER did you use this medication between (age started) and (age stopped)? (Read answers to R)	F33. When you were using this medication, how many times per day week or month did you usually take/use it? 1-Day 2-Wk 3-Mo
	Code - Name					#PER
a	01-Coal Tar No 1(F28b) Yes 2(F30) DK 9(F28b)				< 6 months 0 6-<12 months 1 12 m-< 5yrs 2 5 yrs-<10 yrs 3 10 or more yrs 4	
b	WOMEN ONLY 02-Hormonal Contraceptives No 1(F28c) Yes 2(F29) DK 9(F28c) DO NOT ASK F33 FOR THIS QX	OCs.....1 IUD+P.....2 Norplant.....3 Patch/Ring.....4 SHOT.....5			OCs < 6 months 0 6-<12 months 1 12 m-< 5yrs 2 5 yrs-<10 yrs 3 10 or more yrs 4 IUD < 6 months 0 6-<12 months 1 12 m-< 5yrs 2 5 yrs-<10 yrs 3 10 or more yrs 4 NORPLANT < 6 months 0 6-<12 months 1 12 m-< 5yrs 2 5 yrs-<10 yrs 3 10 or more yrs 4	PATCH/RING < 6 months 0 6-<12 months 1 12 m-< 5yrs 2 5 yrs-<10 yrs 3 10 or more yrs 4 SHOT < 6 months 0 6-<12 months 1 12 m-< 5yrs 2 5 yrs-<10 yrs 3 10 or more yrs 4
c	WOMEN ONLY 03-Hormone Replacement Therapy No 1(F28d) Yes 2(F29) DK 9(F28d) DO NOT ASK F33 FOR THIS QX	PILLS.....1 CREAM/SUP 2....2 SHOT.....3 Patch/Ring.....4			PILLS < 6 months 0 6-<12 months 1 12 m-< 5yrs 2 5 yrs-<10 yrs 3 10 or more yrs 4 CREAM/SUP < 6 months 0 6-<12 months 1 12 m-< 5yrs 2 5 yrs-<10 yrs 3 10 or more yrs 4	SHOT < 6 months 0 6-<12 months 1 12 m-< 5yrs 2 5 yrs-<10 yrs 3 10 or more yrs 4 PATCH/RING < 6 months 0 6-<12 months 1 12 m-< 5yrs 2 5 yrs-<10 yrs 3 10 or more yrs 4
d						

	F28. PRIOR TO TODAY, did you use (medication/showcard) at least four times a week continuously for six months or longer?	F29 (Ask for HORMONE CONTRACEPTIVES AND HRT only) Which of the following type or types of medication did you use from this group?	F30. For what CONDITION did you primarily take this medication?	F31a. How old were you when you first took this type of medication? F31b. How old were you when you last took this type of (medication?)	F32. For how long ALTOGETHER did you use this medication between (age started) and (age stopped)? (Read answers to R)	F33. When you were using this medication, how many times per day week or month did you usually take/use it?		
	Code - Name						#PER	1-Day 2-Wk 3-Mo
	04-Tetracyclines No 1(F28e) Yes 2(F30) DK 9(F28e)					< 6 months 0 6-<12 months 1 12 m-< 5yrs 2 5 yrs-<10 yrs 3 10 or more yrs 4		
e	05-Retinoids No 1(F28f) Yes 2(F30) DK 9(F28f)					< 6 months 0 6-<12 months 1 12 m-< 5yrs 2 5 yrs-<10 yrs 3 10 or more yrs 4		
f	06-Naproxen No 1(F28g) Yes 2(F30) DK 9(F28g)					< 6 months 0 6-<12 months 1 12 m-< 5yrs 2 5 yrs-<10 yrs 3 10 or more yrs 4		
g	07-Acetaminophen No 1(F28h) Yes 2(F30) DK 9(F28h)					< 6 months 0 6-<12 months 1 12 m-< 5yrs 2 5 yrs-<10 yrs 3 10 or more yrs 4		
h	08-COX II Inhibitors No 1(F28i) Yes 2(F30) DK 9(F28i)					< 6 months 0 6-<12 months 1 12 m-< 5yrs 2 5 yrs-<10 yrs 3 10 or more yrs 4		
i	09-Aspirin No 1(F28j) Yes 2(F30) DK 9(F28j)					< 6 months 0 6-<12 months 1 12 m-< 5yrs 2 5 yrs-<10 yrs 3 10 or more yrs 4		
j	10-Ibuprofen No 1(F34) Yes 2(F30) DK 9(F34)					< 6 months 0 6-<12 months 1 12 m-< 5yrs 2 5 yrs-<10 yrs 3 10 or more yrs 4		

F34. Other than what we have already recorded, **from {transplant date} up until today** were you ever treated with any other medications **continuously for 6 months or longer**? Please, include both prescription and over the counter medications, but not vitamins or herbal remedies.

NO.....1 (SECTION G)
 YES.....2
 DON'T KNOW.....9 (SECTION G)

Other MEDICATIONS – CREATE 10 ROWS

F35. From (transplant date) up until today , what was the name of the first/next medication you took continuously for six months or longer ?	F36. For what CONDITION did you primarily take this medication?	F37. How old were you when you first took this (medication)? How old were you when you last took this (medication)?		F38. For how long ALTOGETHER did you use this medication between the (age started) and (age stopped)?	F39. When you were taking (medication) how many times per day, week, or month did you usually take it?		F40. Did you take any other medications continuously for six months or longer since (transplant date) ?
MEDICATION	CONDITION	From	To	Number of Years and Months	#PER	1-Day 2-Wk 3-Mo	
Name _____	_____	_____	_____	____ Yrs ____ Mths	_____.	_____	NO 1(G1) YES 2(F35)
Name _____	_____	_____	_____	____ Yrs ____ Mths	_____.	_____	NO 1(G1) YES 2(F35)
Name _____	_____	_____	_____	____ Yrs ____ Mths	_____.	_____	NO 1(G1) YES 2(F35)
Name _____	_____	_____	_____	____ Yrs ____ Mths	_____.	_____	NO 1(G1) YES 2(F35)
Name _____	_____	_____	_____	____ Yrs ____ Mths	_____.	_____	NO 1(G1) YES 2(F35)
Name _____	_____	_____	_____	____ Yrs ____ Mths	_____.	_____	NO 1(G1) YES 2(F35)
Name _____	_____	_____	_____	____ Yrs ____ Mths	_____.	_____	NO 1(G1) YES 2(F35)
Name _____	_____	_____	_____	____ Yrs ____ Mths	_____.	_____	NO 1(G1) YES 2(F35)

SECTION G: MEDICAL HISTORY

Now, I would like to ask you some questions about your medical history. First, I have some questions about various skin conditions you may have had.

G1. Before (TODAY), did you ever have common warts or plantar warts, or your hands, feet, head, arms, legs or the trunk of your body?

NO..... 1(G4)
 YES..... 2
 DON'T KNOW..... 9 (G4)

G2. Before (TODAY) where on your body did you have at least one wart? (CODE ALL THAT APPLY)

HAND..... [1]
 FOOT..... [2]
 TRUNK..... [3]
 ARMS OR LEGS..... [4]
 HEAD..... [5]
 OTHER (SPECIFY) _____ [7]
 DON'T KNOW..... [9]

	Before age 20	Between ages 20-29	Between ages 30-39	Between ages 40-49	Between ages 50-59	Between ages 60-69	Between ages 70-79	Between ages 80-84
G3. We are interested in the decades in which you experienced any warts. Did you have any warts (AGE PERIOD)?	NO 1 YES 2 DK 9	NO 1 YES 2 DK 9	NO 1 YES 2 DK 9	NO 1 YES 2 DK 9	NO 1 YES 2 DK 9	NO 1 YES 2 DK 9	NO 1 YES 2 DK 9	NO 1 YES 2 DK 9

G4. Before (TODAY), did you ever have genital warts?

NO..... 1(G5)
 YES..... 2
 DON'T KNOW..... 9 (G5)

G5. At any time **before (REFDATE)** did you have any **actinic keratoses** or **solar keratoses** burned off or removed from your skin? This would include any precancerous skin conditions (*Do not include pre-melanoma, melanoma SCSC or BCC. Please write any comments on DK answers*)

NO..... 1(G9)
 YES..... 2
 DON'T KNOW..... 9 (G9)

G6. How old were you when you first had one removed?

|_|_|_|
 AGE

G7. How many did you have removed **before (REFDATE)**?

|_|_|_|
NO. REMOVED

G8. (IF G7>1) How old were you when you had the last one removed prior to (REFDATE)?

|_|_|_|
AGE

G9. At any time before (REF DATE), were you treated with any of the medications listed here for conditions such as actinic keratoses or pre-cancer of the skin? These medications come in the form of a cream or injection. SHOWCARD G9

NO..... 1(G12)
YES..... 2
DON'T KNOW..... 9 (G12)

G10. How old were you when you were first treated with this?

|_|_|_|
AGE

G11. For how many days, weeks, months or years altogether were you treated?

|_|_|_|
1 DAYS
2 WEEKS
3 MONTHS
4 YEARS

G12. Were you ever told by a doctor that you had any type of skin cancer?

NO..... 1(G36)
YES..... 2
DON'T KNOW..... 9 (G36)

G13. Did you ever have a basal cell skin cancer?

NO..... 1(G18)
YES..... 2
DON'T KNOW..... 9 (G18)

G14. How old were you when you were first diagnosed with a basal cell skin cancer? IF UNKNOWN, enter '99'and go to G15.

|_|_|_|
AGE

G15. (Ask only if G14 Is UNKNOWN)Was that before your first (ORGAN) transplant? .

NO..... 1
YES..... 2
DON'T KNOW..... 9

G16. How many basal cell skin cancers did you have diagnosed before (REFDATE)? We are

interested in **new tumors only**, not a recurrence of one that grew back in the same spot.

|_|_|_|
NO.

G17. Up until today, which of the following treatments have you received for your **basal cell skin cancer(s)**? **SHOWCARD**

- NONE.....[0]
- SURGERY/EXCISION/CURETTAGE [1]
- FLUOROURACIL / EFUDEX / FLUOROPLEX / CARAC
- CREAM OR INJECTION [2]
- IMIQUIMOD / ALDARA / BESELNA CREAM OR LIQUID [3]
- RADIATION [4]
- LIQUID NITROGEN (FREEZING) [5]
- OTHER (SPECIFY).....[7]
- DON'T KNOW..... [9]

G18. At any time BEFORE (REF DATE) did you have a **squamous cell skin cancer**?
(DO NOT INCLUDE REF DATE CA)

- NO..... 1(G21)
- YES..... 2
- DON'T KNOW..... 9 (G21)

G19. How old were you when you were first diagnosed with a **squamous cell skin cancer**?
IF UNKNOWN, enter '99'and go to G23.

|_|_|_|
AGE

G20. (Ask only if G19 is UNKNOWN) Was that before your first (organ) transplant?

- NO..... 1
- YES..... 2
- DON'T KNOW..... 9

G21. STARTING IN (REFDATE) were you ever diagnosed with any **squamous cell skin cancers** ?

- NO..... 1(G24)
- YES..... 2
- DON'T KNOW..... 9 (G24)

G22. How many squamous cell skin cancers did you have diagnosed **starting in (REFDATE) up until today**? We are interested in **new tumors only** not a recurrence of one that grew back in the same spot.
(INCLUDE REF DATE CA)

|_|_|_|
NO.

G23. Up until today, which of the following treatments have you received for your **squamous cell skin cancer(s)**: **SHOWCARD**

NONE.....	[0]
SURGERY/EXCISION/CURETTAGE	[1]
FLUOROURACIL / EFUDEX / FLUOROPLEX / CARAC CREAM OR INJECTION	[2]
IMIQUIMOD / ALDARA / BESELNA CREAM OR LIQUID	[3]
RADIATION	[4]
LIQUID NITROGEN (FREEZING)	[5]
OTHER (SPECIFY)_____	[7]
DON'T KNOW.....	9

G24. At any time **before (REF DATE)** did you ever have a **melanoma skin cancer**?

NO.....	1 (G28)
YES.....	2
DON'T KNOW.....	9 (G28)

G25. How old were you when you were **first** diagnosed with a **melanoma skin cancer**?

|_|_|_|
AGE

G26. How many **melanoma skin cancers** did you have diagnosed **before (REFDATE)**? We are interested in **new tumors only** not a recurrence of one that grew back in the same spot.

|_|_|_|
NO.

G27. **Up until today**, which of the following treatments have you received for your **melanoma skin cancer(s)**.. **SHOWCARD**

NONE.....	[0]
SURGERY EXCISION/CURETTAGE	[1]
FLUOROURACIL / EFUDEX / FLUOROPLEX / CARAC CREAM OR INJECTION	[2]
IMIQUIMOD / ALDARA / BESELNA CREAM OR LIQUID	[3]
RADIATION	[4]
LIQUID NITROGEN (FREEZING)	[5]
OTHER (SPECIFY)_____	[7]
DON'T KNOW.....	9

G28. At any time **before (REF DATE)** did a doctor ever tell you you had any **other type of skin cancer** such as merkel cell or keratocanthomas, **this would include skin cancers for which you do not know the exact type**. *Please, do not include cancers that you have already reported previously in the questionnaire.*

NO.....	1
(G35)	
YES (OTHER TYPE) _____	2
YES, DON'T KNOW TYPE	3
DON'T KNOW.....	9
(G35)	

G29. How old were you when you were **first** diagnosed with (type of skin cancer reported in G28/an unknown type of skin cancer)? *IF UNKNOWN, enter '99'and go to G30.*

|_|_|_|

AGE

G30. (ASK ONLY IF G29 IS UNK) Was that before your first (ORGAN) transplant? .

- NO..... 1
- YES..... 2
- DON'T KNOW..... 9

G31. How many (type of skin cancer reported in G28/unknown types of skin cancer) did you have diagnosed BEFORE (REFDATE)? We are interested in new tumors only not a recurrence of one that grew back in the same spot.

____|____|
NO.

G32. STARTING IN (REF DATE) up until today did a doctor ever tell you had any other type of skin cancer such as merkel cell or keratocanthomas, this would include skin cancers for which you do not know the exact type. Please, do not include cancers that you have already reported previously in the questionnaire.

- NO 1(
- G35)
- YES (OTHER TYPE) _____ 2
- YES, DON'T KNOW TYPE 3
- DON'T KNOW..... 9
- (G35)

G33. STARTING IN (REF DATE) up until today how many (type of skin cancer reported in G28/unknown types of skin cancer) did you have diagnosed? We are interested in new tumors only not a recurrence of one that grew back in the same spot.

____|____|
NO.

G34. Up until today, which of the following treatments have you received for (type of skin cancer reported in G28/unknown types of skin cancer): SHOWCARD

- NONE.....[0]
- SURGERY EXCISION/CURETTAGE [1]
- FLUOROURACIL / EFUDEX / FLUOROPLEX / CARAC
- CREAM OR INJECTION [2]
- IMIQUIMOD / ALDARA / BESELNA CREAM OR LIQUID [3]
- RADIATION [4]
- LIQUID NITROGEN (FREEZING) [5]
- OTHER (SPECIFY)_____ [7]
- DON'T KNOW..... [9]

G35a. The doctors conducting the study may want to review the pathology slides of your skin cancer/s. What was the name/s of your Dermatologist or doctor/s who treated you for your skin condition/s?

[Look up
tables] _____
REFUSED.....98

G35b. What is the name of the facility/ies where you were treated for your skin condition/s?

G36. Have you ever been told by a doctor that you had any **other type of cancer**? (Do not include pre-cancerous conditions)

- NO 1(
- G43)
- YES 2
- DON'T KNOW 9
- (G43)

G37. What type of cancer was it? Probe: where the cancer originated in your body; record response in table
[Look-up table]

TYPE OF CANCER

G38. How old were you when you were (first/next) told you had (this cancer/cancer)? IF UNKNOWN, enter '99' ..

____/____/____
AGE

G39. (ASK ONLY IF G38 IS UNK) Was that before your first (ORGAN) transplant? .

- NO 1
- YES 2
- DON'T KNOW 9

G40. Which of the following treatments have you received for this type of cancer? **SHOWCARD G40**

- NONE [0]
- SURGERY/EXCISION/CURETTAGE [1]
- RADIATION [2]
- HORMONE TREATMENT [3]
- IMMUNOTHERAPY [4]
- CHEMOTHERAPY [5]
- OTHER (SPECIFY) [7]
- DON'T KNOW [9]

G41. Did you have any other types of cancer after that? (IF YES, repeat G37-G40)

- NO 1
- YES
- 2(
- G35)
- (DON'T KNOW 9

G42a. The researchers conducting the study may want to review the pathology slides of your cancer/s. What is the name of your doctor/s that treated you for your cancer/s? [Look-up tables]

REFUSED.....98

G42b. What is the name of the facility/ies where you were treated for your cancer/s?

REFUSED.....98

G43. At any time **before (REFDATE)**, did a doctor ever tell you that you have **eczema or atopic dermatitis after the age of 2 years**? [Interviewer description for patients who are unsure what eczema is: "Eczema is a skin disorder that is characterized by itching, scaling, thickening of the skin, and is usually located on the face, elbows, knees, and arms."]

NO..... 1(G45)
YES..... 2
DON'T KNOW..... 9 (G45)

G44. How old were you when you were **first** told you had **eczema/atopic dermatitis**?

|_|_|_|
AGE

G45. At any time **before (REFDATE)**, did a doctor ever tell you that you had **psoriasis**? [Interviewer description for patients who are unsure what psoriasis is: "a chronic skin condition characterized by inflamed, red, raised areas that develop silvery scales."]

NO..... 1(G47)
YES..... 2
DON'T KNOW..... 9 (G47)

G46. How old were you when you were **first** told you had psoriasis?

|_|_|_|
AGE

G47. **Prior to (REFDATE)** did you ever have **ultraviolet light** treatment for any reason This treatment is often used to treat conditions such as eczema, psoriasis, vitiligo or mycosis fungoides.

NO..... 1 (G49)
YES..... 2
DON'T KNOW..... 9 (G49)

G48. Were you taking a tablet called psoralen, methoxsalen, or Oxsoalene at the time? The doctor might have called this PUVA.

NO..... 1
YES..... 2
DON'T KNOW..... 9

G49. Now I would like to ask about **X-ray treatment or radiation treatment** that you may have had as a treatment not as a test. Radiation treatment is commonly used to treat cancer, severe thyroid disease and to prevent keloids or scar growth This would **not** include X-rays you received to diagnose broken bones or for dental x-rays **Prior to (REFDATE)** did you ever have radiation or X-ray treatment for any reason? . *FOR WOMEN:* It also wouldn't include mammography screening.

NO.....1
 YES.....2
 DON'T KNOW.....9

(ASK G50 – G57b IF YES TO G47 OR G49 otherwise go to SECTION H)

G50. What part/s of your body was exposed to the (UV/X-ray/radiation) treatment?
[\[LOOKUP table\]](#)

 PART OF BODY – use a string

(Will skip to G50 if = any part of face (e.g., nose, lips, eyelids, forehead), chest, stomach, soles of feet, any part of back, or buttocks): this will be an interviewer discretion

G51. Was the treatment primarily on the front or back of the body or both?

FRONT..... 1
 BACK 2
 BOTH 3
 DON'T KNOW..... 9

G52. Was the treatment primarily on the left or right or both sides?

LEFT 1
 RIGHT 2
 BOTH 3
 DON'T KNOW..... 9

G53. How old were you when you **first** received (UV/ X-ray) treatment?

|_|_|_|
 AGE BEGAN

G54. How old were you when you **last** received (UV/X-ray) treatment?

|_|_|_|
 AGE ENDED

G55. Between the ages of [*age started*] and [*age stopped/reference age*], how many weeks in total did you have this treatment?

|_|_|_|_|
 NO. OF WEEKS

G56. How many treatments per week did you have during this period?

|_|_|_|
 TREATMENTS PER WEEK

G57a. The researchers conducting this study may want to contact the place where you received this treatment to obtain more detail about it. What was the name of doctor (radiology/UV treatment)? _____

REFUSED.....98

G57b. What is the name of the facility/ies where you were treated (radiology/UV treatment)?

REFUSED.....98

SECTION H

(IF MALE SKIP TO H4)

H1 Prior to (TODAY) have you had a hysterectomy?

- NO.....1 (H4)
- YES.....2
- DON'T KNOW.....9 (H4)

H2. At what age was your hysterectomy performed?

|_|_|
AGE

H3. Which of the following were removed during the surgery? **SHOWCARD H3**

- UTERUS ONLY 1
- UTERUS + 1 OVARY 2
- UTERUS + BOTH OVARIES.....3
- DON'T KNOW..... 9

H4. Prior to (REFDATE), were you ever told by a doctor that you had diabetes, (for women): at a time other than when you were pregnant? Probe: high blood sugar. [AUTOFILL FOR THOSE WITH DIABETES AS INDICATION FOR TRANSPLANT]

- NO.....1(SECTION I)
- YES.....2
- DON'T KNOW.....9 (SECTION I)

H5. Which type of diabetes were you diagnosed with?

- Type I (Insulin dependent, Juvenile Onset) 1
- Type II (Non-insulin dependent, Adult Onset) 2
- DON'T KNOW..... 9

H6. How old were you when you were **first** told you had diabetes?

|_|_|
AGE

H7. What treatment were you taking for diabetes **prior to REF DATE?** [Mark all that apply] **SHOWCARD H7**

- INSULIN..... [1]
- PILLS/ORAL AGENTS [2]
- DIET ONLY (NO MEDS)..... [3]
- OTHER (SPECIFY).....[7]
- NONE (NO TREATMENT USED).....{4}

SECTION I. PERSONAL INFORMATION

In this last section of the interview, I would like to ask you a few general questions.

I1. Prior to today, what is the highest level you attended in school? **SHOWCARD I1**

- ELEMENTARY SCHOOL 1
- MIDDLE OR JUNIOR HIGH SCHOOL 2
- HIGH SCHOOL..... 3
- TECHNICAL SCHOOL 4
- COLLEGE 5
- PROFESSIONAL GRADUATE SCHOOL 6
- OTHER (SPECIFY).....7
- REFUSED..... 8(I3)
- DON'T KNOW..... 9 (I3)

I2. How many years of education did you complete starting with the first grade? For example, completion of a high school diploma would be 12 years, completion of Bachelors degree would be 16 years, etc.

|_|_|_|_|
NO. OF YEARS

I3. Which of the categories on this card best describes your living situation **in (REFDATE)? SHOWCARD I3**

- SINGLE AND NEVER BEEN MARRIED 1
- MARRIED 2
- DIVORCED 3
- SEPARATED 4
- WIDOWED..... 5
- LIVING WITH A PARTNER FOR 6 MONTHS OR LONGER 6

I4. **In (REFDATE)**, what type of medical coverage did you have? (choose all that apply). **Probe:** if people are confused about Medicare vs. Medicaid, most people 65 years and older have Medicare and those younger than 65 have Medicaid; disabled persons may have Medicare. **SHOWCARD 14**

- NONE (SELF PAY)..... [0] (I10)
- MEDICARE [1]
- MEDICAID [2]
- VETERANS ADMINISTRATION (VA) [3]
- PREPAID PLAN (HMO)..... [4]
- PRIVATE INSURANCE [5]
- OTHER (SPECIFY) [7]
- REFUSED..... [8] (I10)
- DON'T KNOW..... [9] (I10)

I5. Do you know if this medical coverage would have paid for you to see a dermatologist?

- NO..... 1
- YES..... 2
- DON'T KNOW..... 9

I6 Do you consider yourself to be of any Latino or of Hispanic origin?

- NO..... 1
- YES..... 2
- REFUSED..... 8
- DK..... 9

17. What race do you consider yourself? **SHOWCADR I7** (CODE ALL THAT APPLY)

- WHITE OR CAUCASIAN..... [1]
- BLACK OR AFRICAN AMERICAN..... [2]
- NATIVE AMERICAN/ESKIMO/ALEUT [3]
- ASIAN [4]
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER [5]
- OTHER (SPECIFY) [7]
- REFUSED..... [8]
- DK..... [9]

18. What has been your maximum adult height?

____/____
FT/ INCHES

19. What has been your usual weight as an adult **before (REFDATE)**?

POUNDS

110. What is the most you have ever weighed as an adult **up until (REFDATE)**, (FOR WOMEN) not including times when you were pregnant or within 6 months of giving birth?

POUNDS

111. What is the least you ever have weighed as an adult **up until (REFDATE)**?

____ POUNDS

112. That concludes the interview part of the visit. Thank you very much for answering all of my questions. Is there anything else you would like to tell me which you think might be important for us to know?

113. My supervisor routinely calls about 10 percent of the people we interview to confirm some of their answers. If you are selected, may she call you to ask you a few short questions?

- NO..... 1
- YES..... 2

TIME INTERVIEW ENDED:_____ (24 HOUR CLOCK TIME)

SECTION J. INTERVIEWER'S COMMENTS

- J1.** Location of interview.
- RESIDENCE 1
 - PLACE OF BUSINESS..... 2
 - PHYSICIAN'S OFFICE/HOSPITAL 3
 - RESTAURANT..... 4
 - FHCRC 5
 - OTHER _____..... 7
- J2.** Was there a third person present during the interview?
- NO..... 1
 - PART OF THE TIME 2
 - ALL OF THE TIME..... 3
- J3.** Interview disposition
- COMPLETED..... 1
 - REFUSAL 2
 - LANGUAGE PROBLEM 3
 - TOO ILL 4
 - UNABLE TO COMPLETE..... 5
- J4.** Was the subject responsive?
- NOT AT ALL - UNINTERESTED, RETICENT 1
 - FAIRLY COOPERATIVE AND RESPONSIVE 2
 - VERY COOPERATIVE, RESPONSIVE 3
 - VERY COOPERATIVE, RESPONSIVE, INTERESTED 4
- J5.** Did the subject seem to remember her/his medical history well?
- NO..... 1
 - FAIRLY WELL, SOME PROBLEMS..... 2
 - VERY WELL 3
 - DECLINED THESE QUESTIONS 4
- J6.** Did the subject seem to remember her/his personal residence history well?
- NO..... 1
 - FAIRLY WELL, SOME PROBLEMS..... 2
 - VERY WELL 3
 - DECLINED THESE QUESTIONS 4
- J7.** The subject's ability to communicate verbally in English is. . .
- GOOD 1
 - FAIR..... 2
 - POOR 3

INTERVIEWER COMMENTS

LENGTH OF INTERVIEW

_____ minutes

BREAKS _____ minutes