

Schedule of Measures for Young Adult Participants

Measure	Day 0 Baseline	Days 0-7 Observe	Days 8-17 Daily text messages	Day 18 Structured goal setting	Days 18-28 Daily text messages
Self-Report					
Demographics	x				
Sunburn in last 28 days	x				
Confidence and Anxiety	x	D7	D16		D28
Daily sunburn/ sun protection		x	x	x	x
Structured goal System				x	
Usability Scale					x
Willingness to continue use					x
Sensor					
Daily UV		x	x	x	x
Intervention					
Daily text messages			x	x	x
UV exposure visualization		x	x	x	x

Baseline Questionnaire

Please complete the survey below.

Thank you!

Phone number

Email

Address

City

State (Abbreviation)

Zip Code (postal code)

Time Zone

- Eastern Daylight Time (NY, GMT-4)
- Central Daylight Time (IL, GMT-5)
- Mountain Daylight Time (CO, GMT-6)
- Mountain Standard Time (AZ, GMT-7)
- Pacific Daylight Time (CA, GMT-7)
- Alaska Daylight Time (AL, GMT-8)
- Hawaii-Aleutian Standard Time (HI, GMT-10)

Please provide the first and last name of your emergency contact

Please provide the phone number of the emergency contact that you listed above

Demographic Information

What is your gender?

- Male
- Female
- Prefer not to answer

What is your birth date?

Your age:

Are you of Spanish and/or Latino origin?

- Yes
- No

How do you describe your race?

- American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 Unknown
 Other
 Prefer not to answer

Sun Sensitivity and Skin Cancer History Questions

Please complete the following sentence by selecting all answers that apply.

A sunburn can be
(Please select all that apply)

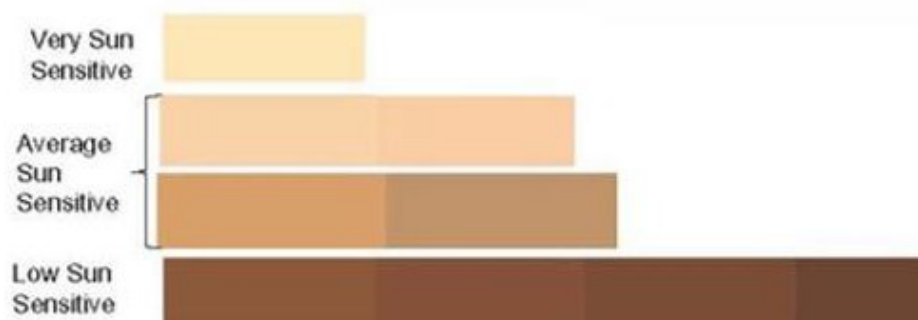
- Pink skin
 Very red skin
 Pain
 Peeling
 Blistering
 Hot to touch

Has someone in your family had skin cancer in the past?

- Yes No

Have you had skin cancer in the past?

- Yes No



Based on the image shown above, what is the color of the untanned skin on your upper inner arm?

- a. Very Sun Sensitive
 b. Average Sun Sensitive
 c. Low Sun Sensitive

Did you get a SUNBURN in the past 28 days on even a small part of your skin?

- Yes No

What part or parts of your body got a SUNBURN in the past 28 days: (select all that apply)

- Scalp
- Face
- Ears
- Neck
- Shoulders
- Back
- Chest
- Stomach
- Arms
- Hands
- Buttocks
- Legs
- Feet

In the past 28 days, on average, how many hours are you outside per day between 10 AM and 4 PM on WEEKDAYS (Monday-Friday)? Select one answer.

- 30 minutes or less
- 31 minutes to 1 hour
- More than 1 hour and up to 2 hours
- More than 2 hours and up to 3 hours
- More than 3 hours and up to 4 hours
- More than 4 hours and up to 5 hours
- More than 5 hours

In the past 28 days, on average, how many hours are you outside per day between 10 AM and 4 PM on WEEKEND DAYS (Saturday & Sunday)? Select one answer.

- 30 minutes or less
- 31 minutes to 1 hour
- More than 1 hour and up to 2 hours
- More than 2 hours and up to 3 hours
- More than 3 hours and up to 4 hours
- More than 4 hours and up to 5 hours
- More than 5 hours

In the past 28 days, how many times did you get a sunburn (a small part of your skin turned pink) for more than 12 hours? Select one answer.

- 0
- 1
- 2
- 3
- 4
- 5 or more

In the past 28 days, how many times did you get a sunburn (a small part of your skin was sensitive to touch) for more than 12 hours? Select one answer.

- 0
- 1
- 2
- 3
- 4
- 5 or more

For the following questions, think about what you would normally do when you are outside on a warm sunny summer day. Select one answer for each item.

	Always	Often	Sometimes	Rarely	Never
How often do you wear <input type="radio"/> SUNSCREEN?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
How often do you wear a SHIRT <input type="radio"/> WITH SLEEVES that cover your shoulders?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
How often do you wear a HAT <input type="radio"/> with a brim?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
How often do you stay in the <input type="radio"/> SHADE or UNDER AN UMBRELLA?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
How often do you wear SUNGLASSES?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For the following questions, think about what you would normally do when you are outside on a CLOUDY summer day. Select one answer for each item.

	Always	Often	Sometimes	Rarely	Never
How often do you wear <input type="radio"/> SUNSCREEN?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
How often do you wear a SHIRT <input type="radio"/> WITH SLEEVES that cover your shoulders?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
How often do you wear a HAT <input type="radio"/> with a brim?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
How often do you stay in the <input type="radio"/> SHADE or UNDER AN UMBRELLA?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
How often do you wear SUNGLASSES?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What is the number of the sun protection factor (SPF) of the sunscreen that you usually use?

- I do know: SPF 1-10
 I do know: SPF 11-15
 I do know: SPF 16-30
 I do know: SPF greater than 30
 I do not know
 I do not wear sunscreen

Please estimate how often you purposely spend time in the sun in order to get a tan? Select one answer.

- Never
 Rarely
 Sometimes
 Often
 Always

How many times in the last 3 months have you used a tanning bed or booth with tanning lamps? Select one answer. Select one answer.

- Never
 Once
 Two or three times
 Four or five times
 Six to ten times
 More than 10 times

Do you like sitting out in the sun? Yes No

Why do you like sitting in the sun?
(Please check all that apply)

Warmth
 Vitamin D
 Relaxation
 To get a tan

Knowledge of sun strength and sun protection

The strength of the sun depends on which of the following factors?
(Select all that apply)

Time of day
 Season of the year
 Latitude
 Cloud cover

In the greater Chicago area, when does the strength of the sun start to increase?

March
 April
 May
 June
 July

The sun's energy is called ultraviolet (UV) radiation or ultraviolet (UV) light. There are three types of UV rays.

Ultraviolet A
 Ultraviolet B
 Ultraviolet C

Which types of Ultraviolet (UV) light can cause skin cancer?
(Select all that apply)

The strength of the sun is strongest during what hours of the day?

Between 10 AM and 4 PM
 Between 6 AM and 4 PM
 Between 10 AM and 12 PM

What kind of hat provides the best protection from the sun?

Baseball cap
 4-inch brim hat
 4-inch brim hat with a sun protective neck flat cover

Do sunglasses need to say 100% UV protection or UV400 to protect the eyes from UVA and UVB?

Yes
 No

To protect the face against the sun, an adult needs an average of how much sunscreen?

1 tablespoon
 1 teaspoon
 1/3 teaspoon
 1/3 tablespoon

Anxiety and Confidence Questionnaires

Please complete the survey below.

Thank you!

Anxiety Questions

	Strongly disagree	Moderately disagree	Neutral	Moderately agree	Strongly agree
1) I can be at ease and feel relaxed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) I get a frightened feeling as if something awful is about to happen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) I have worrying thoughts/anxiety about my sun exposure and sun protection.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) I feel tense.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) I feel I am doing something positive for my health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6) I feel a sense of accomplishment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7) I feel sad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8) I feel helpless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9) I feel in control of my health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10) I experience upsetting memories of having a sunburn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11) I feel comfortable about the amount of time I spend in the sun.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Confidence Questions

	Strongly disagree	Moderately disagree	Neutral	Moderately agree	Strongly agree
12) I am very confident that I know how to protect my skin from the sun.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13) I am very confident that I have good sun protection habits.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14) I am very confident that I will NOT forget to reapply sunscreen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15) I am very confident that in summer, I will remember to wear a hat when I go outside.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16)					

I am very confident that in
 shade when I am outside. summer, I will be able to find

17) I am very confident that in
 protect my eyes when I am outside. summer, I will use sunglasses to

18) I am very confident that in
 summer, I will apply sunscreen before I go outside.

19) I am very confident that in
 the shade when I am outside. summer, I will be sure to be in

20) I am very confident that in
 (blouse) that covers my upper arms when I am outside. summer, I will wear a shirt

21) I am very confident that sun
 protection can prevent the development of skin cancer.

22) I am very confident that sun
 protection of my face will prevent me from getting wrinkles.

Daily Sun Habits Survey

Please complete the survey below.

Thank you!

Did you leave the house today before 6PM? Yes No

Did you spend the majority of the day in [baseline_arm_1][city]? Yes No

What state (abbreviation) were you in for the majority of the day? _____

What city were you in for the majority of the day? _____

Activities

Please select the range of times that you did outdoor activities and the types of activities.

Please select ALL that apply.

	Outdoor exercise (running, biking, swimming)	Outdoor relaxation (sunbathing, picnicking, reading, gardening, etc.)	Walking (commuting, errands, etc.)
6 AM - 7:59 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 AM - 9:59 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 AM - 11:59 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 PM - 1:59 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 PM - 3:59 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 PM - 6PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long were you walking outside for transportation? 0-15 minutes
 16-30 minutes
 31-45 minutes
 46 minutes to 1 hour
 Greater than 1 hour

How long were you walking outside for leisure between 6 AM to 6 PM 0-15 minutes
 16-30 minutes
 31-45 minutes
 46 minutes to 1 hour
 Greater than 1 hour

Please select the range of times that you sweat or got wet

	Yes, I was sweating and/or got wet	No, I did not sweat and/or get wet
6 AM - 7:59 AM	<input type="radio"/>	<input type="radio"/>
8 AM - 9:59 AM	<input type="radio"/>	<input type="radio"/>
10 AM - 11:59 AM	<input type="radio"/>	<input type="radio"/>
12 PM - 1:59 PM	<input type="radio"/>	<input type="radio"/>
2 PM - 3:59 PM	<input type="radio"/>	<input type="radio"/>
4 PM - 6 PM	<input type="radio"/>	<input type="radio"/>

Please select the range of times of day that you wore sunglasses/gloves.**Select ALL that apply**

	Sunglasses	Gloves
6 AM - 7:59 AM	<input type="checkbox"/>	<input type="checkbox"/>
8 AM - 9:59 AM	<input type="checkbox"/>	<input type="checkbox"/>
10 AM - 11:59 AM	<input type="checkbox"/>	<input type="checkbox"/>
12 PM - 1:59 PM	<input type="checkbox"/>	<input type="checkbox"/>
2 PM - 3:59 PM	<input type="checkbox"/>	<input type="checkbox"/>
4 PM - 6 PM	<input type="checkbox"/>	<input type="checkbox"/>

Clothing

When did you first leave the house today? AM PM






At what time did you first leave the house today?
(HH: MM)

(For example, if you left the house at 9:05 AM, then enter 9:05. If you left the house at 1:30 PM, then enter 1:30.)

What were you wearing when you first left the house today?

Please select the options below that best match what you were wearing

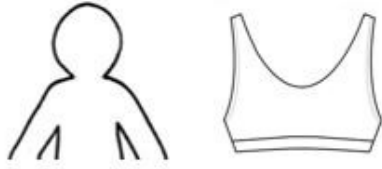



Head, Neck, and Ear Coverage

Coverage Option	Coverage Example Picture	Sun Protection Provided	Sun Protection <u>Not</u> Provided
1. No Coverage		N/A	<u>No</u> sun protection of scalp, face, ears or neck.
2. Visor		Sun protection of upper 1/3 of face	<u>No</u> sun protection of scalp, lower 2/3 of face, ears, or neck
3. Baseball cap/safety hat		Sun protection of scalp and upper 1/3 of face	<u>No</u> sun protection of lower 2/3 of face, ears, and neck (back and front)
4. 4 inch brim hat/bucket hat/sun hat		Sun protection of scalp, most of face, ears, and partial sun protection of neck	<u>No</u> sun protection of front of neck
5. Sun protection hat with neck flap		Sun protection of scalp, upper 1/3 of face, ears, and back of neck	<u>No</u> sun protection for lower half of face and front of neck

Please select your head, neck, and ear coverage

1. No coverage, bare/fully exposed head
 2. Visor
 3. Baseball cap/safety hat
 4. 4-inch brim/bucket/sun hat
 5. Sun protection hat with a neck flap

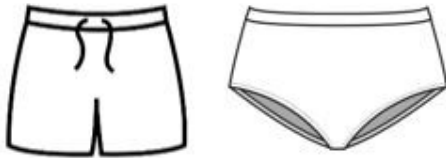
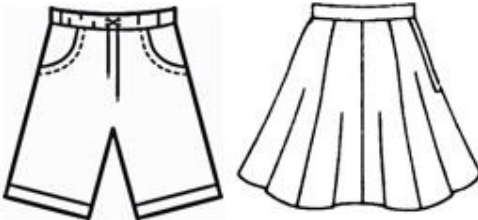
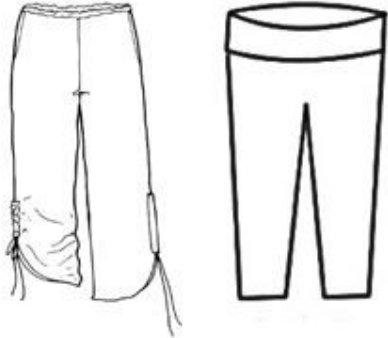

Chest, Stomach, Back, and Arm Coverage

Coverage Option	Coverage Example Picture	Sun Protection Provided	Sun Protection <u>Not</u> Provided
1. No Coverage/Bikini Top/Sports Bra		N/A	No sun protection of chest, back, shoulder or arms
2. Tank Top		Sun protection of chest, stomach, and back	No sun protection of arms or shoulders
3. T-Shirt		Sun protection of chest, stomach, shoulders, back and upper 1/3 of arms.	No sun protection of lower 2/3 of arms
4. Long Sleeve		Sun protection of chest, stomach, back, and entire length of arms	N/A

Please select your chest, stomach, back, and arm coverage

1. No coverage/bikini top/sports bra
 2. Tanktop
 3. T-Shirt
 4. Long sleeve





Leg Coverage

Coverage Option	Coverage Example Picture	Sun Protection Provided	Sun Protection <u>Not</u> Provided
1. Bare Legs (bikini bottom, speedo, short shorts, mini skirt)		N/A	<u>No</u> sun protection of legs or ankles
2. Knee-length shorts or skirt		Sun protection of upper 1/2 of legs.	<u>No</u> sun protection of lower 1/2 of legs or ankles
3. Capri (mid-calf) length pants/skirts		Sun protection of 3/4 th of legs	<u>No</u> sun protection of lower 1/4 of leg ankles
4. Long pants or skirt		Sun protection of legs and ankles	N/A

Please select your leg coverage

1. Bare legs/short shorts/bikini bottom/speedo
 2. Knee-length shorts or skirt
 3. Mid-calf length shorts/skirts/capris
 4. Long pants

Foot Coverage

Coverage Option	Coverage Example Picture	Sun Protection Provided	Sun Protection <u>Not</u> Provided
1. Bare feet/flip flops/sandals		N/A	<u>No</u> /very minimal sun protection to foot
2. Sneaker/Closed Toe shoe		Sun protection of entire foot	<u>No</u> sun protection of ankle
3. Ankle Shoes/Boots		Sun protection of entire foot and ankle	<u>No</u> sun protection
4. Calf high shoes/boots		Sun protection of entire foot, ankle, bottom third of legs	N/A

Please select your foot coverage

- 1. Bare feet/flip flops/sandals
- 2. Sneakers/closed-toe shoes
- 3. Ankle shoes/boots
- 4. Calf-high shoes/boots

Did any of your clothing have Ultraviolet Protection Factor (UPF) of 50 or more?

- Yes
- No
- Don't know

What body areas were covered by clothing with a UPF of 50 or more?

(select all that apply)

- Scalp
- Face
- Ears
- Neck
- Shoulders
- Back
- Chest
- Stomach
- Arms
- Hands
- Buttocks
- Legs
- Feet

Did you change clothes later in the day (including removing or adding any layers)?

- Yes No

When did you first add or remove clothing?

- AM PM

Stop! Clothing times not in order! First time was in the "PM"




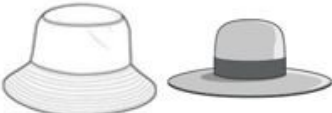

At what time did you first add or remove clothing (HH: MM)

(For example, if changed clothing at 10:05 AM, then enter 10:05. If you changed clothes at 2:30 PM, then enter 2:30.)

Stop! Clothing times not in order! First time was later than second time

Please select the clothing you were wearing when you added or removed clothing for the first time

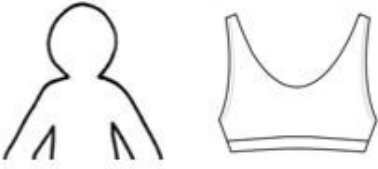


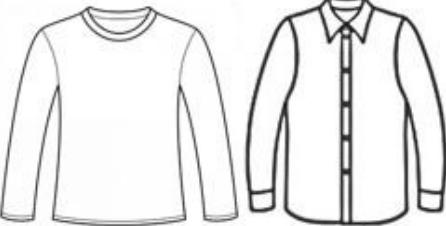
Head, Neck, and Ear Coverage

Coverage Option	Coverage Example Picture	Sun Protection Provided	Sun Protection <u>Not</u> Provided
1. No Coverage		N/A	<u>No</u> sun protection of scalp, face, ears or neck.
2. Visor		Sun protection of upper 1/3 of face	<u>No</u> sun protection of scalp, lower 2/3 of face, ears, or neck
3. Baseball cap/safety hat		Sun protection of scalp and upper 1/3 of face	<u>No</u> sun protection of lower 2/3 of face, ears, and neck (back and front)
4. 4 inch brim hat/bucket hat/sun hat		Sun protection of scalp, most of face, ears, and partial sun protection of neck	<u>No</u> sun protection of front of neck
5. Sun protection hat with neck flap		Sun protection of scalp, upper 1/3 of face, ears, and back of neck	<u>No</u> sun protection for lower half of face and front of neck

Please select your head, neck, and ear coverage

1. No coverage, bare/fully exposed head
 2. Visor
 3. Baseball cap/safety hat
 4. 4-inch brim/bucket/sun hat
 5. Sun protection hat with a neck flap

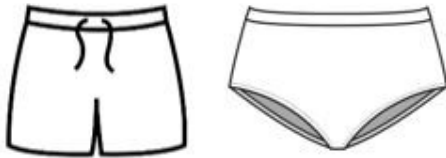
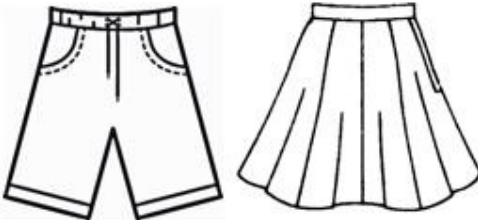
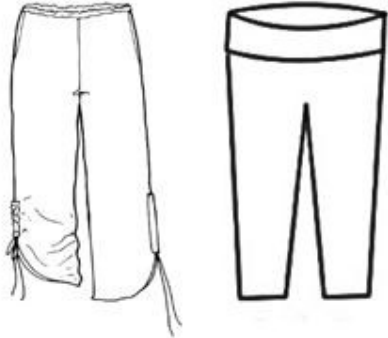

Chest, Stomach, Back, and Arm Coverage

Coverage Option	Coverage Example Picture	Sun Protection Provided	Sun Protection <u>Not</u> Provided
1. No Coverage/Bikini Top/Sports Bra		N/A	No sun protection of chest, back, shoulder or arms
2. Tank Top		Sun protection of chest, stomach, and back	No sun protection of arms or shoulders
3. T-Shirt		Sun protection of chest, stomach, shoulders, back and upper 1/3 of arms.	No sun protection of lower 2/3 of arms
4. Long Sleeve		Sun protection of chest, stomach, back, and entire length of arms	N/A

Please select your chest, stomach, back, and arm coverage

1. No coverage/bikini top/sports bra
 2. Tanktop
 3. T-Shirt
 4. Long sleeve





Leg Coverage

Coverage Option	Coverage Example Picture	Sun Protection Provided	Sun Protection <u>Not</u> Provided
1. Bare Legs (bikini bottom, speedo, short shorts, mini skirt)		N/A	<u>No</u> sun protection of legs or ankles
2. Knee-length shorts or skirt		Sun protection of upper 1/2 of legs.	<u>No</u> sun protection of lower 1/2 of legs or ankles
3. Capri (mid-calf) length pants/skirts		Sun protection of 3/4 th of legs	<u>No</u> sun protection of lower 1/4 of leg ankles
4. Long pants or skirt		Sun protection of legs and ankles	N/A

Please select your leg coverage

1. Bare legs/short shorts/bikini bottom/speedo
 2. Knee-length shorts or skirt
 3. Mid-calf length shorts/skirts/capris
 4. Long pants

Foot Coverage

Coverage Option	Coverage Example Picture	Sun Protection Provided	Sun Protection <u>Not</u> Provided
1. Bare feet/flip flops/sandals		N/A	<u>No</u> /very minimal sun protection to foot
2. Sneaker/Closed Toe shoe		Sun protection of entire foot	<u>No</u> sun protection of ankle
3. Ankle Shoes/Boots		Sun protection of entire foot and ankle	<u>No</u> sun protection
4. Calf high shoes/boots		Sun protection of entire foot, ankle, bottom third of legs	N/A

Please select your foot coverage

- 1. Bare feet/flip flops/sandals
- 2. Sneakers/closed-toe shoes
- 3. Ankle shoes/boots
- 4. Calf-high shoes/boots

Did you add or remove clothing a second time?

- Yes
- No

When did you add or remove clothing for the second time?

- AM
- PM

Stop! Clothing times not in order! Second time was in the "PM"



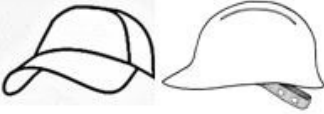


What time did you add or remove for the second time?
(HH: MM)

(For example, if changed clothing at 11:05 AM, then enter 11:05. If you changed clothes at 3:30 PM, then enter 3:30.)

Stop! Clothing times not in order! Second time was later than third time

Please select what you were wearing when you changed clothes (added or removed) for the second time

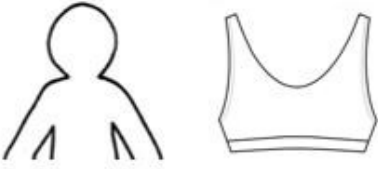



Head, Neck, and Ear Coverage

Coverage Option	Coverage Example Picture	Sun Protection Provided	Sun Protection <u>Not</u> Provided
1. No Coverage		N/A	<u>No</u> sun protection of scalp, face, ears or neck.
2. Visor		Sun protection of upper 1/3 of face	<u>No</u> sun protection of scalp, lower 2/3 of face, ears, or neck
3. Baseball cap/safety hat		Sun protection of scalp and upper 1/3 of face	<u>No</u> sun protection of lower 2/3 of face, ears, and neck (back and front)
4. 4 inch brim hat/bucket hat/sun hat		Sun protection of scalp, most of face, ears, and partial sun protection of neck	<u>No</u> sun protection of front of neck
5. Sun protection hat with neck flap		Sun protection of scalp, upper 1/3 of face, ears, and back of neck	<u>No</u> sun protection for lower half of face and front of neck

Please select your head, neck, and ear coverage

1. No coverage, bare/fully exposed head
 2. Visor
 3. Baseball cap/safety hat
 4. 4-inch brim/bucket/sun hat
 5. Sun protection hat with a neck flap

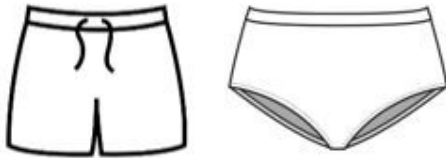
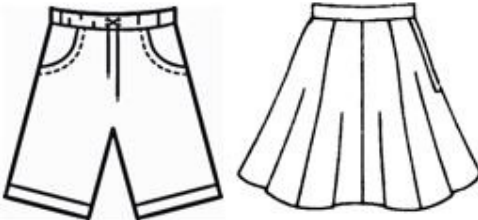
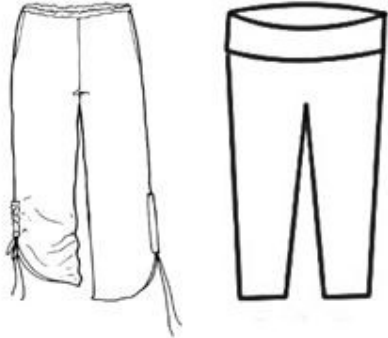

Chest, Stomach, Back, and Arm Coverage

Coverage Option	Coverage Example Picture	Sun Protection Provided	Sun Protection <u>Not</u> Provided
1. No Coverage/Bikini Top/Sports Bra		N/A	No sun protection of chest, back, shoulder or arms
2. Tank Top		Sun protection of chest, stomach, and back	No sun protection of arms or shoulders
3. T-Shirt		Sun protection of chest, stomach, shoulders, back and upper 1/3 of arms.	No sun protection of lower 2/3 of arms
4. Long Sleeve		Sun protection of chest, stomach, back, and entire length of arms	N/A

Please select your chest, stomach, back, and arm coverage

1. No coverage/bikini top/sports bra
 2. Tanktop
 3. T-Shirt
 4. Long sleeve

Leg Coverage

Coverage Option	Coverage Example Picture	Sun Protection Provided	Sun Protection <u>Not</u> Provided
1. Bare Legs (bikini bottom, speedo, short shorts, mini skirt)		N/A	No sun protection of legs or ankles
2. Knee-length shorts or skirt		Sun protection of upper 1/2 of legs.	No sun protection of lower 1/2 of legs or ankles
3. Capri (mid-calf) length pants/skirts		Sun protection of 3/4 th of legs	No sun protection of lower 1/4 of leg ankles
4. Long pants or skirt		Sun protection of legs and ankles	N/A

Please select your leg coverage

- 1. Bare legs/short shorts/bikini bottom/speedo
- 2. Knee-length shorts or skirt
- 3. Mid-calf length shorts/skirts/capris
- 4. Long pants

Foot Coverage

Please select your foot coverage

- 1. Bare feet/flip flops/sandals
- 2. Sneakers/closed-toe shoes
- 3. Ankle shoes/boots
- 4. Calf-high shoes/boots

Did you add or remove clothing a third time? Yes No

When did you add or remove clothing for the third time? AM PM

Stop! Clothing times not in order! Third time was in the "PM"



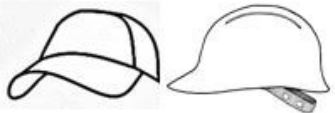
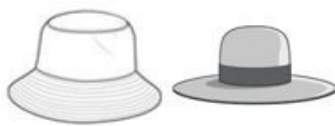

What time did you add or remove for the third time?
(HH: MM)

(For example, if changed clothing at noon, then enter 12:00. If you changed clothes at 4:30 PM, then enter 4:30.)

Stop! Clothing times not in order! Third time was later than fourth time

Please select what you were wearing when you changed clothes (added or removed) for the third time




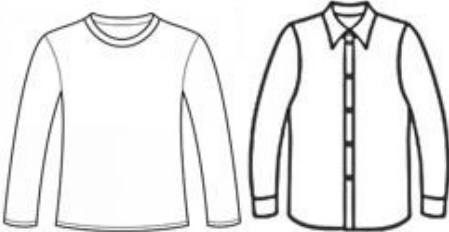
Head, Neck, and Ear Coverage

Coverage Option	Coverage Example Picture	Sun Protection Provided	Sun Protection <u>Not</u> Provided
1. No Coverage		N/A	<u>No</u> sun protection of scalp, face, ears or neck.
2. Visor		Sun protection of upper 1/3 of face	<u>No</u> sun protection of scalp, lower 2/3 of face, ears, or neck
3. Baseball cap/safety hat		Sun protection of scalp and upper 1/3 of face	<u>No</u> sun protection of lower 2/3 of face, ears, and neck (back and front)
4. 4 inch brim hat/bucket hat/sun hat		Sun protection of scalp, most of face, ears, and partial sun protection of neck	<u>No</u> sun protection of front of neck
5. Sun protection hat with neck flap		Sun protection of scalp, upper 1/3 of face, ears, and back of neck	<u>No</u> sun protection for lower half of face and front of neck

Please select your head, neck, and ear coverage

- 1. No coverage, bare/fully exposed head
- 2. Visor
- 3. Baseball cap/safety hat
- 4. 4-inch brim/bucket/sun hat
- 5. Sun protection hat with a neck flap

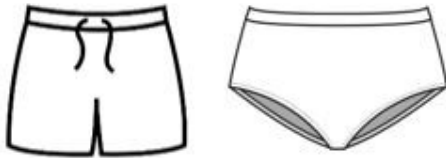
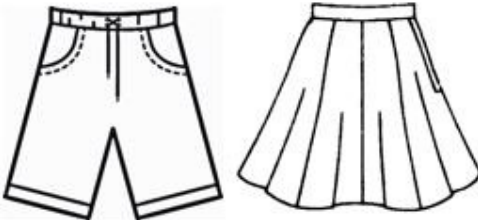
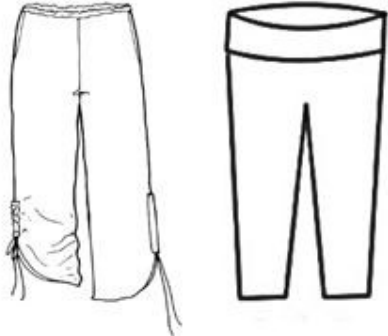

Chest, Stomach, Back, and Arm Coverage

Coverage Option	Coverage Example Picture	Sun Protection Provided	Sun Protection <u>Not</u> Provided
1. No Coverage/Bikini Top/Sports Bra		N/A	No sun protection of chest, back, shoulder or arms
2. Tank Top		Sun protection of chest, stomach, and back	No sun protection of arms or shoulders
3. T-Shirt		Sun protection of chest, stomach, shoulders, back and upper 1/3 of arms.	No sun protection of lower 2/3 of arms
4. Long Sleeve		Sun protection of chest, stomach, back, and entire length of arms	N/A

Please select your chest, stomach, back, and arm coverage

1. No coverage/bikini top/sports bra
 2. Tanktop
 3. T-Shirt
 4. Long sleeve





Leg Coverage

Coverage Option	Coverage Example Picture	Sun Protection Provided	Sun Protection <u>Not</u> Provided
1. Bare Legs (bikini bottom, speedo, short shorts, mini skirt)		N/A	<u>No</u> sun protection of legs or ankles
2. Knee-length shorts or skirt		Sun protection of upper 1/2 of legs.	<u>No</u> sun protection of lower 1/2 of legs or ankles
3. Capri (mid-calf) length pants/skirts		Sun protection of 3/4 th of legs	<u>No</u> sun protection of lower 1/4 of leg ankles
4. Long pants or skirt		Sun protection of legs and ankles	N/A

Please select your leg coverage

1. Bare legs/short shorts/bikini bottom/speedo
 2. Knee-length shorts or skirt
 3. Mid-calf length shorts/skirts/capris
 4. Long pants

Foot Coverage

Coverage Option	Coverage Example Picture	Sun Protection Provided	Sun Protection <u>Not</u> Provided
1. Bare feet/flip flops/sandals		N/A	<u>No</u> /very minimal sun protection to foot
2. Sneaker/Closed Toe shoe		Sun protection of entire foot	<u>No</u> sun protection of ankle
3. Ankle Shoes/Boots		Sun protection of entire foot and ankle	<u>No</u> sun protection
4. Calf high shoes/boots		Sun protection of entire foot, ankle, bottom third of legs	N/A

Please select your foot coverage

- 1. Bare feet/flip flops/sandals
- 2. Sneakers/closed-toe shoes
- 3. Ankle shoes/boots
- 4. Calf-high shoes/boots

Sunscreen

Did you put on sunscreen today?

- Yes No

When did you first apply sunscreen? (AM or PM)

- AM PM

At what time did you first apply sunscreen? (HH:MM)

(For example, if you put sunscreen on at 10:05 AM, then enter 10:05. If you put sunscreen on at 2:30 PM, then enter 2:30.)

When you first applied sunscreen, how many types of sunscreen did you use?

- One
 Two
 Three (or more)

Please select the SPF of the first type of sunscreen you applied

- SPF 0-14
 SPF 15-49
 SPF 50 or greater

Which part (s) of your body did you apply your first type of sunscreen to?
(select all that apply)

- Scalp
 Face
 Ears
 Neck
 Shoulders
 Back
 Chest
 Stomach
 Arms
 Hands
 Buttocks
 Legs
 Feet

Please select the SPF of the second type of sunscreen you applied

- SPF 0-14
 SPF 15-49
 SPF 50 or greater

Which part (s) of your body did you apply your second type of sunscreen to? (select all that apply)

- Scalp
 Face
 Ears
 Neck
 Shoulders
 Back
 Chest
 Stomach
 Arms
 Hands
 Buttocks
 Legs
 Feet

Please select the SPF of the third type of sunscreen you applied

- SPF 0-14
 SPF 15-49
 SPF 50 or greater

Which part (s) of your body did you apply your third type of sunscreen to? (select all that apply)

- Scalp
 Face
 Ears
 Neck
 Shoulders
 Back
 Chest
 Stomach
 Arms
 Hands
 Buttocks
 Legs
 Feet

Did you reapply sunscreen at any time today?

- Yes No

How many times did you reapply sunscreen today?

- Once
 Twice
 Three times (or more) times

When did you reapply sunscreen for the first time?
(AM or PM)

- AM PM

Stop! Sunscreen times not in order! First time was in the "PM"

At what time did you reapply sunscreen for the first time? (HH: MM)

 (For example, if you reapplied sunscreen at 11:15 AM, then enter 11:15. If you reapplied sunscreen at 3:30 PM, then enter 3:30.)

Stop! Sunscreen times not in order! First time was later than second time

When you reapplied sunscreen for the first time, how many types of sunscreen did you use?

- One
 Two
 Three (or more)

Please select the SPF of the first type of sunscreen you applied

- SPF 0-14
 SPF 15-49
 SPF 50 or greater

Which part (s) of your body did you apply your first type of sunscreen to?
(select all that apply)

- Scalp
 Face
 Ears
 Neck
 Shoulders
 Back
 Chest
 Stomach
 Arms
 Hands
 Buttocks
 Legs
 Feet

Please select the SPF of the second type of sunscreen you applied

- SPF 0-14
 SPF 15-49
 SPF 50 or greater

Which part (s) of your body did you apply your second type of sunscreen to? (select all that apply)

- Scalp
 Face
 Ears
 Neck
 Shoulders
 Back
 Chest
 Stomach
 Arms
 Hands
 Buttocks
 Legs
 Feet

Please select the SPF of the third type of sunscreen you applied

- SPF 0-14
- SPF 15-49
- SPF 50 or greater

Which part (s) of your body did you apply your third type of sunscreen to? (select all that apply)

- Scalp
- Face
- Ears
- Neck
- Shoulders
- Back
- Chest
- Stomach
- Arms
- Hands
- Buttocks
- Legs
- Feet

When did you reapply sunscreen for the second time? (AM or PM)

- AM
- PM

Stop! Sunscreen times not in order! Second time was in the "PM"

At what time did you reapply sunscreen for the second time? (HH: MM) For example, if you reapplied sunscreen a second time at 11:45 AM, then enter 11:45. If you reapplied sunscreen a second time at 4:10 PM, then enter 4:10.

Stop! Sunscreen times not in order! Second time was later than third time

When you reapplied sunscreen for the second time, how many types of sunscreen did you use?

- One
- Two
- Three (or more)

Please select the SPF of the first type of sunscreen you applied

- SPF 0-14
- SPF 15-49
- SPF 50 or greater

Which part (s) of your body did you apply your first type of sunscreen to? (select all that apply)

- Scalp
- Face
- Ears
- Neck
- Shoulders
- Back
- Chest
- Stomach
- Arms
- Hands
- Buttocks
- Legs
- Feet

Please select the SPF of the second type of sunscreen you applied

- SPF 0-14
- SPF 15-49
- SPF 50 or greater
-

Which part (s) of your body did you apply your second type of sunscreen to? (select all that apply)

- Scalp
- Face
- Ears
- Neck
- Shoulders
- Back
- Chest
- Stomach
- Arms
- Hands
- Buttocks
- Legs
- Feet

Please select the SPF of the third type of sunscreen you applied

- SPF 0-14
- SPF 15-49
- SPF 50 or greater

Which part (s) of your body did you apply your third type of sunscreen to? (select all that apply)

- Scalp
- Face
- Ears
- Neck
- Shoulders
- Back
- Chest
- Stomach
- Arms
- Hands
- Buttocks
- Legs
- Feet

When did you reapply sunscreen for the third time? (AM or PM)

- AM
- PM

Stop! Sunscreen times not in order! Third time was in the "PM"

At what time did you reapply sunscreen for the third time? (HH: MM)

(For example, if you reapplied sunscreen at noon, then enter 12:00. If you reapplied sunscreen at 3:35 PM, then enter 3:35.)

Stop! Sunscreen times not in order! Third time was later than fourth time

When you reapplied sunscreen for the third time, how many types of sunscreen did you use?

- One
- Two
- Three (or more)

Please select the SPF of the first type of sunscreen you applied

- SPF 0-14
- SPF 15-49
- SPF 50 or greater

Which part (s) of your body did you apply your first type of sunscreen to? (select all that apply)

- Scalp
- Face
- Ears
- Neck
- Shoulders
- Back
- Chest
- Stomach
- Arms
- Hands
- Buttocks
- Legs
- Feet

Please select the SPF of the second type of sunscreen you applied

- SPF 0-14
- SPF 15-49
- SPF 50 or greater

Which part (s) of your body did you apply your second type of sunscreen to? (select all that apply)

- Scalp
- Face
- Ears
- Neck
- Shoulders
- Back
- Chest
- Stomach
- Arms
- Hands
- Buttocks
- Legs
- Feet

Please select the SPF of the third type of sunscreen you applied

- SPF 0-14
- SPF 15-49
- SPF 50 or greater

Which part (s) of your body did you apply your third type of sunscreen to? (select all that apply)

- Scalp
- Face
- Ears
- Neck
- Shoulders
- Back
- Chest
- Stomach
- Arms
- Hands
- Buttocks
- Legs
- Feet

Sunburn

Did you sunburn on even a small part of your skin, today?

Yes No

Which part(s) of your body got a sunburn today:
(select all that apply)

- Scalp
- Face
- Ears
- Neck
- Shoulders
- Back
- Chest
- Stomach
- Arms
- Hands
- Buttocks
- Legs
- Feet

Goal Survey

Please complete the survey below.

Thank you!

How will you meet your goal to engage in sun-protected outdoor activity? (Select up to TWO)

Tomorrow, I will

- Apply sunscreen to all of the areas of my body that may be exposed to the sun
- Apply sunscreen before I go outdoors
- Wear a hat when I am outdoors
- Wear a shirt that covers my shoulders when I am outdoors
- Plan my outdoor activities to avoid being outside from 10 AM to 2 PM
- Pay attention to the strength of the sun by checking the UV Guard report 15 minutes after I go outside
- Be careful not to exceed the amount of UV my skin can tolerate

Goal Followup Survey

Please complete the survey below.

Thank you!

Yesterday you picked as a goal: Yes No

"Apply sunscreen to all of the areas of my body that may be exposed to the sun"

Do you intend to keep doing this?

Yesterday you picked as a goal: Yes No

"Apply sunscreen before I go outdoors"

Do you intend to keep doing this?

Yesterday you picked as a goal: Yes No

"Wear a hat when I am outdoors"

Do you intend to keep doing this?

Yesterday you picked as a goal: Yes No

"Wear a shirt that covers my shoulders when I am outdoors"

Do you intend to keep doing this?

Yesterday you picked as a goal: Yes No

"Plan my outdoor activities to avoid being outside from 10 AM to 2 PM"

Do you intend to keep doing this?

Yesterday you picked as a goal: Yes No

"Pay attention to the strength of the sun by checking the UV Guard report 15 minutes after I go outside"

Do you intend to keep doing this?

Yesterday you picked as a goal: Yes No

"Be careful not to exceed the amount of UV my skin can tolerate"

Do you intend to keep doing this?

System Usability Scale

Please complete the survey below.

Thank you!

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1) 1. I think that I would like to use this system frequently.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) 2. I found the system unnecessarily complex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) 3. I thought the system was easy to use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) 4. I think that I would need the support of a technical person to be able to use this system.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) 5. I found the various functions <input type="radio"/> in this system were well integrated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6) 6. I thought there was too much <input type="radio"/> inconsistency in this system.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7) 7. I would imagine that most <input type="radio"/> system very quickly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	people would learn to use this
8) 8. I found the system very <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	cumbersome to use.
9) 9. I felt very confident using the <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	system.
10) 10. I needed to learn a lot of <input type="radio"/> with this system.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	things before I could get going

Exit Questions

Please complete the survey below.

Thank you!

Compared to last summer, do you feel that you spent LESS time outdoors this summer?

- Yes, a lot
- Yes, a little
- About the same
- No, a little more
- No, a lot more

Why do you think the time you spent outdoors this summer was different from last year? (select as many as apply)

- COVID-19
- Weather
- Work
- Sports
- Other

Other:

Were there instances where you went outside while wearing the UV sensor without your phone nearby (within 2 feet)?

- Yes, often
- Yes, sometimes
- No

How did you feel about wearing the UV sensor?

- Liked
- Neither liked nor disliked
- Disliked

Were there any days that you did not wear the UV?

- Yes, often
- Yes, sometimes
- No, I wore it every day

Why did you choose not to wear the UV sensor? (select as many as apply)

- Forgot
- Appearance of sensor
- Weather
- Sweat under sensor
- Tan lines created by wearing sensor on wrist
- Other

Other:

How willing are you to continue using the UV sensor and the UV Guard app as part of research?

- Extremely willing
- Moderately willing
- Somewhat willing
- Slightly willing
- Not willing

How willing are you to continue using the UV sensor and the UV Guard app personally?

- Extremely willing
- Moderately willing
- Somewhat willing
- Slightly willing
- Not willing

How often would you use the UV sensor and the UV Guard app?

- Every day
 Few times per week
 Few times per month

Are there any features you would like to see added to the UV sensor or the UV Guard app?

How often did you open the UV Guard to track your UV exposure?

- Multiple times per day
 Once per day
 Once every few days
 Rarely

Did you change the times you went outside based on your observed UV exposure?

- Yes No

Did you shift the time you went outside to periods with less intense UV exposure? For example, did you go outside early in the morning or late in the afternoon?

- Yes No

Did you change how much time you spent outside based on your observed UV exposure as seen on the graph presented on your phone?

- Yes No

Did you change your use of sun protection based on your observed UV exposure as seen on the graph presented on your phone?

- Yes No

How did you change your use of sun protection?
