

Your Name

Date  /  /   
Month Day Year

## Sun Habits Survey: Parent / Child

### Marking Instructions

Please use black or blue ink.

Correct ●

Incorrect ✓ ✗ ● ○

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

1. What is your relationship to the child?

mother  father  other

## Information about your Child

The next questions ask about your child.

2. On average, how long was your child outdoors in the sun between 10 a.m. and 4 p.m. last summer?

a. Hours per day in the sun (10 a.m. to 4 p.m.) on WEEKDAYS

1 or less  2  3  4  5  6

b. Hours per day in the sun (10 a.m. to 4 p.m.) on WEEKENDS

1 or less  2  3  4  5  6

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

Rarely or never	Sometimes	Usually	Always
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3. Wear a shirt with sleeves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Wear sunglasses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Stay in the shade or under an umbrella	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Wear sunscreen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Wear a hat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. How often do you or your child apply sunscreen on him/her before s/he goes to outdoor activities?

Rarely or never  Sometimes  Usually  Always

9. When do you (or your child) usually first put sunscreen on?

First thing in the morning  Before going outside  After being outside  Do not apply sunscreen

Please skip to Question 12

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

Please specify:

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

12. Have you taught your child how to apply sunscreen?  Yes  No



30. Have you ever had a severe sunburn? (i.e. painful and/or blistering)

- Yes  No

31. What is the color of your untanned skin?

- Very fair  Dark  
 Fair  Very dark  
 Olive  Black

32. Have you ever been told by your doctor that you have skin cancer?

No

Yes If YES, what type?

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## Background Information

33. Your sex:

- Male  Female

34. Your date of birth:

		/			/		
Month			Day			Year	

35. Racial/Ethnic background: (Fill in the one best choice)

- Caucasian/White  Asian (Japanese, Chinese, Korean, etc.)  
 Black  Other

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36. What was your total household income in the past 12 months? (Optional)

- \$10,000 or less  \$35,001 to \$50,000  
 \$10,001 to \$20,000  \$50,001 to \$75,000  
 \$20,001 to \$35,000  More than \$75,000

37. How much schooling do you have?

- Have not completed high school  Graduated from a 4-year college  
 Completed high school  Completed graduate school  
 Completed some college  Other

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38. Are you:

- Married  Divorced/widowed/separated  Never been married  Part of an unmarried couple

39. How many children do you have?

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## Thank you for your assistance!