**Demographic & Health History Questionnaire: The Effect of Package Dispenser and Label on Sunscreen Application**

Subject #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Location of Study**  Cal Poly MSU

**Handedness**  Right Left Ambidextrous

**Laterality** Right-Right Right- Left Left-Right Left-Left

**Arm Measurements**: Wrist: \_\_\_\_\_\_\_\_\_\_\_\_\_Upper Arm: \_\_\_\_\_\_\_\_\_\_\_\_Length: \_\_\_\_\_\_\_\_\_\_\_

**Leg Measurements:** Ankle: \_\_\_\_\_\_\_\_\_\_\_\_\_Below Knee: \_\_\_\_\_\_\_\_\_\_\_\_Length: \_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Trial | Treatment (AA, AB, BA, BB) | Application Area (1,2,3,4) | Initial Weight | Final Weight | Difference |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |

**If you are uncomfortable answering any of the following questions, feel free to leave the response field blank.**

1. Please record which two sunscreens you applied from the options off the board:

\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_

2. Do you have children?

YES NO

2. Do you have any personal experience with severe (second or third degree) sunburns?

YES. NO

3. Please list if you or anyone you know has a history of skin cancer? If not you please state their relation.

4. How frequently do you apply sunscreen (a product with greater than 15 SPF)?

Between 2-6 times a week

Everyday

1 time per week

1 to 3 times per month

Less than once a month

5. When you go outside for more than 1 hour on a warm, sunny day, how often do you wear sunscreen?

3

Sometimes

4

2

5

Never

1

Always

6. How likely do you think it is that you will develop skin cancer in the future?

2

3

Moderate Chance

5

Very High

1

Very low

7. Compared to the average person your age, would you say that you are:

3

Less likely to get skin cancer

2

About as likely to get skin cancer

1

More likely to get skin cancer

9. How often do you worry about getting skin cancer?

3

Often

2

Occasionally

4

All of the time

1

Rarely/Never

10. Gender:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Question 12 please use the back of your hand.**

12. Skin Tone using the provided Pantone Booklet:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_