



# Exam 6

## Sun Exposure Questionnaire

Participant ID #:

Acrostic:

Technician ID:

Date:   /   /      
Month Day Year

1. Please estimate the amount of time you spent outdoors in sun exposed areas during the previous week.

	About how many minutes did you spend outdoors?				Which areas were exposed to the sun? <i>Check all that apply.</i>				
	<input type="radio"/> <5	<input type="radio"/> 5-30	<input type="radio"/> 31-60	<input type="radio"/> >60	Hands	Face	Neck	Arms	Legs
Sunday	<input type="radio"/> <5	<input type="radio"/> 5-30	<input type="radio"/> 31-60	<input type="radio"/> >60	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monday	<input type="radio"/> <5	<input type="radio"/> 5-30	<input type="radio"/> 31-60	<input type="radio"/> >60	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="radio"/> <5	<input type="radio"/> 5-30	<input type="radio"/> 31-60	<input type="radio"/> >60	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="radio"/> <5	<input type="radio"/> 5-30	<input type="radio"/> 31-60	<input type="radio"/> >60	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="radio"/> <5	<input type="radio"/> 5-30	<input type="radio"/> 31-60	<input type="radio"/> >60	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="radio"/> <5	<input type="radio"/> 5-30	<input type="radio"/> 31-60	<input type="radio"/> >60	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="radio"/> <5	<input type="radio"/> 5-30	<input type="radio"/> 31-60	<input type="radio"/> >60	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Since Exam 6, have you travelled to a sunny location?

No

Yes → 2a. Where did you travel? (Choose all that apply)

- Within the continental US
- Hawaii
- Caribbean
- Mexico
- Central or South America
- Australia
- Europe
- Other, please specify: \_\_\_\_\_

2b. How many days (total) did you spend travelling in a sunny location(s)?