

## Questionnaire: Risk factors for skin cancer

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1. What is the color of your skin?  
 Very fair, ivory white       Fair       Light brown       Dark brown       Black
2. What is the natural color of your hair, that which you had when you were 20 years old?  
 Red       Blonde       Light/medium brown       Dark brown       Black
3. What is the color of your eyes?  
 Blue       Green       Light brown       Dark brown       Black
4. Does your skin turn red after being exposed to the sun without any protection?       Yes  No
5. Do you have a mother, father, or siblings who has or has had skin cancer?       Yes  No
6. Have you ever had skin cancer?       Yes  No
7. About how many moles do you have on your body? (circle one) 0-15      16-40      41-60      61-80      81-100      100+
8. Have you ever had a sunburn?       Yes  No
9. Do you have or have had an outside job?       Yes  No
10. Have you ever lived in an area with intense sun, such as the beach, desert, or mountains?       Yes  No
11. Do you practice recreational activities outdoors?       Yes  No
12. Have you ever used tanning lamps or beds?       Yes  No
13. Have you ever received any organ transplant?       Yes  No
14. Have you received any treatment for cancer?       Yes  No
15. Have you received any phototherapy treatment for skin conditions?       Yes  No
16. During vacations, do you go to the beach?       Yes  No
17. Do you wear sunscreen regularly?       Yes  No
18. Do you consume the recommended amount of water each day?       Yes  No

If you answered yes to three (3) or more of questions 4 thru 16, then please contact us to schedule a skin cancer screening.