Digitally supported total skin self-examination at home for people treated for cutaneous melanoma: developing and simulating experience of the ASICA intervention. Murchie et al

Appendix 1

This appendix displays the outcome questionnaire developed for use in a proposed future clinical trial of the ASICA intervention. It has been adapted, with permission from an instrument developed by Professor Monika Janda, Queensland University of Technology, Brisbane QLD, Australia. A related baseline questionnaire has also been prepared.

Janda M, Baade PD, Youl PH, Aitken JF, Whiteman DC, Gordon L, Neale RE. The skin awareness study: promoting thorough skin self-examination for skin cancer among men 50 years or older. Contemp Clin Trials 2009,31:119–130

Janda M, Neale RE, Youl P, Whiteman DC, Gordon L, Baade PD: Impact of video-based intervention to improve the prevalence of skin self-examinations in men 50 years or older: the randomized skin awareness trial. Arch Dermatol 2011, 147:799–806.

Janda M, Youl P, Neale R, Aitken J, Whiteman D, Gordon L, Baade P. Clinical Skin Examination Outcomes After a Video-Based Behavioral Intervention: Analysis From a Randomized Clinical Trial JAMA Dermatol. 2014;150(4):372-379. doi:10.1001/jamadermatol.2013.9313.

UNIVERSITY OF ABERDEEN

ASICA Questionnaire (Outcome)

Achieving Self-directed Integrated Cancer Aftercare

All the information that you provide in this questionnaire is confidential. You cannot be identified from any of the answers that you give.

If you have any questions regarding this questionnaire please contact:

For official use only

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Transformation through Digital Innovation

Date returned	
Date entered	
Date checked	

What is the purpose of this

questionnaire?

The purpose of this questionnaire is to find out some things about you, your melanoma and your general health.

What if I am not sure how to answer some questions?

Do the best that you can.

Should you have any difficulties with completing the questionnaire, or have any questions about the study please contact:

How long will it take to complete?

It should take no longer than 20 minutes to complete.

Is the information confidential?

All the information that you give is extremely valuable to the study and is treated in the strictest confidence.

What should I do with my completed questionnaire?

After you have filled in the questionnaire please put it in the addressed FREEPOST envelope provided and post it back to us. NO POSTAGE STAMP IS REQUIRED

We would be very grateful if you could return your completed questionnaire as soon as possible.

Thank you

Skin Cancer History

1. Have you ever had a skin cancer, mole, or other spot/s removed or treated?

☐ 1 Yes

☐ 2 No ⟶ Go to Q4

☐ 3 Unsure/Don't Know ⟶ Go to Q4

2. How many skin cancers, moles, or other spots have you had treated?

☐ 1 One

☐ 2 Two to five

☐ 3 Six to ten

☐ 4 Eleven to twenty

☐ 5 Twenty-One to fifty

☐ 6 More than fifty

3. How old were you when you had your first skin cancer, mole, or other spot treated?

☐ Do not remember

☐ Years old

4. Are you currently concerned about a spot or mole?

☐ 1 Yes ☐ 2 No ☐ 3 Not sure

5. How likely is it, do you think, that you will get skin cancer again at some time in the future?

☐ 1 Not at all likely

☐ 2 Somewhat likely

☐ 3 Very likely

☐ 4 Don't know/not sure

Skin Self Examination

6. Have you or someone who is not a doctor or nurse, such as your spouse or partner, <u>ever</u> deliberately checked any part of your skin for early signs of skin cancer.

☐ 1 Yes ☐ 2 No → Go to Q13

☐ 3 Don't know → Go to Q13

7. In the <u>past 12 months</u>, have you or someone who is not a doctor or nurse , such as your spouse or partner, deliberately checked any part of your skin for early signs of skin cancer.

☐ 1 Yes ☐ 2 No → Go to Q13

☐ 3 Don't know

8. In the past 12 months, <u>how often</u> have you or someone who is not a doctor or nurse checked any part of your skin for early signs of skin cancer?

☐ 1 One to two times ☐ 3 Five to six times

☐ 2 Three to four times ☐ 4 More than six times

9. In the past 6 months, <u>how often</u> have you or someone who is not a doctor or nurse checked any part of your skin for early signs of skin cancer?

☐ 1 One to two times ☐ 3 Five to six times

☐ 2 Three to four times ☐ 4 More than six times

☐ 5 Zero

10. Thinking back to the last time you or someone who is not a doctor or nurse checked your own skin, which areas of your body did you actually check?

☐ 1 Face ☐ 8 Feet

☐ 2 Neck ☐ 9 Back of thighs/knees/shins

☐ 3 Upper Chest ☐ 10 Bottom

☐ 4 Arms ☐ 11 Lower Back

☐ 5 Hands ☐ 12 Higher Back

☐ 6 Torso ☐ 13 Back of Neck/Scalp

☐ 7 Front of thighs/knees/shins ☐ 14 Whole Body

11. During your last check, did you use a handheld mirror or full-size mirror to check difficult to see areas of your skin such as your back?

☐ 1 Yes, hand-held mirror ☐ 4 No

☐ 2 Yes, full-size mirror ☐ 5 Don't know

☐ 3 Yes, both

12. During your last check did you have someone to help you see difficult to see areas for example your wife, partner or another relative?

☐ 1 Yes ☐ 2 No ☐ 3 Don't know

13. In the next 12 months, how many times do you intend to check your skin for early signs of skin cancer?

☐ Please write the number in the box.

We would now like to know *how confident* you are about being able to check your skin. Please *circle the number* that best describes your level of confidence for each of the following four questions.

14. How confident are you that you can check your own skin correctly?

1	2	3	4	5	6	7	8	9	10
Not at all Confident				Moderately Confident					Highly Confident

15. How confident are you that you will find the time in the next 12 months to check your own skin.

1	2	3	4	5	6	7	8	9	10
Not at all Confident				Moderately Confident					Highly Confident

16. How confident are you that you will remember to check your own skin at least once a month.

1	2	3	4	5	6	7	8	9	10
Not at all Confident				Moderately Confident					Highly Confident

17. How confident are you that if you find a spot or mole of concern that you will take appropriate action.

1	2	3	4	5	6	7	8	9	10
Not at all Confident				Moderately Confident					Highly Confident

18. When you <u>last checked your own skin</u>, did you find a spot or mole of concern?

☐ 1 Yes → → Go to Q19

☐ 2 No → → Go to Q21

☐ 3 Don't know/unsure → Go to Q21

☐ 3 Did not check my skin → Go to Q21

19. <u>If yes</u>, what did you do?

☐ 1 Watched it for up to one month

☐ 2 Watched it for longer than one month

☐ 3 Showed it to partner/relative

☐ 4 Showed it to a doctor/nurse

☐ 5 Other, please specify ……

20. Over the <u>next six months</u> if you find a spot or mole that you are worried about what will you do?

You may tick one or more options

☐ 1 Show it to a partner, relative or friend

Would you do this:

☐ 1 Immediately

☐ 2 Within a few days

☐ 3 Within a week

☐ 4 Within a month

☐ 5 Other, please specify

☐ 2 Make an appointment with a doctor

Would you do this:

☐ 1 Immediately

☐ 2 Within a few days

☐ 3 Within a week

☐ 4 Within a month

☐ 5 Other, please specify

☐ 3 Contact the specialist nurse

Would you do this:

☐ 1 Immediately

☐ 2 Within a few days

☐ 3 Within a week

☐ 4 Within a month

☐ 5 Other, please specify

☐ 4 Watch it until the next prompt from the ASICA tablet arrives

☐ 5 Watch and wait

☐ 6 Other, please specify ……..

Health Professional Skin Examination

21. Has a doctor or nurse ever deliberately checked any part of your skin for early signs of skin cancer since you received the ASICA electronic tablet?

☐ 1 Yes → Go to Q22

☐ 2 No → Go to Q26

☐ 3 Don't know → Go to Q26

22. In the past 12 months, has a doctor or nurse deliberately checked any part of your skin for early signs of skin cancer?

☐ 1 Yes → Go to Q23

☐ 2 No → Go to Q26

☐ 3 Don't know → Go to Q26

23. In the past 12 months has a doctor or nurse deliberately checked the skin on your whole body? Usually this would involve taking your clothes off at least down to your underwear.

☐ 1 Yes

☐ 2 No

☐ 3 Don't know

24. During your last skin check did the doctor suggest you check your own skin for early signs of skin cancer?

☐ 1 Yes ☐ 2 No

25. Did the doctor show you how to check your own skin for early signs of skin cancer?

☐ 1 Yes ☐ 2 No

Attitudes and Beliefs

For this section of the questionnaire we would like to find out what you think about checking your skin.

26. For each of the following statements please indicate whether you strongly disagree, disagree, agree, strongly agree, or are unsure with each statement. ***Please select only one option for each question.***

	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
a. It is important to check my skin for skin cancer even if I have no symptoms	☐1	☐2	☐3	☐4	☐5
b. Checking my skin would make me anxious.	☐1	☐2	☐3	☐4	☐5
c. Checking my skin regularly is a priority for me.	☐1	☐2	☐3	☐4	☐5
d. I could find something suspicious on my skin if it was there.	☐1	☐2	☐3	☐4	☐5
e. If I saw something suspicious on my skin, I'd go to the doctor straight away.	☐1	☐2	☐3	☐4	☐5
f. I am confident in a doctor's ability to diagnose skin cancer.	☐1	☐2	☐3	☐4	☐5
g. I have made plans about when to examine my own skin.	☐1	☐2	☐3	☐4	☐5
h. I have made plans about where I will be when I examine my skin.	☐1	☐2	☐3	☐4	☐5
i. If I don't manage to examine my skin as planned I will find another opportunity.	☐1	☐2	☐3	☐4	☐5

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How You Feel

Please read each item and place a tick in the box beside the reply which comes closest to how you have been feeling **in the past week**. Don't take too long over your replies: your immediate reaction to each item will probably be more accurate than a long thought-out response. **Please tick only one box in each section**

1. I feel tense or 'wound up':
- Most of the time ☐
- A lot of the time ☐
- Time to time, Occasionally ☐
- Not at all ☐

2. I feel as if I am slowed down:
- Nearly all the time ☐
- Very often ☐
- Sometimes ☐
- Not at all ☐

3. I still enjoy the things I used to enjoy:
- Definitely as much ☐
- Not quite as much ☐
- Only a little ☐
- Hardly at all ☐

4. I get a sort of frightened feeling like 'butterflies' in the stomach:
- Not at all ☐
- Occasionally ☐
- Quite often ☐
- Very often ☐

5. I get a sort of frightened feeling as if something awful is about to happen:
- Very definitely and quite badly ☐
- Yes, but not too badly ☐
- A little, but it doesn't worry me ☐
- Not at all ☐

6. I have lost interest in my appearance:
- Definitely ☐
- I don't take so much care as I should ☐
- I may not take quite as much care ☐
- I take just as much care as ever ☐

7. I can laugh and see the funny side of things:
- As much as I always could ☐
- Not quite so much now ☐
- Definitely not so much now ☐
- Not at all ☐

8. I feel restless as if I have to be on the move:
- Very much indeed ☐
- Quite a lot ☐
- Not very much ☐
- Not at all ☐

9. Worrying thoughts go through my mind:
- A great deal of the time ☐
- A lot of the time ☐
- From time to time but not too often ☐
- Only occasionally ☐

10. I look forward with enjoyment to things:
- As much as ever I did ☐
- Rather less than I used to ☐
- Definitely less than I used to ☐
- Hardly at all ☐

11. I feel cheerful:
- Not at all ☐
- Not often ☐
- Sometimes ☐
- Most of the time ☐

12. I get sudden feelings of panic:
- Very often indeed ☐
- Quite often ☐
- Not very often ☐
- Not at all ☐

13. I can sit at ease and feel relaxed:
- Definitely ☐
- Usually ☐
- Not often ☐
- Not at all ☐

14. I can enjoy a good book or radio or TV programme:
- Often ☐
- Sometimes ☐
- Not often ☐
- Very seldom ☐

Other Health Conditions

This section will cover questions about diseases and health conditions that you may already have or have had in the past.

27. Has a doctor ever told you that you have or have had any of the following conditions?

PLEASE TICK ALL THAT APPLY AND GIVE YOUR AGE AT FIRST DIAGNOSIS

	No [1]	Yes [2]	Age at first diagnosis	Don't know [3]
1. Heart Conditions (Heart Attack, Coronary, Myocardial Infarction, Angina Pectoris)				
2. High Blood Pressure/Hypertension				
3. High Cholesterol/Lipid Problems				
4. Stroke				
5. Diabetes/High Blood Sugar				
6. Lung Conditions (Asthma/Chronic Bronchitis/Emphysema Chronic Obstructive Lung Disease/COPD)				
7. Stomach or Duodenal Ulcer				
8. Chronic Headaches/Migraine				
9. Musculo-skeletal Disorders (Osteoporosis, Back Problems)				
10. Arthritis (Osteoarthritis/Rheumatoid Arthritis)/other joint complaints				

	No [1]	Yes [2]	Age at first diagnosis	Don't know [3]
11. Cancer/Leukaemia (excluding skin cancer)				
12. Problems with eye sight which could make it difficult to examine my own skin				
13. Mental health problems (Anxiety, Depression, Post-traumatic Stress Disorder)				
14. Problems with mobility which could make it difficult to examine my own skin				
15. Any other prolonged or serious illness? If yes, please specify below. _____				

Please list any medication, including over the counter medicines, that you are taking in the space below.

Personal Background

And finally …… some questions about yourself.

28. Are you

☐ 1 20-30

☐ 2 31-40

☐ 3 41-50

☐ 4 51-60

☐ 5 61-70

☐ 6 71-80

☐ 7 81-90

☐ 8 91 or older

29. Do you live?

☐ On your own

☐ With a partner/spouse

☐ With other family *(Please say who)* _____

☐ Other *(Please say who)* _____

30. How would you <u>best</u> describe your current work situation?

☐ 1 Employed full-time (include self-employed/business/farming)

☐ 2 Employed part-time or casual (include self-employed/business/farming)

☐ 3 Full-time home duties/home-carer

☐ 4 Student

☐ 5 Unemployed or looking for work

☐ 6 Retired

☐ 7 Permanently ill/unable to work

☐ 8 Other (please specify) ……

31. Is your main job or activity now…?

☐ 1 Mainly indoors

☐ 2 Mainly outdoors

☐ 3 About equal amounts indoors and outdoors

32. What is your present marital status?

☐ 1 Married/living together

☐ 2 Divorced/separated

☐ 3 Widowed

☐ 4 Single/never married

☐ 5 Other (please specify) …….

33. Approximately what is the distance from your home to your GP

☐ Minutes by car

☐ Miles

34. Do you: (Please tick one box only)

☐ Own your home

☐ Rent your home

☐ Other (Please state……..)

Thank you for helping us with this important research.

If you have any comments about any of the questions that we have asked, please add them here.

Thank you for completing this survey. Please return it using the reply-paid envelope provided (NO STAMP IS NEEDED)