Supplementary Online Content


eFigure. Skin awareness study case report form

This supplementary material has been provided by the authors to give readers additional information about their work.
Please answer the following questions for the **MOST RECENT** skin examination you conducted on this patient.

1. **Date of examination:**
   - Month: ____________
   - Day: __________
   - Year: __________

2. Was the skin examination initiated by:
   - [ ] You (the doctor)
   - [ ] The patient (it was the main reason for consultation)
   - [ ] The patient (it was NOT the main reason for consultation)
   - [ ] Another doctor

3. **Type of skin examination:**
   - [ ] Whole body
   - [ ] Part body
   - [ ] Specific lesions/s only

4. As a result of this skin exam did you decide to treat, monitor or refer any lesion/s? [ ] Yes  [ ] No

5. If yes, please indicate the number of lesions:
   - [ ] Yes
   - [ ] No

   a) **NON-SURGICALLY MANAGED**
      - Please indicate number of lesions for which the following management strategies were used:
        - [ ] Cryotherapy
        - [ ] Referral
        - [ ] Cream
        - [ ] Other (please specify):
        - [ ] Monitoring

   b) **SURGICALLY TREATED**
      - (excision or biopsy)
      - Please attach a copy of the pathology report/s for these lesions.
      - Alternatively, please enter your pathology provider and the reference number(s) below:
        - **Pathology provider:**
          - Lesion 1:
            - Reference number
          - Lesion 2:
            - Reference number

NB: If more than two lesions were excised, please list further ref. numbers on the back of this page.

6. Apart from the examination described above,
   - a) Did the patient receive any other skin examinations in the **past six months?** [ ] Yes  [ ] No
      (either as the main reason for consultation, or as part of a general check-up)
   - b) If yes, how many other skin examinations did the patient receive?
   - c) Of these, how many resulted in treatment, monitoring or referral of a lesion/s?
THANK YOU for your time. Please return to the Skin Awareness Study in the reply paid envelope provided.
Skin examination sections of questionnaires:

7-months Interview

SECTION 3 SKIN EXAMINATION HISTORY BY DOCTOR

Now, we’d like to ask you a few questions about having your skin checked by a doctor (this may be your own GP, a doctor at a skin cancer clinic, or a dermatologist).

26. In the past 6 months, has a DOCTOR deliberately checked any part of your skin for early signs of skin cancer? (Do NOT read list)

- Yes → Go to Q27
- No → Go to Q28
- Don’t know → Go to Q28

27. How many times have you been to the doctor to get a skin check in the past 6 months? (Read all responses)

- One to two times
- Three to four times
- Five to six times
- More than six times
- Zero

28. In the past 6 months did a doctor check a skin spot for you at any other occasion? For example, during a doctor’s visit for another health condition? (Do NOT read list)

- Yes → Go to Q29
- No: IF YES AT Q26 GO TO Q29 If no @ question 26, go to question 35
- Don’t know: IF YES AT Q26 GO TO Q29 If no @ question 26, go to question 35

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29. Can you please tell me which doctor you saw and what type of skin exam you had in the past 6 months? (Read all statements, start from the far left column and if yes ask the rows and place a tick in appropriate box)

<table>
<thead>
<tr>
<th></th>
<th>Whole-body</th>
<th>Part-body</th>
<th>Spot or mole</th>
<th>Did not visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dermatologist</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin Clinic</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public hospital clinic</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

33. [ASK FOR DOCTORS SEEN AT Q29.] As a result of this check did the doctor find any particular spots or lesions they thought were suspicious? If yes how many lesions did they find?

[ IF NONE SUSPICIOUS] Go to Q30

<table>
<thead>
<tr>
<th></th>
<th>How many lesions</th>
<th>None suspicious</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dermatologist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin Clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public hospital clinic</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

34. Thinking about the most recent spot or lesion treated, what was the course of treatment? (prompt if necessary) single response

[ASK FOR ONE ONLY MOST RECENT TREATED]

- 1 Excise
- 2 Apply cream
- 3 Freeze
- 4 Watch
- 5 Other treatment Specify________________________

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30. Where did you receive your most recent skin check? (enter 999 for refused)

Name of clinic:

full name of doctor/dermatologist or other doctor if they went somewhere else

if possible telephone contact number)

IF CODE 999 ABOVE SKIP TO 31 AUOT FILL 30A AS CODE 2

30a. WE WOULD LIKE TO CONTACT THIS DOCTOR ABOUT YOUR LATEST SKIN CHECK AND WILL SEND YOU A CONSENT FORM IN THE MAIL. IF YOU ARE HAPPY FOR US TO CONTACT YOUR DOCTOR PLEASE SIGN THE CONSENT FORM AND SEND IT BACK TO US. DO NOT READ OUT

☐ 1 OK to receive consent form

☐ 2 Does not wish to receive consent form

31. Who initiated your last skin check by a doctor? Single response (prompt if necessary)

☐ 1 You

☐ 2 My usual doctor

☐ 4 Someone else e.g. wife or partner

☐ 5 Other, please specify ....................

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32. Did the doctor ask you to come back for a skin examination in the future? *(prompt if necessary)*

- ☐ 1 Yes, in less than 6 months
- ☐ 3 Yes, in more than 12 months
- ☐ 2 Yes, in 6 to 12 months
- ☐ 4 No, the doctor did not ask me to come back