

BARCODE

CONFIDENTIAL



QSKIN Genetics

Consent Form and Survey

Please read the consent form on the next page carefully. If you have any questions about any aspect of this study, please contact the QSkin Study team on 1800 222 600 or gskin@gimrberghofer.edu.au.

You need to sign the consent form in two places.

Please answer ALL of the sections in the survey, even if they do not seem to be directly relevant to you. Your information is essential for this study and may also be important for studies of other types of cancer. Everything you tell us will be treated in the strictest confidence but you are free to leave blank any specific questions that you do not wish to answer.

If you are not sure of the correct answer, please give us your best estimate. We are asking many different people the same sets of questions and we are very interested in the different types of responses.

sequence

Section D. Medical history

Q12. Have you ever been diagnosed with, experienced or been treated for any of the following conditions? (cross all that apply)

- Asthma, Eczema, Hay Fever, Migraine, Epilepsy, Anorexia, Bulimia, Dementia, Stroke, Frequent heartburn or acid reflux, Parkinson's disease, Ear infections leading to the insertion of grommets, Tonsillitis leading to the removal of your tonsils, Attention Deficit Hyperactivity Disorder (ADHD), Autism or Asperger syndrome, Crohn's Disease, Ulcerative Colitis, Uterine Fibroids, Polycystic Ovaries, Depression, Anxiety, Bipolar disorder (Manic depression), Obsessive Compulsive Disorder, Schizophrenia/Psychosis

Section E. WOMEN ONLY

Q13. Have you ever experienced any of the following during any of your pregnancies? (cross all that apply)

- Anaemia, Pre-eclampsia, Eclampsia, Toxemia, Preterm labour, Cytomegalovirus, High blood pressure, Abnormal hormone levels, Uterine Fibroids, Polycystic Ovaries, Intrahepatic cholestasis of pregnancy (intense itching without a rash), Antenatal depression, Postnatal depression, Gestational diabetes - controlled by diet, Gestational diabetes - requiring medication, Hypoglycaemia (low blood sugar), Nausea or Vomiting so bad that... you spoke to a doctor or nurse about it, medication was required to control it, it resulted in weight loss, it resulted in hospitalization, you could not continue the pregnancy

Section F. for MEN and WOMEN

Q14. From time to time other researchers at the QIMR Berghofer Medical Research Institute conduct online studies on other health related topics. Would you be willing to receive emails (no more than once or twice a year) inviting you to participate in other studies? Participation in any of these studies will be entirely voluntary and you may choose not to participate in any or all of these studies.

- Yes, I agree that you may contact me about participating in other studies; my email address is: [text box] No, I'm not interested in participating in other studies at this time.

Q9. Has a doctor ever told you that you have diabetes? 1 No, 2 Yes - Type 1, 3 Yes - Type 2, 4 Yes - Type unknown

If yes, what treatment have you received?

Insulin - year started [YYYY]

Are you using insulin now? 1 Yes, 2 No

Tablets - year started [YYYY]

Are you taking tablets now? 1 Yes, 2 No

Just diet and exercise

Q10. Do you have a strong family history of skin cancer or melanoma? (that is, 2 or more blood relations affected?)

1 Yes, 2 No, 3 Don't know

If yes:

How many close family members (parents, brothers/sisters, children) affected? [ ]

How many other family members (grandparents, aunts/uncles, nieces/nephews) affected? [ ]

Q11. Do you have a strong family history of other types of cancer? (that is, 2 or more blood relations affected?)

1 Yes, 2 No, 3 Don't know

If yes:

How many close family members (parents, brothers/sisters, children) have had cancer? [ ]

What types of cancer did they have?

[text box]

Comments:

[text box]

How many other family members (grandparents, aunts/uncles, nieces/nephews) have had cancer? [ ]

What types of cancer did they have?

[text box]

Comments:

[text box]

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# QSkin Genetics Participant Consent Form

## PART A. Consent for the QSkin Genetics Study

I \_\_\_\_\_ (please print name) hereby freely consent to take part in the **QSkin Genetics Study** as described in the Information Brochure, including completing a brief survey and providing a small saliva sample (2 mL).

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

In giving my consent I confirm that:

- I have read, or have had read to me, and understand the **QSkin Genetics Study Information Brochure**.
- I have had a chance to ask questions and I am satisfied with the answers I have received.
- I understand that I can withdraw my consent to participate in the **QSkin Genetics Study** at any time.
- I understand that the research team will not reveal my identity and personal details if information about the **QSkin Genetics Study** is published or presented in any medium.
- There will be no cost, nor any financial benefit to me for participating in the study.
- I may be approached again to participate in future studies but I am under no obligation to do so.

## PART B. Consent for future use of biological samples and data

I also consent to my data and samples being used for future research and made available to other scientists for approved research studies.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

- I understand that my questionnaires and samples will be stored at the QIMR Berghofer Medical Research Institute and that all studies using my samples and data will have to be approved by the relevant Human Research Ethics Committees.
- I understand that I will not be notified about future use of my samples and data and that I will retain no rights to the material I donate to the study or anything that is derived from it.
- All studies using my samples will have to conform with the ethical and scientific principles set out by the National Health and Medical Research Council of Australia, the Privacy Act 1988 and the Guidelines approved under section 95A of the Privacy Act (2001).
- If at any time I decide that I no longer wish to participate in the study, my samples will be discarded upon my written request to the Study Investigators. This will not affect my future medical treatment.

If you have any questions please call our free helpline **1800 222 600**, email [qskin@qimrberghofer.edu.au](mailto:qskin@qimrberghofer.edu.au) or contact:

Dr Catherine Olsen (Project Manager) (07) 3362 0224  
 Prof David Whiteman (Chief Investigator) (07) 3362 0279

# Follow-up Survey

QSkin ID:

To help us read your answers, please write as clearly as possible using a BLACK or BLUE pen. Please put a cross (X) or numbers (e.g. 12) or write your answer in the appropriate box.

**Need Help?** Call our free study helpline on 1800 222 600 or email us [QSkin@qimrberghofer.edu.au](mailto:QSkin@qimrberghofer.edu.au)

## Section A. Sun exposure and sun protection

**Q1. When you are outside in the sun, about how often do you:**  
**Apply sunscreen?**

- 1 Never  
 2 Less than 50% of the time  
 3 More than 50% of the time  
 4 All the time

**Wear a hat?**

- 1 Never  
 2 Less than 50% of the time  
 3 More than 50% of the time  
 4 All the time

**Q2. In the past year, how many HOURS did you typically spend outdoors and in the sun...**

**.. on WORK/SCHOOL DAYS?**

- 1 0-1  2 1-2  3 2-3  4 4+

**.. on NON-WORK DAYS?**

- 1 0-1  2 1-2  3 2-3  4 4+

## Section B. Weight and lifestyle

**Q3. About how much do you weigh now?**  kg

**Q4. Have you ever been a regular smoker?** (That is, have you ever smoked tobacco daily for at least 6 months?)

- 1 Yes  2 No → **Go to Q5**

**Are you a regular smoker now?**

- 1 Yes  
 2 No → **How old were you when you stopped smoking regularly?**  years of age

**About how much do/did you smoke on average each day?**  Cig/day

**Q5. How many alcoholic drinks do you usually have each week?** (one drink = a glass of wine, middy of beer or nip of spirits)

- 1 none  2 less than 1  3 2-4  4 5-6  
 5 7-13  6 14-20  7 21-27  8 28 or more

**On how many days each week do you usually drink alcohol?** (go to Q6 if you answered 'none' or 'less than 1')

- 1  2  3  4  5  6  7 days

## Section C. Medical treatments: you and your family

**Q6. Have you regularly (that is, more than once per week) taken ASPIRIN for a year or longer?** (such as Aspro, Disprin, Bex, Vincents, Alka-Seltzer)

- 1 Yes  2 No  3 Not sure

**If yes:**

**When did you start?**  years ago

**How many years have you taken aspirin, in total?**  total years

(0 if less than one)

**Why do/did you take ASPIRIN?**

- 1 Prevent/treat heart disease  
 2 For arthritis/joint problems  
 3 Other reason

**Do/did you take ASPIRIN**

- 1 Every day  
 2 Every second day  
 3 Less often

**Is/was each ASPIRIN tablet:**

- 1 Low dose  
 2 Standard dose (300 mg)  
 3 Not sure

**Q7. Are you taking a vitamin D supplement?**

- 1 Yes  2 No

**If yes, what is the dose of the Vitamin D supplement?**  IU

**Q8. During the past year how many times has ALL or NEARLY ALL of your skin been deliberately checked by...**

**...A DOCTOR**

- 1 Never  2 Once  3 2-5 times  
 4 More than 5 times  5 Don't remember

**...SOMEONE ELSE (e.g. spouse, partner)**

- 1 Never  2 Once  3 2-5 times  
 4 More than 5 times  5 Don't remember

**...YOURSELF**

- 1 Never  2 Once  3 2-5 times  
 4 More than 5 times  5 Don't remember