PhenX Toolkit

Data Collection Worksheet

Please Note: The Data Collection Worksheet (DCW) is a tool to aid integration of a PhenX protocol into a study. The PhenX DCW is not designed to be a data collection instrument. Investigators will need to decide the best way to collect data for the PhenX protocol in their study. Variables captured in the DCW, along with variable names and unique PhenX variable identifiers, are included in the PhenX Data Dictionary (DD) files.

Self-Assessment of Melanoma Risk Factors

Answer each question by putting a cross in the corresponding square (left column)

1. What type of skin do you have?

[ ] Skin-type I: very fair skin, blond or red hair, light eyes (blue or green), never tan and always sunburn after sun exposure

[ ] Skin-type II: fair skin, blond or light-brown hair, light eyes (blue or green), usual sunburn

[ ] Skin-type III: deep skin, brown hair, light to medium eye colour

[ ] Skin-type IV: olive skin, dark-brown hair, brown eyes

[ ] Skin-type V: brown skin, black hair, black eyes

[ ] Skin-type VI: black skin, black hair, black eyes

2. Do you have freckles?

[ ] Yes

[ ] No

3. How many moles do you approximately have on the whole body?

[ ] More than 50

[ ] Fewer than 50

4. Did you have one or more severe blistering sunburn as a child or teenage?

[ ] Yes

[ ] No

5. Did you live for more than one year in a country where sunshine is high (Africa, French West Indies, South of United States, Australia...)

    [ ] Yes

    [ ] No

6. Have you been diagnosed with melanoma in the past (its a skin cancer, arising in melanocytes, skin cells that make skin pigment)?

    [ ] Yes

    [ ] No

7. Has any of your first degree relatives (parents, children, brother or sister) ever had melanoma?

    [ ] Yes

    [ ] No

    [ ] Dont know

Note from the Skin, Bone, Muscle and Joint Working Group: After completing a physical examination, the physician selects answers for questions 8-14 below. This selection is based on the physical examination. The questions are not asked of the patient.

Physicians Assessment of Melanoma Risk Factors

8. What type of skin do you have?

    [ ] Skin-type I

    [ ] Skin-type II

    [ ] Skin-type III

    [ ] Skin-type IV

    [ ] Skin-type V

    [ ] Skin-type VI

9. Do you have freckles?

    [ ] Yes

    [ ] No

10. How many moles do you approximately have on the whole body?

[ ] > 50

[ ] < 50

11. Did you have one or more severe blistering sunburn as a child or teenage?

[ ] Yes

[ ] No

12. Did you live for more than one year in a country where sunshine is high (Africa, French West Indies, South of United States, Australia…)

[ ] Yes

[ ] No

13. Have you been diagnosed with melanoma in the past (its a skin cancer, arising in melanocytes, skin cells that make skin pigment)?

[ ] Yes

[ ] No

14. Has any of your first degree relatives (parents, children, brother or sister) ever had melanoma?

[ ] Yes

[ ] No

[ ] Dont know

Protocol source: https://www.phenxtoolkit.org/protocols/view/170601