



The Sister Study

Health, Medical History and Lifestyle

DFU6 - ABBREVIATED
Supplemental Questionnaire
*special topics questions collected
by CAWI/CATI



Version 1



We have some special research topics this year that we hope you'll be excited to respond to. These questions are optional. You can choose whether to answer all, some, or none of the following questions.

The next questions are about your use of sunscreen. Do you want to answer questions about this topic?

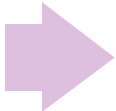
Yes

No → GO TO INTRO STATEMENT ON NEXT PAGE

176. Do you use sunscreen?

No → GO TO QUESTION 177 ON NEXT PAGE

Yes



176a. How frequently do you use sunscreens (do not include other products that may include sunscreens) in summer months?

- Never
- Occasionally (less than once a month)
- Sometimes (1-3 times per month)
- Often (1 or more times a week)
- Every day

176b. How frequently do you apply sunscreens (do not include other products that may include sunscreens) other months of the year?

- Never
- Occasionally (less than once a month)
- Sometimes (1-3 times per month)
- Often (1 or more times a week)
- Every day

176c. When you use sunscreen, what SPF do you typically use?

- 15 or less
- 30
- 50
- Higher than 50

176d. How frequently do you apply products including SPF other than sunscreen (such as make-up, lotions, or creams)?

- Never
- Occasionally (less than once a month)
- Sometimes (1-3 times per month)
- Often (1 or more times a week)
- Every day



These special research topic questions are optional. You can choose whether to answer all, some, or none of the following questions.

The next questions are about your experiences with tattoos and tattooing. Do you want to answer questions about this topic?

Yes

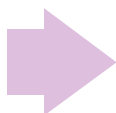
No → **GO TO INTRO STATEMENT ON PAGE 5**



177. Have you **ever** gotten a tattoo (do not count tattoos received for radiation therapy)?

No → GO TO QUESTION 178 ON NEXT PAGE

Yes



Please tell us about your experience with tattooing. Please include every tattoo you have ever gotten using a tattoo machine even if it is faded, covered up, or has been removed.

177a. What is the total number of tattooing sessions you have had?

SESSIONS

177b. How many of your tattoos were bigger than your palm?

TATTOOS

177c. How many of your tattoos cover more than half the surface area of one or more limbs (e.g., a “half sleeve” or “full sleeve”)?

TATTOOS

177d. How old were you when you got your first tattoo?

AGE

177e. How old were you when you got your last tattoo?

AGE

177f. What colors are in your tattoos?

- Black/grey ink
- Other colors
- Both

177g. Besides normal healing and peeling, have you had any allergies, infections, or other skin issues related to any of your tattoos?

- No
- Yes

177h. How many sessions of laser removal treatment did you ever have for removing tattoos? Please enter “0” if none.

SESSIONS







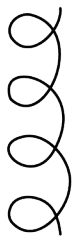





These special research topic questions are optional. You can choose whether to answer all, some, or none of the following questions.

The next questions are about your hair. Do you want to answer questions about this topic?

Yes

No → **GO TO INTRO STATEMENT ON NEXT PAGE BEFORE QUESTION 155**

178. For your natural hair, what type of curl is most dominant? (*Please mark one.*)

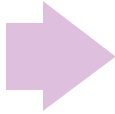
Straight		Wavy			Curly			Coily	
									
1	2a	2b	2c	3a	3b	3c	4a	4b	4c
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



179. Have you **ever** received negative comments about or felt discriminated against because of your hair?

No

Yes



179a. When has this happened?
(Please mark all that apply.)

During childhood/
adolescence (<18 years)

As an adult

179b. What specific characteristic(s)
of your hair were targeted?
(Please mark all that apply.)

Hair texture

Hair style

Hair color

Hair length

179c. Who was the source of the
negative comments/
discrimination?
(Please mark all that apply.)

Family member

Peers-e.g., friends,
classmates, work colleagues

Supervisor or teacher

Strangers

Other

These special research topic questions are optional. You can choose whether to answer all, some, or none of the following questions.

The next questions are about your sexual orientation and identity. Do you want to answer questions about this topic?

Yes

No → **GO TO INTRO STATEMENT ON NEXT PAGE BEFORE QUESTION 219**

Research shows that individuals have unique health needs based on their sexual orientation. We are asking the following questions to better understand those health experiences. If you would prefer not to answer these questions, please mark "Prefer not to answer."

155. Which of the following best represents how you think of yourself? (Please select one.)

Lesbian or gay

Straight, that is not lesbian or gay

Bisexual

I use a different term:

I don't know

Prefer not to answer

Draft



Questions 156 and 157 are not available for use at this time.

These special research topic questions are optional. You can choose whether to answer all, some, or none of the following questions.

The next questions are about your home's air conditioning and air filtration systems. Do you want to answer questions about this topic?

Yes

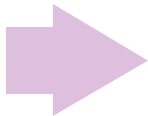
No → **END OF SURVEY**

The following questions will help us better understand possible health effects of air temperature and quality.

219. Do you use air conditioning in your residence?

No → **GO TO QUESTION 220**

Yes



219a. What type of air conditioning does your residence have?

(Please mark all that apply.)

Central A/C

Window unit(s). How many of them are there?

Other, please specify:

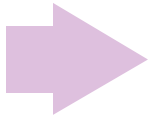
Draft



220. Do you use an air cleaner/filter in your residence (stand-alone or central)?

No

Yes



220a. What type of air cleaner/filter is used?

(Please mark all that apply.)

- HEPA filter
- Electrostatic precipitator
- Negative ion generator
- Ozone generator
- Regular or fiberglass furnace filter
- Don't know
- Other, please specify:

220b. How often is the air cleaner/filter used?

- Never
- A few days a month
- More than half of the days of the month, but less than daily
- Every day or nearly every day
- Don't know



Thank you for completing this questionnaire and for your continued participation in the Sister Study.

Please mail this form to us at the address below.
A postage-paid envelope is provided.

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