

## Sun Safety Evaluation

### 1. Have you visited a DermaScan machine in the past?

Yes       No

a. *If yes, please list year of last visit:* \_\_\_\_\_

b. *If Yes, please list location of last visit:* \_\_\_\_\_

### 2. Which behaviors do you do on a regular or routine basis? (Please check **all behaviors you do regularly**):

- |                                                               |                                                     |                                                                       |
|---------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Visit tanning-beds                   | <input type="checkbox"/> Tan outside                | <input type="checkbox"/> Use self-tanning cream                       |
| <input type="checkbox"/> Apply sunscreen before going outside | <input type="checkbox"/> Wear sun-protective hat(s) | <input type="checkbox"/> Have a doctor or dermatologist check my skin |

### 3. After completing the DermaScan, do you intend to change any sun-related behavior(s)?

Yes:\_\_\_\_  No:\_\_\_\_  N/A:\_\_\_\_

*If yes, please briefly list the behavior(s) you intend to change on the line below:*

\_\_\_\_\_

County: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: \_\_\_\_\_



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AND ENVIRONMENTAL SCIENCES  
COLLEGE OF EDUCATION AND  
HUMAN ECOLOGY  
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