

Falmouth Hospital newborn mother questionnaire on sun protection education

Hi, Mrs.? [Reply]

Hi, this is from the Boston University School of Medicine. within the last year, at Falmouth Hospital, you gave us permission to contact you about a sun protection program for your infant. Is this a convenient time to talk for a minute? [Pause briefly.]

[Arrange convenient time]

I am calling to arrange a time to complete the first part of the study: a 20 minute, confidential telephone survey. We can complete the survey now, if possible, or arrange an alternative time that suits your schedule. [Response]

Is now a good time? [Arrange convenient time.]

Great. We'll begin with some instructions.

We realize that we can all imagine the ideal sun protection practices; however, one of the goals of our study is to find out what is practical and realistic for you as a mom. We understand that sun protection is only one of the many responsibilities you take on as a parent to ensure your baby's well-being. Therefore the questions that follow have many different answers, none of which are right or wrong. Just answer the questions as accurately as you can.

You may want to have scrap paper and pencil available to help you answer some of the questions. [Pause for scrap paper.] Do you have some scrap paper?

[Survey team: please complete the following before phone call]

First I just need to confirm some information. I have:

1. [Date of call]

.....

2. Name of mother, first and last

3. Your home telephone number

.....

4. Your home address

.....

5. Your baby's pediatrician

.....

6. Your pediatrician's phone number and/or address (as much information as they have)

.....

7. A person to contact if you are unreachable: a close relative or friend

.....

8. A phone number and/or address for this individual

.....

Is this correct? [Correct if needed]

9. What is the data of your newborn's next visit?

.....

May I please have:

10. The birth date of your baby recently born at Falmouth Hospital ... / ... / ...

11. A boy or girl?

12. Your baby's name [first and last name]

13. Do you have other children? Yes No

[If yes] 13a. The ages of your other children?

The first series of questions concern you and your practices in the sun.

14. What is the color of your untanned skin? Please select one of the following:

- Very fair 1
- Fair 2
- Light brown 3
- Dark brown 4
- Very dark/black 5

15. It is the middle of winter and you haven't been out in the sun for a long time. You decide to go on a Caribbean Vacation and expose your skin to the sun at noon. You are not wearing or using any sun protection for 60 minutes.

- Burn readily
- Burn minimally
- Barely burn
- Not burn at all

16. During the past summer, how many hours on average per week did you spend outdoors?

- 0-2 2-5 5-8 More than 8 hours

17. When you were out in the sun for more than 15 minutes, how often did you perform each of the following:

- | | | | | | |
|--|--------------------------------|---------------------------------|------------------------------------|--------------------------------|---------------------------------|
| Wear a hat | <input type="checkbox"/> Never | <input type="checkbox"/> Seldom | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often | <input type="checkbox"/> Always |
| Wear a shirt with sleeves | <input type="checkbox"/> Never | <input type="checkbox"/> Seldom | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often | <input type="checkbox"/> Always |
| Apply sunscreen number 15 or higher | <input type="checkbox"/> Never | <input type="checkbox"/> Seldom | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often | <input type="checkbox"/> Always |
| Stay in the shade or under an umbrella | <input type="checkbox"/> Never | <input type="checkbox"/> Seldom | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often | <input type="checkbox"/> Always |
| Avoid the sun between 10AM and 2PM | <input type="checkbox"/> Never | <input type="checkbox"/> Seldom | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often | <input type="checkbox"/> Always |

18. Did you ever purposely schedule outdoor activities so that you would avoid the sun at its strongest; that is, between 10 AM and 2 PM?

Never Seldom Sometimes Often Always

19. How long have you followed your current sun protection habits?

Less than six months	1
Between six months and a year	2
A year or more	3
As long as I can remember	4

20. Please listen to the following statement: In general, I find it difficult to protect myself from the sun. do you:

Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree

21. Did you receive, a sunburn this summer?

no yes, once and slight yes, once and mild yes, once and severe twice
 more than twice

22. Were you tanned at the end of this summer?

no
 yes, minimally and with difficulty
 yes, light brown
 yes, moderately brown
 yes, dark brown or black

23. Which of the following effects from the sun do you think makes people look most attractive? Please choose only one.

A very dark, bronze suntan
 A light brown suntan
 A little color from the sun
 Staying your natural skin color

Now I will read you some statements. Please answer true or false.

24. Skin cancer is the most common form of cancer in the United State. T F

25. Most of the sun exposure that causes adult melanoma skin cancer occurs during childhood, not adulthood. T F

26. In order to prevent sunburn while outdoors on a sunny day, a number 15 sunscreen should be applied every six hours. T F

27. Proper sunscreen use includes applying it the moment you step foot outside. T F

28. If you are already in the shade, you also need to wear sunscreen to avoid sunburn. T F

Now we will switch gears a little bit away from you and ask you about your youngest child, the baby.

29. I will read you a list of 5 health issues related to your baby. Please rank these from 1 to 5, in order of priority to you as a parent, with 1 being the most important. [Read entire list first].

Car seats
Poison control
Pesticides control

Sun protection
Second hand smoke

30. How confident are you in knowing the steps required for your baby's sun protection? Please answer using a scale of 1 - 5; 1, most confident; 5, least confident.

() 1 () 2 () 3 () 4 () 5

31. In which areas of sun protection practice for your baby would you find education most useful?

Please respond yes or no to each of the following:

Sun protection while swimming () Yes () No [May need to repeat question stem]

Types of sunscreen () Yes () No

Explanation of SPF, or sun protection factor () Yes () No

What number sunscreen to use () Yes () No

Protective clothing () Yes () No

Ways to seek shade () Yes () No

When is sunshine the strongest () Yes () No

Are there other areas you might suggest? () Yes () No

[If yes] 31a. Please list.

.....

32. What is the color of your baby's untanned skin? Please select one of the following:

- Very fair 1
- Fair 2
- Light brown 3
- Dark brown 4
- Very dark/black 5

The following questions about your baby apply to this past summer.

33. During the past summer, how many hours per week on average did your baby spend outdoors?

() 0-2 () 2-5 () 5-8 () More than 8 hours

34. When your baby was out in the sun for more than 15 minutes, how often did your baby wear or use each of the following:

- A hat () Never () Seldom () Sometimes () Often () Always
- A shirt with sleeves () Never () Seldom () Sometimes () Often () Always
- Shade, including an umbrella or canopy of some sort () Never () Seldom () Sometimes () Often () Always
- Avoidance of the sun between 10AM and 2PM () Never () Seldom () Sometimes () Often () Always
- Sunscreen number 15 or higher () Never () Seldom () Sometimes () Often () Always

[If never to sunscreen, ask the following and then proceed to 40]

[If any other response to sunscreen, proceed to 36]

35. Do you never put on sunscreen because:

- Your baby is less than six months old
- You don't think it is effective
- You want your child to have a tan
- Other. [If respondent chooses other] Please explain.

.....
36. If your baby was outside for 4 hours on a hot day, how many times did you apply sunscreen to his or her skin?

- Zero One Two Three or Four Five to Ten

37. Please listen to the following statement:

Applying sunscreen to my baby's skin is an easy process. Do you:

- Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree

38. Sunscreen is expensive. Is it:

- Affordable, or Not affordable

39. Is applying sunscreen to you or your baby associated with any ill side effects? By ill side effects, I mean an unwanted effect that causes discomfort to you or your child.

- Yes No

[If yes] 39a. Please list these side effects.

.....
.....
.....

40. During the past summer, how many times did you intentionally keep your baby inside when the sun was strongest; that is, between 10 AM and 2 PM?

- Zero One Two - Ten Ten - Twenty Everyday

41. Did your baby receive any sunburn during this past summer?

- no yes, once and slight yes, once and mild yes, once and severe yes, twice yes, more than twice

42. Was your baby tanned at the end of the summer?

- no
- yes, minimally and with difficulty
- yes, light brown
- yes, moderately brown
- yes, dark brown or black

43. Which of the following effects from the sun do you feel makes a baby's skin look most attractive? Choose only one please.

- A very dark, bronze suntan
- A light brown suntan
- A little color from the sun
- Natural skin color

44. In general, do you find it difficult to protect your baby from the sun?

- Yes, very difficult Yes, somewhat difficult No, not really No, not at all

45. Since your baby's discharge from Falmouth Hospital, have you discussed any of the following with a health professional? Please answer yes or no as I repeat each of the issues.

- Car seats Yes No
Poison control Yes No
Pesticides control Yes No
Sun protection Yes No
Second hand smoke Yes No

46. Was this professional a:

- nurse physician's assistant pediatrician obstetrician-gynecologist internist or primary care doctor other

You may choose more than one.

47. Please rate how comfortable you feel asking your pediatrician about health questions regarding your baby (1, great deal of comfort to 5, little comfort).

- 1 2 3 4 5

Now I will ask you about your educational experience at Falmouth Hospital at the time of your baby's delivery.

48. Do you remember receiving any written materials at Falmouth Hospital about sun protection for you and your youngest child?

- yes no unsure

[If no, please proceed to 52]

49. Do you remember reading any of them?

- yes no [If no, proceed to 52]

50. How thoroughly did you review these materials, on a scale of 1-5, 1 being the most thorough and 5, the least thorough?

- 1 2 3 4 5

51. Please tell me when you read these materials? (please check all that apply)

- In the hospital When I got home

52. Do you remember talking with one of the maternity nurses at the hospital about sun protection for your baby?

- yes no unsure

53. Receiving educational materials in the newborn nursery was
(please check one of the following)

- a good time to start getting information, or
- not the right time

[For parents who have told us earlier that they have another child at home, continue. Otherwise move to question 59.]

the following questions pertain to your other children at home, not your newborn, during past summer.

54. Do you find it difficult to protect your child(ren) from the sun?

- Yes No

55. When our child was outside for more than fifteen minutes this summer, how often did you insist that he or she use sunscreen:

- Never Seldom Sometimes Often Always

56. How often did your child take the initiative to apply sunscreen, without your suggestion?

- Never Seldom Sometimes Often Always

57. Did your child get at all sunburned during the past summer?

- Yes No Don't know

[If yes] 57a. Where did this occur? Camp School Home Family Outing At a friend's house Other

58. During outdoor time, how often were (were) your child (ren) protected from the sun? By protected, I mean wearing a hat or long-sleeved clothing, applying sunblock, staying in the shade, or avoiding the sun between 10 AM and 2 PM.

- Never Seldom Sometimes Often Always

Finally, the last two questions are about your background.

59. May I have your age

60. The highest level of education you completed:

- Eighth grade or less
- High school
- Some college or technical school
- College graduate
- Post-college degree

Thank you so much for your time and insight. If you are randomly selected for our personalized sun education program, you will hear back from us in the spring; otherwise, we will contact you again in one year. Whether or not you are selected for the program, we will share with you our research findings at the end of the study, including any information we think might be helpful to you and your family.

We will send you a brief note with our principle investigator's name and phone number if you have any concerns or a change in phone number or address. If, on further review, your responses generate

more questions for us, do we have your permission to call you in the next few months just to answer a few further questions? Thank you again. Enjoy your night [or day].

EXAMPLE