



## Supplementary Material

Study Survey.

**Study title:** Prevalence and Predictors of Melanoma Worry and Anxiety in Patients with Melanonychia.

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**Institutional Review Board #:** 20-11022871

**Version date:** DEC/18/2020

**Subject name:**

**MRN:**

**Date:**

### Study Survey Before Dermatology Consultation

#### DEMOGRAPHIC QUESTIONS

1. What is your age? \_\_\_\_\_
2. What is your gender? Female \_\_\_ Male \_\_\_ Other: \_\_\_\_\_
3. What is your race (please select all that apply)?  
White or Caucasian \_\_\_  
Asian \_\_\_  
Black or African American \_\_\_  
American Indian or Alaska Native \_\_\_  
Native Hawaiian/Other Pacific Islander \_\_\_  
Mixed race \_\_\_  
Other \_\_\_\_\_  
I prefer not to answer \_\_\_
4. What is your ethnicity?  
Hispanic/Latino \_\_\_  
Not Hispanic/Latino \_\_\_  
I prefer not to answer \_\_\_
5. Do you have any children? Yes \_\_\_ No \_\_\_
6. What is your marital status?
  - Married
  - Widowed
  - Divorced/separated
  - Single (never married)
7. What is the highest degree or level of education you have completed?  
Less than high school diploma \_\_\_  
High school diploma \_\_\_  
Any college \_\_\_  
Any post-graduate (education beyond college) \_\_\_
8. Are you currently employed? Yes \_\_\_ No \_\_\_
9. What is your household total yearly income?
  - Less than \$10,000
  - \$10,000 - \$49,999
  - \$50,000 - \$74,999
  - \$75,000 - \$100,000
  - Greater than \$100,000
  - I prefer not to answer
10. Have you seen a physician for your nail discoloration?  
Yes \_\_\_ No \_\_\_\_\_. If so, what type of physician did you see:
  - Dermatologist
  - Internist
  - Podiatrist
  - Family medicine
  - Other: \_\_\_\_\_

11. Have you searched the internet for information about your nail discoloration? Yes \_\_\_ No \_\_\_

If you answered No to question 11, skip to question 16.

12. If you answered yes to question 11, how many times did you use the internet to search for information about your nail discoloration? \_\_\_\_\_

13. Did you diagnose yourself using information obtained from the internet? Yes \_\_\_ No \_\_\_

14. If you answered yes to question 13, what do you think your diagnosis is? \_\_\_\_\_

15. Have you ever been diagnosed with a psychiatric condition? Yes \_\_\_ No \_\_\_, if yes, what condition or conditions were you diagnosed with? \_\_\_\_\_.

If you answered No to question 15, skip to question 18.

16. Are you currently receiving treatment for any psychiatric condition? Yes \_\_\_ No \_\_\_, If so, what type of health-care professional do you see for your treatment?

- Psychiatrist
- Psychologist
- Social worker
- Primary care doctor
- Other: \_\_\_\_\_

17. What medications and/or other forms of treatment are you currently receiving?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MELANOMA HISTORY**

18. Have you ever been diagnosed with malignant melanoma? Yes \_\_\_ No \_\_\_

19. Have you ever been diagnosed with malignant melanoma of the nail in the past? Yes \_\_\_ No \_\_\_.

20. If so, what year(s) were you diagnosed with skin and/or nail malignant melanoma?

\_\_\_\_\_ (skin/nail) \_\_\_\_\_ (yyyy)

\_\_\_\_\_ (skin/nail) \_\_\_\_\_ (yyyy)

\_\_\_\_\_ (skin/nail) \_\_\_\_\_ (yyyy)

\_\_\_\_\_ (skin/nail) \_\_\_\_\_ (yyyy)

21. Has a family member had skin and/or nail melanoma? Yes \_\_\_ No \_\_\_, if so, where was it located?

Skin \_\_\_\_\_

Nail \_\_\_\_\_

Both \_\_\_\_\_

Other: \_\_\_\_\_

22. If so, please indicate which family member(s) has/have been diagnosed with malignant melanoma: \_\_\_\_\_

\_\_\_\_\_

**Questionnaires**

**MELANOMA WORRY SCALE**

Please answer the following questions indicating the extent to which they apply to you.

1. How much do you currently worry about getting nail melanoma some day?  
Not at all \_\_\_ Rarely \_\_\_ Sometimes \_\_\_ Often \_\_\_  
Almost all the time \_\_\_
2. How much does worrying about developing nail melanoma impact your mood?  
Not at all \_\_\_ A little \_\_\_ Somewhat \_\_\_ A lot \_\_\_
3. How much does worrying about nail melanoma impact your daily activities?  
Not at all \_\_\_ A little \_\_\_ Somewhat \_\_\_ A lot \_\_\_
4. What is your current level of anxiety about the results of your nail examination?  
None \_\_\_ A little \_\_\_ Somewhat \_\_\_ A lot \_\_\_

**MPACT OF EVENT SURVEY**

The following statements are comments made by people about stressful life events. Please check each item, indicating how frequently these comments were true for you DURING THE PAST SEVEN DAYS about your nail discoloration and your risk of having nail melanoma. If they did not occur during that time, please mark the “not at all” column. **Many of the statements refer to “it” which in this instance means your risk of having nail melanoma.** Please keep in mind that this scale is not specific to pigmented nail lesions or melanoma so if you find the statement confusing, please answer to the best of your ability but indicate your confusion by placing a star by the statement.

	Not at all	Rarely	Sometimes	Often
I thought about it when I didn't mean to.				
I avoided letting myself get upset when I thought about it or was reminded of it.				
I tried to remove it from my memory.				
I had trouble falling asleep or staying asleep, because of pictures or thoughts about it that came into my mind.				
I had waves of strong feelings about it.				
I had dreams about it.				
I stayed away from reminders of it.				
I felt as if it hadn't happened or it wasn't real.				
I tried not to talk about it.				
Pictures about it popped into my mind.				
Other things kept making me think about it.				
I was aware that I still had a lot of feelings about it, but didn't want to deal with them.				
I tried not to think about it.				
Any reminder brought back feelings about it.				
My feelings about it were kind of numb.				

**STAT-TRAIT ANXIETY INVENTORY QUESTIONNAIRE (Short form)**

A number of statements which people have used to describe themselves are given on the following page. Read each statement and then put an X in the appropriate column to indicate how you feel right now, that is, at this time moment.

There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feelings best.

	Not at all (1)	Somewhat (2)	Moderately (3)	Very much (4)
I feel calm.				
I am tense.				
I feel upset.				
I am relaxed.				
I feel content.				
I am worried.				

This is the end of the questionnaire, thank you very much for participating in our study.