








**Multimedia Appendix 2** Example of Paper Sun Diary adapted from <sup>9,18</sup>. A) Sun diary clothing and physical activity guide. B) Daily sun diary entry sheet.

A)

SUN DIARY CLOTHING GUIDE							
UPPER BODY	NO CLOTHING ON UPPER BODY						
	0 No upper clothing	1 Bikini	2 Swimsuit	3 Crop top	4 Singlet top	5 Short-sleeved top	6 Long-sleeved top
LOWER BODY	NO CLOTHING ON LOWER BODY						
	0 No lower clothing	1 Speedos/briefs	2 Shorts or short skirt	3 Medium shorts or 3/4 pants	4 Long trousers/jeans	5 Medium skirt	6 Long skirt
HEADWEAR	NO HEADWEAR						
	0 No headwear	1 Beanie	2 Cap	3 Legionnaire's cap	4 Bucket hat	5 Wide-brimmed hat	6 Veil/burkha
FOOTWEAR	NO FOOTWEAR/ HANDWEAR						
	0 No footwear	1 Thong/open sandals	2 Semi-enclosed shoes	3 Enclosed shoes	4 Workboots	5 Long socks	HANDWEAR Gloves

**PHYSICAL ACTIVITY CODES**

0 = No physical activity

1 = Mild physical activity (for example, walking to travel from place to place, and walking that you might do solely for recreation, sport, exercise, or leisure)

2 = Moderate physical activity (for example, carrying light loads, bicycling at a regular pace, slow jogging, or doubles tennis) **Please do not include walking.**

3 = Vigorous physical activity (for example, heavy lifting, digging, aerobics, running, swimming, or fast bicycling)

**\*PLEASE DO NOT INCLUDE DRIVING AS A PHYSICAL ACTIVITY.**

B)

**DAY 1**

Date  /  /

Participant ID:

UV Badge Number:

Interview Number:

	TIME OUTDOORS IN THE SUN <small>(Cross the box which best represents the amount of time that you spent in the sun during each one hour interval shown below)</small>					Did you apply sunscreen?  <small>Cross all that apply Leave blank if not used</small>	Where did you apply sunscreen?  <small>1=ALL exposed body sites 2=MORE THAN HALF of exposed body sites 3=LESS THAN HALF of exposed body sites</small>	SPF of Sunscreen  <small>(number only, omit '+')</small>	TYPE OF CLOTHING WORN <small>Please refer to Clothing Guide (You must write one number in each box)</small>					LEVEL OF PHYSICAL ACTIVITY  <small>0 = None 1 = Mild 2 = Moderate 3 = Vigorous  (You must write one number in each box)</small>	
	0 mins	<15 mins	15-29 mins	30-44 mins	45-60 mins				Upper body	Lower body	Head wear	Foot-wear	Gloves <small>(Cross all that apply) Leave blank if not used</small>	Indoors	Outdoors
<b>Morning</b>															
5 - 6 am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 - 7 am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 - 8 am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 - 9 am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 - 10 am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 - 11 am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 - 12 am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Afternoon</b>															
12 - 1 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 - 2 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 - 3 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 - 4 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 - 5 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 - 6 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 - 7 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did you make sure that your wristband was not covered by clothing today?  Yes  No

Please document any problems you had with the UV badge (e.g. The badge was covered by clothing for approx 30 minutes while I was outside at midday; the badge fell off at 3pm; the badge got wet etc)