Table SI. Selected questions used in the self-administered questionnaire

Question category	Question	Answers
Gliding years	For how many years have you been gliding?	0-10
		11-20
		21-30
		31-40
		≥41
Gliding days	How many days a year are you gliding?	0-10
		11-20
		21-30
		31-40
		≥41
Sunburns	Did you have severe sunburns during your childhood?	Yes/No
	Did you have sunburns in the recent years?	Yes/No
Familiar history	Does anybody in your family have skin cancer?	Yes/No
Medical history	Have you ever had skin cancer?	Yes/No
Sunscreen	Which sun protection factor do you use on gliding days?	None
		SPF 6-10
		SPF 15-25
		SPF 30
		SPF 50/50+
	Which sun protection factor do you use on usual days?	None
		SPF 6-10
		SPF 15-25
		SPF 30
		SPF 50/50+
Headgear	Do you wear headgear as protection against the sun?	Yes/No
Screening	Have you ever been to a skin cancer screening?	Yes/No
	Do you screen your skin by yourself?	Yes/No
Activity	Whereby did you get your worst sunburn?	Bathing or
		aquatics
		Flying
		Other
		Outdoor activity
		Outdoor job
		Sunbathing
Hours outside	How many hours are you outside on a usual day?	0-2
		2-4
		4-6
		6+
Smoking	Do you smoke?	Yes/No

SPF: sun protection factor.