

Epidemiological Tattoo Assessment Tool (EpiTAT)

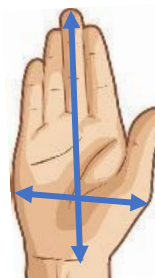
The Epidemiological Tattoo Assessment Tool (EpiTAT) may be used in external research. If you are interested in using it for your study, please inform the authors via an authorisation request to Dr Foerster (foersterm@iarc.who.int).

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• Date you are completing this questionnaire:

/ 20



• What is your gender?

☐ Female

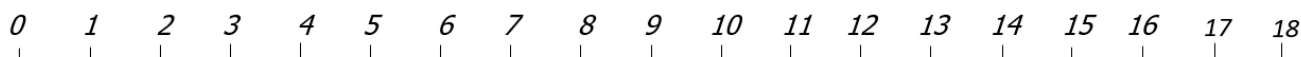
☐ Male

☐ Other

• The following questions concern the size of your tattoos using the unit of measurement "hand surface area" as a reference. This requires that you first measure the size of your hand, held flat with your fingers and thumb close together, as shown in the diagram opposite. You will find a ruler (in cm) printed below.

The length of my hand is , cm

The width of my hand is , cm



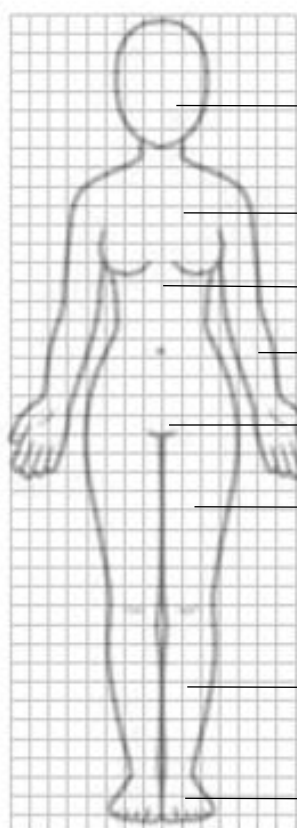
Answer the following questions by looking carefully at your tattoos and try to be as accurate as possible.

A. Measurement of your tattoos

1. What is approximately the size of your tattooed body surface as a whole (i.e., the total surface area of all your tattoos combined). Answer using the unit "hand surface area".

The total surface area of my tattoos is: , times the hand surface area.

2. Please mark the location(s) of your tattoo(s) directly on the body diagrams below by painting black areas corresponding to the total area of the respective tattoo.



Head / face / neck

Décolleté / shoulders

Belly / back

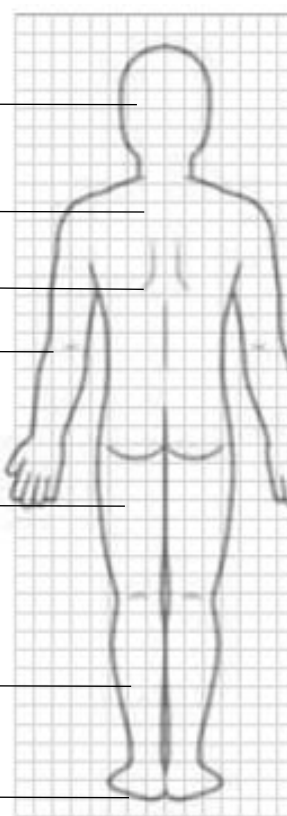
Arm / hand

Genital region

Thigh / butt

Lower leg / ankle

Feet







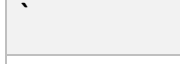



In the table below, please also indicate the part(s) of your body with tattoos and the corresponding tattooed surface area using the reference unit of measurement "hand surface area".

• The part(s) of my body with tattoos is/are:

<input type="checkbox"/> Head / face / neck	Tattoo size: <input type="text"/> , <input type="text"/> times the hand surface area.
<input type="checkbox"/> Shoulders, décolleté	Tattoo size: <input type="text"/> , <input type="text"/> times the hand surface area.
<input type="checkbox"/> Belly / Back	Tattoo size: <input type="text"/> , <input type="text"/> times the hand surface area.
<input type="checkbox"/> Left arm or hand	Tattoo size: <input type="text"/> , <input type="text"/> times the hand surface area.
<input type="checkbox"/> Right arm or hand	Tattoo size: <input type="text"/> , <input type="text"/> times the hand surface area.
<input type="checkbox"/> Left thigh or butt	Tattoo size: <input type="text"/> , <input type="text"/> times the hand surface area.
<input type="checkbox"/> Right thigh or butt	Tattoo size: <input type="text"/> , <input type="text"/> times the hand surface area.
<input type="checkbox"/> Left lower leg	Tattoo size: <input type="text"/> , <input type="text"/> times the hand surface area.
<input type="checkbox"/> Right lower leg	Tattoo size: <input type="text"/> , <input type="text"/> times the hand surface area.
<input type="checkbox"/> Feet	Tattoo size: <input type="text"/> , <input type="text"/> times the hand surface area.
<input type="checkbox"/> Genital region	Tattoo size: <input type="text"/> , <input type="text"/> times the hand surface area.


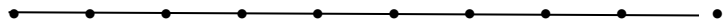



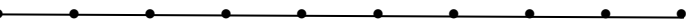



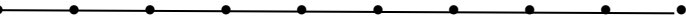
3. What is the proportion/frequency of each of the colors in your tattoo(s), on a scale of 1 to 10; 1 meaning "the color is only in small details" and 10 meaning "the color is the only color in all your tattoos".

		Small details										Only color
		1	2	3	4	5	6	7	8	9	10	
	<input type="checkbox"/> Black / greywash / shading	•	•	•	•	•	•	•	•	•	•	
	<input type="checkbox"/> Dark blue / dark green	•	•	•	•	•	•	•	•	•	•	
	<input type="checkbox"/> Light blue / light green	•	•	•	•	•	•	•	•	•	•	
	<input type="checkbox"/> Yellow / orange	•	•	•	•	•	•	•	•	•	•	
	<input type="checkbox"/> Bright red	•	•	•	•	•	•	•	•	•	•	
	<input type="checkbox"/> Brown / dark red	•	•	•	•	•	•	•	•	•	•	
	<input type="checkbox"/> Rose / pink / purple	•	•	•	•	•	•	•	•	•	•	
	<input type="checkbox"/> White	•	•	•	•	•	•	•	•	•	•	
	<input type="checkbox"/> Other, specify:	•	•	•	•	•	•	•	•	•	•	

4. How is the filling of your tattoo/s considering the total surface area of all your tattoos combined?

To answer this question, compare the examples of fills below with your tattoo/s and answer on a scale of 1 to 10; 1 meaning "a very small proportion of my total tattooed surface area has this degree of filling" and 10 meaning "All of my tattoos have this degree of filling".

Note: For each tattoo, blank spaces between lines, letters, etc. should be considered part of the tattoo.

			Small part of total tattooed surface area	Entire tattooed surface area								
			1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>		Completely filled: no blank spaces in between outlines										
<input type="checkbox"/>		More than half filled: some blank spaces but most skin tattooed										
<input type="checkbox"/>		About half filled such as tribals or bold writing										
<input type="checkbox"/>		Less than half filled such as unfilled tattoos with thick outlines										
<input type="checkbox"/>		Only thin outlines, spaces in between are untattooed										

5. Which of these statements best describes the look of your tattoos?

My tattoo(s) are mostly/all small
(<1 hand)

☐

My tattoo(s) are mostly/all large
(>1 hand)

☐

I have small and large tattoos

☐

B. The context of your tattoo

6. In which circumstances did you get a tattoo? Indicate below all the circumstances in which you were tattooed and for each one, the corresponding tattooed surface area using the reference unit of measurement "hand surface area".

<input type="checkbox"/> By an experienced artist in a tattoo studio	Tattoo size: <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> times the surface area of my hand.
<input type="checkbox"/> By an experienced artist in other circumstances (at someone's home, during a convention...)	Tattoo size: <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> times the surface area of my hand.
<input type="checkbox"/> By a non-experienced person, various occasions	Tattoo size: <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> times the surface area of my hand.
<input type="checkbox"/> Other, specify :	Tattoo size: <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> times the surface area of my hand.

7. Did you get tattooed outside this country?

Yes

No

☐☐

↪ If yes, please specify where:

8. During which time period(s) did you get a tattoo? Indicate below all the periods during which you got tattooed and for each one, the corresponding tattooed surface area by using the reference unit of measurement "hand surface area".

Precisions: If you have been tattooed more than once during a period, indicate the total tattooed surface. For example: if you had a tattoo of 2 hand surface areas three years ago and another tattoo of 3 hand surface areas four years ago, indicate a total area of 5 hand surface areas for the period "1-5 years ago".

<input type="checkbox"/> Within the last year	Tattoo size: <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> times the surface area of my hand.
<input type="checkbox"/> More than one year to five years ago	Tattoo size: <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> times the surface area of my hand.
<input type="checkbox"/> More than five years to 10 years ago	Tattoo size: <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> times the surface area of my hand.
<input type="checkbox"/> More than 10 years to 15 years ago	Tattoo size: <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> times the surface area of my hand.
<input type="checkbox"/> More than 15 years ago	Tattoo size: <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> times the surface area of my hand.

9. Do you also have any piercings?

Yes

No

☐☐

C. Your tattoos and your health

10. Have you ever had an adverse side effect related to one or more of your tattoos?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

↪ If **no**, please go directly to question 16, page 7

Was this/were these adverse side effect (s all) related to poor wound healing?

Yes, and due to an aftercare product	Yes, but not related to an aftercare product	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

↪ If **yes**, please go directly to question 16, page 7

11. Have you ever had an allergic reaction to one or more of your tattoos?

Yes, more than once	Yes, one time	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

↪ If **no**, please go directly to question 12

If **yes**, what was the color of the tattoo that caused this reaction?

Black	Red	Blue	Orange / Yellow	Other, specify :
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Have you ever suffered from an infection related to one or more of your tattoos?

Yes, more than once	Yes, once	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

↪ If **no**, please go directly to question 13

If **yes**, what was the type of infection?

Bacterial infection	Viral Infection (Hepatitis B, Hepatitis C, HIV)	Fungal infection	Don't know	Other, specify :
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What was the color of the tattoo that caused this infection?

Black	Red	Blue	Orange / Yellow	Other, specify:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Have you ever had itching/pain/swelling related to one or more of your tattoos and not related to the healing process (i.e., more than 2 weeks after the tattoo)?

Yes, more than once	Yes, one time	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

↪ If **no**, please go directly to question 14

If **yes**, what was the color of the tattoo that caused the itching/pain/swelling?

Black	Red	Blue	Orange / Yellow	Other, specify :
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Have you ever had granulomas (Inflammation at the level of your tattoo appearing as swollen, hard) in connection with one or more of your tattoos?

Yes, more than once	Yes, one time	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

↪ If **no**, please go directly to question 15

If so, what was the color of the tattoo that caused these granulomas?

Black	Red	Blue	Orange / Yellow	Other, specify :
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Have you ever had any other adverse side effects related to one or more of your tattoos?

Yes, more than once

Yes, one time

No

☐☐☐

➡ If **no**, please go directly to question 16

If yes, please specify this/these adverse side effect(s) :

What was the color of the tattoo that caused the/se adverse side effect(s)?

Black

Red

Blue

Orange /Yellow

Other, specify :

☐☐☐☐☐

D. Tattoos and light

16. Among the 6 profiles below, which one fits you best?

☐ My skin is very fair, white, my natural hair color is blond or red, my eyes are blue or green and freckles appear very quickly in case of sun exposure.

☐ My skin is very fair and can become tanned, my natural hair color is blond or light brown, freckles appear in the sun. My skin burns easily and hardly tans.

☐ My skin is moderately fair, my natural hair color is blond or brown, and I have few freckles. My skin burns moderately, tans gradually.

☐ My skin is dark, my natural hair color is brown or chestnut, and I have no freckles. My skin hardly burns and always tans well.

☐ My skin is dark brown, naturally pigmented, my natural hair color and eyes are black. My skin barely burns and always tans well.

☐ My skin is black, my natural hair color and eyes are black, and my skin does not burn.

17. How many hours a day do you typically spend outdoors in the summer between 10am and 4pm?

☐ During weekdays/working days

☐☐ , ☐☐ **hours per day** between 10 am and 4 pm

☐ During the weekend / vacation / days that I do not work

☐☐ , ☐☐ **hours per day** between 10 am and 4 pm

18. In summer, do you protect your tattoos from sun exposure?

None of my tattoos are
exposed to sunlight

☐

Yes, always

☐

Yes, sometimes

☐

No, never

☐

Don't know / don't pay
attention

☐

19. What color(s) are your tattoos that are exposed to sunlight?

None of my tattoos are
exposed to sunlight

☐

Only black

☐

Colored, including
red/orange/yellow

☐

Colored, but no
red/orange/yellow

☐

20. Have you ever had one or more tattoos removed?

Yes

☐

No

☐

↪ If **no**, please go directly to question 21, page 9

If **yes**, how did you get the tattoo removed?

Laser treatment

☐

Dermabrasion / skin removal

☐

Chemical scrubbing
(e.g., lactic acid)

☐

Other, specify :

☐

What was the color(s) of the tattoo(s) removed? (Select all that apply)

Black

☐

Red

☐

Blue

☐

Orange / Yellow

☐

Other, specify:

☐

What was the total size of the tattoo(s) removed, in units of hand surface areas?

Less than one

☐

One to two

☐

Three to five

☐

More than five

☐

Were there any side effects from the tattoo removal that lasted longer than 4 weeks or that only appeared 4 weeks after the removal?

Yes

No

☐☐

If **yes**, please specify the(se) adverse effect(s):

21. *Would you be willing to be contacted in the future for further interviews/research on the subject of tattoos or tattoo removal?*

Yes

No

☐☐

22. *If you have other comments, you can specify them here (please write in capital letters):*

Thank you for participation.