

Importance of Treatment Goals

With the help of the following questions, we'd like to know how important the below mentioned goals are to you personally in the **current treatment** of your skin disease.

For each of the following statements, please mark **how important** this treatment goal is to you. If a statement does not apply to you, e.g. because you do not have pain, please mark "*does not apply to me*".

As a result of therapy, how important is it for you to...		not at all	somewhat	moderately	quite	very	does not apply to me
1	...be free of pain	☐	☐	☐	☐	☐	☐
2	...be free of itching	☐	☐	☐	☐	☐	☐
3	...no longer have burning sensations on your skin	☐	☐	☐	☐	☐	☐
4	...be healed of all skin defects	☐	☐	☐	☐	☐	☐
5	...be able to sleep better	☐	☐	☐	☐	☐	☐
6	...feel less depressed	☐	☐	☐	☐	☐	☐
7	...experience a greater enjoyment of life	☐	☐	☐	☐	☐	☐
8	...have no fear that the disease will become worse	☐	☐	☐	☐	☐	☐
9	...be able to lead a normal everyday life	☐	☐	☐	☐	☐	☐
10	...be more productive in everyday life	☐	☐	☐	☐	☐	☐
11	...be less of a burden to relatives and friends	☐	☐	☐	☐	☐	☐
12	...be able to engage in normal leisure activities	☐	☐	☐	☐	☐	☐
13	...be able to lead a normal working life	☐	☐	☐	☐	☐	☐
14	...be able to have more contact with other people	☐	☐	☐	☐	☐	☐
15	...be comfortable showing yourself more in public	☐	☐	☐	☐	☐	☐
16	...be less burdened in your partnership	☐	☐	☐	☐	☐	☐
17	...be able to have a normal sex life	☐	☐	☐	☐	☐	☐
18	...be less dependent on doctor and clinic visits	☐	☐	☐	☐	☐	☐
19	...need less time for daily treatment	☐	☐	☐	☐	☐	☐
20	...have fewer out-of-pocket treatment expenses	☐	☐	☐	☐	☐	☐
21	...have fewer side effects	☐	☐	☐	☐	☐	☐
22	...find a clear diagnosis and therapy	☐	☐	☐	☐	☐	☐
23	...have confidence in the therapy	☐	☐	☐	☐	☐	☐
24	...get better skin quickly	☐	☐	☐	☐	☐	☐
25	...regain control of the disease	☐	☐	☐	☐	☐	☐

Please check once more if you have exactly marked each statement with an 'x'.

Our sincerest thanks for your cooperation!

Treatment benefits

At the start of the treatment, you indicated in a questionnaire how important various goals were in the treatment of your skin disease.

Please mark each of the following statements according to the extent that these treatment goals **were achieved**, thereby indicating if the treatment has benefitted you. If a statement did not apply to you, e.g. because you had no pain, please mark “*did not apply to me*”.

The current treatment has helped me to...

		not at all	somewhat	moderately	quite	very	did not apply to me
1	...be free of pain	☐	☐	☐	☐	☐	☐
2	...be free of itching	☐	☐	☐	☐	☐	☐
3	...no longer have burning sensations on my skin	☐	☐	☐	☐	☐	☐
4	...be healed of all skin defects	☐	☐	☐	☐	☐	☐
5	...be able to sleep better	☐	☐	☐	☐	☐	☐
6	...feel less depressed	☐	☐	☐	☐	☐	☐
7	...experience a greater enjoyment of life	☐	☐	☐	☐	☐	☐
8	...have no fear that the disease will become worse	☐	☐	☐	☐	☐	☐
9	...be able to lead a normal everyday life	☐	☐	☐	☐	☐	☐
10	...be more productive in everyday life	☐	☐	☐	☐	☐	☐
11	...be less of a burden to relatives and friends	☐	☐	☐	☐	☐	☐
12	...be able to engage in normal leisure activities	☐	☐	☐	☐	☐	☐
13	...be able to lead a normal working life	☐	☐	☐	☐	☐	☐
14	...be able to have more contact with other people	☐	☐	☐	☐	☐	☐
15	...be comfortable showing myself more in public	☐	☐	☐	☐	☐	☐
16	...be less burdened in my partnership	☐	☐	☐	☐	☐	☐
17	...be able to have a normal sex life	☐	☐	☐	☐	☐	☐
18	...be less dependent on doctor and clinic visits	☐	☐	☐	☐	☐	☐
19	...need less time for daily treatment	☐	☐	☐	☐	☐	☐
20	...have fewer out-of-pocket treatment expenses	☐	☐	☐	☐	☐	☐
21	...have fewer side effects	☐	☐	☐	☐	☐	☐
22	...find a clear diagnosis and therapy	☐	☐	☐	☐	☐	☐
23	...have confidence in the therapy	☐	☐	☐	☐	☐	☐
24	...get better skin quickly	☐	☐	☐	☐	☐	☐
25	...regain control of the disease	☐	☐	☐	☐	☐	☐

Please check once more if you have exactly marked each statement with an ‘x’.

Our sincerest thanks for your cooperation!