

Questionnaire for the assessment of itch

1) Are you currently experiencing itching?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If not, do NOT complete the rest of the questionnaire)
2) Are you presenting in our practice today because you are experiencing itching?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Since when are you experiencing itching?	<input type="checkbox"/> less than 6 weeks <input type="checkbox"/> more than 6 weeks
4) How severe is your itching? Please tick one box. 0= no itching; 10= very severe itching	
5a) How often are you experiencing itching on average on a day (including day and night)?	<input type="checkbox"/> permanent <input type="checkbox"/> almost permanent <input type="checkbox"/> frequently <input type="checkbox"/> seldom
5b) How much does itching affect your daily life (e.g. daily routine, profession, family)?	<input type="checkbox"/> 0= not at all <input type="checkbox"/> 1= slightly <input type="checkbox"/> 2= moderately <input type="checkbox"/> 3= severely
6) How much does itching bother you emotionally (e.g. distressed, on edge)?	<input type="checkbox"/> 0= not at all <input type="checkbox"/> 1= slightly <input type="checkbox"/> 2= moderately <input type="checkbox"/> 3= severely
7) How much does itching disturb your sleep?	<input type="checkbox"/> 0= not at all <input type="checkbox"/> 1= slightly <input type="checkbox"/> 2= moderately <input type="checkbox"/> 3= severely
8) Have you ever consulted your general practitioner because of itching?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9) Has your itching been treated previously?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes:	<input type="checkbox"/> Bought creme/ointment myself <input type="checkbox"/> Creme/ointment was prescribed <input type="checkbox"/> Bought tablets myself <input type="checkbox"/> Tablets were prescribed

10) Please mark the precise location of your itching.

Please tick all the regions where you feel itchy.

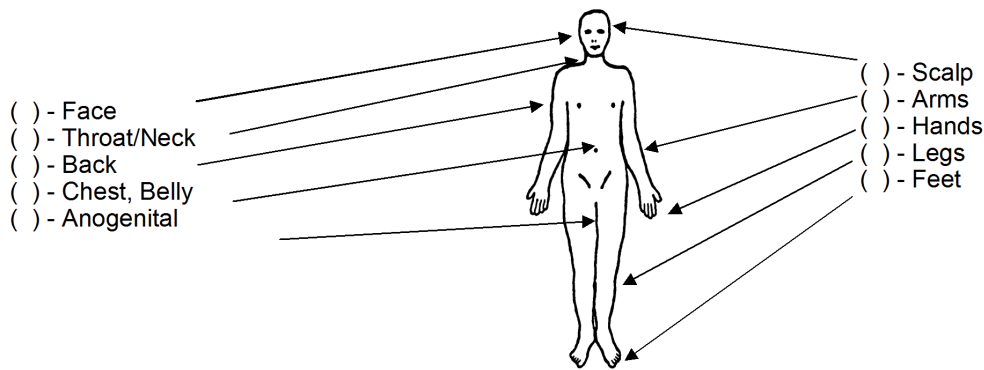


Fig. S1. English translation of the questionnaire used for the patients' assessment of itch.