Table SI. Overview of survey questions

Demographic information

1. What is your age?
2. What is your gender?
   a. Male
   b. Female
3. What is your current profession?
   a. Dermatologist
   b. Dermatology resident
4. How many years of clinical experience in dermatology do you have?
   a. 0–10 years
   b. 10–20 years
   c. >20 years
5. What kind of practice do you work in?
   a. University hospital
   b. General hospital
   c. Private practice
   d. Other (please specify)

Prevalence of chronic pruritus in daily practice

6. Chronic pruritus is defined as itch present for a minimum of 6 weeks. How often do you see a patient with chronic pruritus AND insufficient reduction of itch after initiation of conventional treatment (such as topical treatment, phototherapy, oral antihistamines, oral corticosteroids)?
   a. 1 per day
   b. 1 per week
   c. 1 per month
   d. 1 per 3 months
   e. 1 per 6 months
   f. 1 per year
   g. <1 per year

Prescription of gabapentinoids

7. Do you prescribe oral antiepileptic treatment for patients with chronic pruritus?
   a. Yes
      i. If YES: Which antiepileptic treatment do you prescribe and what is your experience on reducing itch after initiation of these treatments?
         a. Gabapentin
            a. Very poor
            b. Poor
            c. Fair
            d. Good
            e. Very good
         b. Pregabalin
            a. Very poor
            b. Poor
            c. Fair
            d. Good
            e. Very good
   b. No
      i. If NO: Why not?
         a. Not enough evidence available for this indication
         b. Not enough knowledge or experience
         c. Side-effects
         d. Interactions
         e. Other (please specify)
8. Do you prescribe oral antidepressant treatment for patients with chronic pruritus?
   a. Yes
      i. If YES: Which antidepressant treatment do you prescribe and what is your experience on reducing itch after initiation of these treatments?
         a. Amitriptyline
            a. Very poor
            b. Poor
            c. Fair
            d. Good
            e. Very good
         b. Doxepine
            a. Very poor
            b. Poor
            c. Fair
            d. Good
            e. Very good
         c. Fluoxetine
            a. Very poor
            b. Poor
            c. Fair
            d. Good
            e. Very good
         d. Fluvoxamine
            a. Very poor
            b. Poor
            c. Fair
            d. Good
            e. Very good
         e. Mirtazapine
            a. Very poor
            b. Poor
            c. Fair
            d. Good
            e. Very good
         f. Nortriptyline
            a. Very poor
            b. Poor
            c. Fair
            d. Good
            e. Very good
         g. Paroxetine
            a. Very poor
            b. Poor
            c. Fair
            d. Good
            e. Very good
         h. Sertraline
            a. Very poor
            b. Poor
            c. Fair
            d. Good
            e. Very good
   b. No
      i. If NO: Why not?
         e. Not enough evidence available for this indication
         f. Not enough knowledge or experience
         g. Side-effects
         h. Interactions
         i. Other (please specify)
Comfort prescribing systemic treatment
9. 'I feel comfortable prescribing antiepileptic treatment'
   a. Strongly disagree
   b. Disagree
   c. Neither agree or disagree
   d. Agree
   e. Strongly agree
10. 'I feel comfortable prescribing antidepressants'
    a. Strongly disagree
    b. Disagree
    c. Neither agree or disagree
    d. Agree
    e. Strongly agree

Other systemic treatment
11. Do you prescribe other systemic treatments for chronic pruritus?

Remarks and suggestions
12. Do you have any remarks or suggestions?