**DEGREE OF OVERALL SKIN IRRITATION DURING THE PAST 3 DAYS**

Using a vertical line, indicate the symptoms felt during the past 3 days on the horizontal line (0 = absence of irritation, 10 = intolerable irritation)

⚠ Important: To be completed by the patient.

Skin irritation

<table>
<thead>
<tr>
<th>Skin irritation</th>
<th>0</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Min</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Max</td>
</tr>
</tbody>
</table>

**SEVERITY OF SKIN CONDITION DURING THE PAST 3 DAYS**

Please indicate the intensity of each of the following symptoms during the past 3 days. 0 = zero intensity, 10 = intolerable intensity): darken one number between 0 an 10.

⚠ Important: To be completed by the patient.

Skin condition felt:

- Tingling
- Burning
- Sensations of heat
- Tautness
- Itching
- Pain
- General discomfort
- Hot flashes

Visible skin conditions:

- Redness
- Scaling
- Edema/Swelling
- Oozing
- Scabs

*Fig. S1. English version of Sensitive Scale-14.*