Supplementary material to article by L. Misery et al. “A New Ten-Item Questionnaire For Assessing Sensitive Skin: The Sensitive Scale-10”

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

|       | 0 | Min | | | | | | 10 | Max |
|-------|---|-----|---|---|---|---|---|---|---|-----|

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

Fig. S2. English version of Sensitive Scale-10.