

Questionnaire

Subject Identification Number: _____ Date: _____

Inclusion criteria	Diagnosed of dementia? <input type="checkbox"/> Yes, <input type="checkbox"/> No, <input type="checkbox"/> Unknown Only if Yes, he/she can participate in the survey.
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Q1: Demography	
Q1-1: Age	_____ Years old
Q1-2: Sex	<input type="checkbox"/> Male, <input type="checkbox"/> Female
Q1-3: Type of dementia	<input type="checkbox"/> Alzheimer's disease (AD) <input type="checkbox"/> Vascular dementia (VaD) <input type="checkbox"/> Dementia with Lewy bodies (DLB) <input type="checkbox"/> Frontotemporal dementia (FTD) <input type="checkbox"/> Other (please specify) _____ <input type="checkbox"/> Mixed dementia: If mixed, please tick all that apply: <input type="checkbox"/> AD, <input type="checkbox"/> VaD, <input type="checkbox"/> DLB, <input type="checkbox"/> FTD, <input type="checkbox"/> Other (please specify) _____ <input type="checkbox"/> Unknown
Q1-4: Medical history with confirmed diagnosis	For each of the below-listed diseases, if it is present (ongoing), please select "Yes". If it is not present, or used to be present but not present anymore, please select "No". Skin diseases Atopic dermatitis <input type="checkbox"/> Yes, <input type="checkbox"/> No, <input type="checkbox"/> Unknown Chronic urticaria <input type="checkbox"/> Yes, <input type="checkbox"/> No, <input type="checkbox"/> Unknown Psoriasis <input type="checkbox"/> Yes, <input type="checkbox"/> No, <input type="checkbox"/> Unknown Xerosis (dry skin) <input type="checkbox"/> Yes, <input type="checkbox"/> No, <input type="checkbox"/> Unknown Other skin diseases <input type="checkbox"/> Yes, <input type="checkbox"/> No, <input type="checkbox"/> Unknown if Yes, please specify _____ Non-skin diseases (other than dementia) Renal failure with dialysis <input type="checkbox"/> Yes, <input type="checkbox"/> No, <input type="checkbox"/> Unknown Liver dysfunction <input type="checkbox"/> Yes, <input type="checkbox"/> No, <input type="checkbox"/> Unknown Other non-skin diseases <input type="checkbox"/> Yes, <input type="checkbox"/> No, <input type="checkbox"/> Unknown if Yes, please specify _____

Q1-5: Skincare with moisturizers/emollients (except for face and hands)	Is a moisturizer/emollient applied to body areas other than face or hands (i.e. extremities or/and trunk)? <input type="checkbox"/> Yes; daily or almost daily <input type="checkbox"/> Yes; less than daily but ≥ 3 times a week <input type="checkbox"/> Yes; occasionally or < 3 times a week <input type="checkbox"/> No <input type="checkbox"/> Unknown
If Yes above, what is the purpose? <input type="checkbox"/> To cure dry skin and/or itch <input type="checkbox"/> To prevent dry skin and/or itch <input type="checkbox"/> Both <input type="checkbox"/> Other (please specify _____)	

Q2: What is the current stage of dementia?	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
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Q3: Evaluation of itch and skin conditions																							
Q3-1: Self-evaluation of itch	Are you suffering from itch? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not capable to answer																						
If Yes above, what is your severity?																							
<table border="1" style="width: 100%; text-align: center;"> <tr> <td>0 No itch</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>10 Worst itch imaginable</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> or <input type="checkbox"/> Not capable to rate		0 No itch	1	2	3	4	5	6	7	8	9	10 Worst itch imaginable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Q3-2: Scratching behavior evaluation by family or care giver:																							
Averaged scratching behavior in the past 3 days																							
<table border="1" style="width: 100%; text-align: center;"> <tr> <td>0 No scratching</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>10 Vigorously scratching almost all time</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> or <input type="checkbox"/> Unknown		0 No scratching	1	2	3	4	5	6	7	8	9	10 Vigorously scratching almost all time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Q3-3: Evaluation of scratching marks by investigator											
What percentage of body surface has scratching marks?											
<table border="1" style="width: 100%; text-align: center;"> <tr> <td>0: 0%</td> <td>1: 1-9%</td> <td>2: 10-29%</td> <td>3: 30-49%</td> <td>4: $\geq 50\%$</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		0: 0%	1: 1-9%	2: 10-29%	3: 30-49%	4: $\geq 50\%$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0: 0%	1: 1-9%	2: 10-29%	3: 30-49%	4: $\geq 50\%$							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

Q3-4: Evaluation of dry skin severity by investigator (assessment of the driest body part)	<input type="checkbox"/> 0 (Absent) <input type="checkbox"/> 1 (Faint scaling, faint roughness, and dull appearance) <input type="checkbox"/> 2 (Small scales in combination with a few larger scales, slight roughness, and whitish appearance) <input type="checkbox"/> 3 (Small and larger scales uniformly distributed, definite roughness, possibly slight redness, and possibly a few superficial cracks) <input type="checkbox"/> 4 (Dominated by large scales, advanced roughness, redness present, eczematous changes, and cracks)
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Fig. S1. Questionnaire translated from the original Japanese version and excluding reference materials.