European Prurigo Project

1. What is your current age?________________________________________________

2. Please select your sex
   Male ○
   Female ○

3. What is your height (in cms)?____________________________________________

4. What is your weight (in kgs)?____________________________________________

5. Please select your skin type (please select one based on the demonstrated pictures).
   Pale white, red hair (Type I) ○
   Pale white, blond hair (Type II) ○
   Light brown, dark blonde hair (Type III) ○
   Medium brown, mediterranean (Type IV) ○
   Dark brown (Type V) ○
   Black (Type VI) ○
   Abstain ○

   **Skin Types**

   1. Very Fair
      - always burns
      - cannot tan
   2. Fair
      - usually burns
      - sometimes tans
   3. Medium
      - sometimes burns
      - usually tans
   4. Olive
      - rarely burns
      - always tans
   5. Brown
      - never burns
      - always tans
   6. Black
      - never burns
      - always tans
6. Please select your highest education.
   - School (max. ISCED 34)
   - Apprenticeship (ISCED 35-55)
   - Graduate degree (e.g. University) (ISCED 64 and higher)
   - Other
   - Abstain

7. Are you currently employed?
   - Yes
   - No
   - Retired

8. Please select at what age the prurigo has begun. __________________________

9. Please select all diseases you currently suffer from. Please choose up to 15 items.
   - Heart disease
   - High blood pressure
   - Lung disease
   - Diabetes
   - Ulcer or stomach disease
   - Kidney disease
   - Liver disease
   - Anemia or blood disease
   - Cancer
   - Depression
   - Arthritis
   - Back pain
   - Rheumatoid arthritis
   - Other: ______________________________________________________
   - None

10. Have or had you ever had atopic eczema (atopic dermatitis, neurodermatitis)?
    - Yes
    - No

11. Have or had you ever asthma?
    - Yes
    - No

12. Have or had you ever rhinitis/conjunctivitis?
    - Yes
    - No
13. Have you had itch within the last seven days?*
   Yes ○
   No ○

14. Have you had prurigo lesions within the last seven days?*

Example of a prurigo lesions
   Yes ○
   No ○

* The questionnaire ends after question 13 or 14, if a negative response is given to either question 13 or 14. In that case, thank you for participating in this survey.

15. Please select the worst itch intensity of the past 24 hours.
   None ○
   Weak ○
   Moderate ○
   Severe ○
   Very severe ○

16. Please select the worst itch intensity of the past 24 hours on a scale between 0 (no itch) and 10 (worst itch imaginable).

   0  1  2  3  4  5  6  7  8  9  10
17. Please select what sensations you feel along with itch. Please choose up to 11 items.
   - Only pure itching
   - Burning
   - Stinging
   - Pricking
   - Sharp
   - Painful
   - Stroking
   - Spiky
   - Localized deep inside
   - Superficially localized
   - Other: ______________________________________________________

18. This question concerns the last 7 days. How often have you experienced an itching, burning, stinging, tingling sensation or pain on your skin?
   - Never
   - Rarely
   - Sometimes
   - Often
   - Always

19. This question concerns the last 7 days. To what extent has the itching negatively affected you in your everyday life (e.g. if you must wear specific clothing), in your leisure time and/or at work?
   - Not at all
   - A little bit
   - Somewhat
   - Rather
   - Very

20. This question concerns the last 7 days. To what extent does the itching make you feel impaired when dealing with other people (e.g. embarrassed, insecure)?
   - Not at all
   - A little bit
   - Somewhat
   - Rather
   - Very

21. This question concerns the last 7 days. To what extent does the itching have a negative impact on your sleep?
22. This question concerns the last 7 days. To what extent has the itching influenced your enjoyment of life and your mood?

- Not at all
- A little bit
- Somewhat
- Rather
- Very

23. What of the following list is the one producing the highest burden to you?

- Bleeding of skin lesions
- Impact on everyday life activities
- Presence of itch
- Presence of pain
- Psychological consequences
- Sleep disturbance
- Visibility of skin lesions
- Other (free text): ______________________________________

- None

24. I experience the itch and prurigo as...

Please choose up to 11 items.

- Cruel
- Agonizing
- Beastly
- I experience only itching
- I am aggressive because of pruritus
- Disturbing
- Intractable
- Burdensome
- Horrendous
- Other (free text): ______________________________________

- None
25. Is there another disease that you have been told has contributed to your chronic prurigo?  
   Yes ☐  
   No ☐

26. If yes, please select the most relevant from this list.  
   UNKNOWN ☐  
   Atopic eczema ☐  
   Atopic disposition ☐  
   Eczema (not atopic type) ☐  
   Allergy ☐  
   Autoimmune skin disease ☐  
   Skin infection ☐  
   Skin lymphoma ☐  
   Liver disease ☐  
   Kidney disease ☐  
   Diabetes ☐  
   Thyroid disease ☐  
   Iron deficiency ☐  
   Systemic lymphoma ☐  
   Malignant neoplasm ☐  
   HIV ☐  
   Drug intake ☐  
   Neurologic disease ☐  
   Psychiatric/psychosomatic disease ☐  
   Other (free text) ☐:__________________________________________

27. How many different drugs are you taking? Please count each drug as one (not the total number of pills).__________________________________________

28. How many drugs are you taking against prurigo? Please count each drug as one (not the total number of pills).__________________________________________
29. Have you ever used or do you currently use one of these therapies against prurigo? Please choose up to 11 items.

NONE ○  Emollients ○  Topical steroids ○  Topical immunomodulators (pimecrolimus, tacrolimus) ○  UV-therapy ○  Antihistamines ○  Gabapentin/pregabalin ○  Antidepressants ○  Systemic immunosuppressants (steroid, cyclosporine) ○  Psychotherapy ○  Other (free text) ○:_______________________________________________

30. Of these: which have you used in the past 6 months? Please choose up to 11 items.

NONE ○  Emollients ○  Topical steroids ○  Topical immunomodulators (pimecrolimus, tacrolimus) ○  UV-therapy ○  Antihistamines ○  Gabapentin/pregabalin ○  Antidepressants ○  Systemic immunosuppressants (steroid, cyclosporine) ○  Psychotherapy ○  Other (free text) ○:_______________________________________________

31. What is the overall satisfaction with the therapies in the past 6 months?

Not applicable (no therapies in the past 6 months) ○  Not satisfied ○  Rather not satisfied ○  Satisfied ○  Very satisfied ○
32. From your opinion, what has been the most effective treatment?
   NONE  
   Emollients  
   Topical steroids  
   Topical immunomodulators (pimecrolimus, tacrolimus)  
   UV-therapy  
   Antihistamines  
   Gabapentin/pregabalin  
   Antidepressants  
   Systemic immunosuppressants (steroid, cyclosporine)  
   Psychotherapy  
   Other (free text) ☐:______________________________________________

33. From your opinion, what has been the least effective treatment?
   NONE  
   Emollients  
   Topical steroids  
   Topical immunomodulators (pimecrolimus, tacrolimus)  
   UV-therapy  
   Antihistamines  
   Gabapentin/pregabalin  
   Antidepressants  
   Systemic immunosuppressants (steroid, cyclosporine)  
   Psychotherapy  
   Other (free text) ☐:______________________________________________

34. What are your estimated out of pocket costs for all kinds of treatments of prurigo in the past 6 months? This includes everything you bought by yourself, additional costs for prescribed drugs and travel costs to doctors?

   0 €  ☐
   Below 100 €  ☐
   Up to 500 €  ☐
   Up to 1000 €  ☐
   Up to 1500 €  ☐
   Up to 2500 €  ☐
   Over 2500€  ☐
35. What is the most important therapy need related to your prurigo?
   Improvement of prurigo lesions ○
   Improvement of itch ○
   Improvement of pain ○
   Improvement of sleep ○
   Improvement of psychologic burdens (e.g. less depressed or less nervous) ○
   To know the origin of prurigo ○
   To be less dependent on doctor visits ○
   To have confidence in the therapy ○
   To have normal contacts to relatives and friends ○
   To have a normal daily life ○
   To have a normal working life ○
   To be less burdened in partnership ○
   To be able to wear all clothes ○
   Other (free text) ○: ____________________________________________

36. What is the second most important therapy need related to your prurigo?
   Improvement of prurigo lesions ○
   Improvement of itch ○
   Improvement of pain ○
   Improvement of sleep ○
   Improvement of psychologic burdens (e.g. less depressed or less nervous) ○
   To know the origin of prurigo ○
   To be less dependent on doctor visits ○
   To have confidence in the therapy ○
   To have normal contacts to relatives and friends ○
   To have a normal daily life ○
   To have a normal working life ○
   To be less burdened in partnership ○
   To be able to wear all clothes ○
   Other (free text) ○: ____________________________________________
37. What is the third most important therapy need related to your prurigo?
   Improvement of prurigo lesions ☐
   Improvement of itch ☐
   Improvement of pain ☐
   Improvement of sleep ☐
   Improvement of psychologic burdens (e.g. less depressed or less nervous) ☐
   To know the origin of prurigo ☐
   To be less dependent on doctor visits ☐
   To have confidence in the therapy ☐
   To have normal contacts to relatives and friends ☐
   To have a normal daily life ☐
   To have a normal working life ☐
   To be less burdened in partnership ☐
   To be able to wear all clothes ☐
   Other (free text) ☐: ____________________________________________

Case number (to be filled out by a physician): ________________