## Importance of Treatment Goals

With the help of the following questions, we'd like to know how important the goals mentioned below are to you personally in the **current treatment** of your skin disease.

For each of the following statements, please mark **how important** this treatment goal is to you. If a statement does not apply to you, for example because you are not experiencing pain, please mark "does not apply to me".

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As a result of therapy, how important is it for you to	not at all	somewhat	moderately	quite	very	does not apply to
1be free of pain	0	0	0	0	0	0
2be free of itching	0	0	0	0	0	0
3no longer have burning sensations on your skin	0	0	0	0	0	0
4be healed of all skin defects	0	0	0	0	0	0
5sleep better	0	0	0	0	0	0
6feel less depressed	0	0	0	0	0	0
7experience greater enjoyment of life	0	0	0	0	0	0
8have no fear that the disease will get worse	0	0	0	0	0	0
9lead a normal everyday life	0	0	0	0	0	0
10 be more productive in everyday life	0	0	0	0	0	0
11 be less of a burden to relatives and friends	0	0	0	0	0	0
12engage in normal leisure activities	0	0	0	0	0	0
13 be able to lead a normal working life	0	0	0	0	0	0
14 be able to have more contact with other people	0	0	0	0	0	0
15 be more comfortable showing yourself in public	0	0	0	0	0	0
16 be less burdened in your partnership	0	0	0	0	0	0
17 be able to have a normal sex life	0	0	0	0	0	0
18 be less dependent on doctor and clinic visits	0	0	0	0	0	0
19need less time for daily treatment	0	0	0	0	0	0
20have fewer out-of-pocket treatment expenses	0	0	0	0	0	0
21have fewer side effects	0	0	0	0	0	0
22find a clear diagnosis and therapy	0	0	0	0	0	0
23have confidence in the therapy	0	0	0	0	0	0
24get better skin quickly	0	0	0	0	0	0
25 regain control of the disease	0	0	0	0	0	0

## Please recheck your answers to make sure your have clearly marked each statement with an "x".

Thank you very much for your cooperation!

## **Treatment Benefits**

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When the treatment began, you indicated in a questionnaire how important various goals were in the treatment of your skin disease.

Please mark each of the following statements according to the extent to which those treatment goals **were achieved**, indicating if the treatment has benefited you. If a statement did not apply to you, for example because you did not experience any pain, please mark "*did not apply to me*".

The	e current treatment has helped me to …	not at all	somewhat	moderately	quite	very	did not apply to r
1	be free of pain	0	0	0	0	0	0
2	be free of itching	0	0	0	0	0	0
3	no longer have burning sensations on my skin	0	0	0	0	0	0
4	be healed of all skin defects	0	0	0	0	0	0
5	sleep better	0	0	0	0	0	0
6	feel less depressed	0	0	0	0	0	0
7	experience greater enjoyment of life	0	0	0	0	0	0
8	have no fear that the disease will get worse	0	0	0	0	0	0
9	lead a normal everyday life	0	0	0	0	0	0
10	be more productive in everyday life	0	0	0	0	0	0
11	be less of a burden to relatives and friends	0	0	0	0	0	0
12	engage in normal leisure activities	0	0	0	0	0	0
13	be able to lead a normal working life	0	0	0	0	0	0
14	be able to have more contact with other people	0	0	0	0	0	0
15	be more comfortable showing myself in public	0	0	0	0	0	0
16	be less burdened in my partnership	0	0	0	0	0	0
17	be able to have a normal sex life	0	0	0	0	0	0
18	be less dependent on doctor and clinic visits	0	0	0	0	0	0
19	need less time for daily treatment	0	0	0	0	0	0
20	have fewer out-of-pocket treatment expenses	0	0	0	0	0	0
21	have fewer side effects	0	0	0	0	0	0
22	find a clear diagnosis and therapy	0	0	0	0	0	0
23	have confidence in the therapy	0	0	0	0	0	0
24	get better skin quickly	0	0	0	0	0	0
25	regain control of the disease	0	0	0	0	0	0

## Please recheck your answers to make sure your have clearly marked each statement with an "x".

Thank you very much for your cooperation!