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## Appendix S1

### Supplementary methods: questionnaires used during this study

*Patient perceptions of the impact of the disease on their daily, familial, and professional life over the week preceding enrolment (Numerical Rating Scale)*

- Please indicate on the scale below how your skin condition affects you in your daily life today:



0 = my skin condition doesn't bother me at all; 5 = my skin condition bothers me moderately; 10 = my skin condition bothers me enormously (I can't imagine anything worse)

- Please indicate on the scale below how your skin condition affects your family life today:



0 = my skin condition doesn't bother me at all; 5 = my skin condition bothers me moderately; 10 = my skin condition bothers me enormously (I can't imagine anything worse)

- Please indicate on the scale below the extent to which your skin condition affects your professional life today:



0 = my skin condition doesn't bother me at all; 5 = my skin condition bothers me moderately; 10 = my skin condition bothers me enormously (I can't imagine anything worse)

### *Flare questionnaire*

- Have you experienced a modification of your skin disease in the last 6 months?

1/ Yes a flare and/or a worsening  
2/ Yes an improvement  
3/ No modification

- If you had a flare in the last 6 months, how severe do you estimate your last flare to have been?

1. Mild  
2. Moderate  
3. Severe

- Thinking about your last flare, please indicate what impact it had on the following aspects:

1. Your ability to get to work / your efficiency at work (no impact/mild impact/major impact/not concerned)
2. Your ability to carry out everyday activities (no impact/mild impact/major impact/not concerned)
3. Your social, family and personal relationship (no impact/mild impact/major impact/not concerned)
4. Your opinion about yourself, your self-confidence, your self-esteem (no impact/mild impact/major impact/not concerned)

### *Sleep questionnaire*

- For the following question, 7 answers are given. There are no right or wrong answers. Answer as spontaneously as possible, thinking about your situation over the last 7 days.  
My Eczema impacts my sleep (not concerned/never/rarely/sometimes/often/very often/continuously).  
I spend a lot of time taking care of my eczema (not concerned/never/rarely/sometimes/often/very often/continuously).

### *Sick leave questionnaire*

- Because of your skin condition, have you benefited from part-time work during the last 6 months?  
If so, when did your part-time work began ?
- Are you still working part-time?  
If not, when did you stop working part-time?
- In the last 6 months, have you had to miss work because of your skin condition?  
Yes/No  
If yes please specify the total number of days of sick leave in the last 6 months

### *Compliance questionnaire*

- Do you consider yourself compliant with the treatments prescribed for your skin condition?  
Not concerned/Never/Rarely/Sometimes/Often/Very often/ Continuously.
- Do you think you're taking too many treatments? Yes/No
- I'm getting fed up with daily treatments/care:  
Not concerned/Never/Rarely/Sometimes/Often/Very often/ Continuously.