Table SI. Search strategy; database(s): PsycINFO 1806 to present search strategy: 25-07-2018

#	Searches	Results
1	health related quality of life.tw.	9,638
2	hrqol.tw.	4,000
3	qol.tw.	8,839
4	patient experience.tw.	1,000
5	subjective experience.tw.	5,463
6	emotion*.tw.	294,431
7	coping.tw.	76,169
8	satisfaction.tw.	100,379
9	burden.tw.	31,071
10	patient centred.tw.	1,281
11	patient centered.tw.	4,135
12	"quality of life"/	37,013
13	quality of life.tw.	61,763
14	patient imapct.tw.	0
15	life impact.tw.	184
16	"patient reported outcome*".tw.	1,784
17	"self report".tw.	57,425
18	PRO.tw.	14,947
19	psychosocial*.tw.	79,790
20	psychological*.tw.	335,203
21	1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20	877,535
22	(viral infection and (skin or cutaneous)).tw.	5
23	pityriasis rosea.tw.	4
24	(bacterial infection and (skin or cutaneous)).tw.	9
25	(fungal infection and (skin or cutaneous)).tw.	6
26	pityriasis versicolor.tw.	3
27	dermatitis.tw.	636
28	eczema.tw.	376
29	atopic eczema.tw.	67
30	seborrhoeic dermatitis.tw.	4
31	nummular dermatitis.tw.	1
32	lichen simplex.tw.	5
33	asteatotic eczema.tw.	0
34	psoriasis.tw.	547
35	lichen planus.tw.	24
36	pityriasis lichenoides.tw.	0
37	pityriasis rubra pilaris.tw.	0
38	parapsoriasis.tw.	0
39	urticaria.tw.	199
40	angioedema.tw.	54
41	annular erythema.tw.	0
42	erythema multiforme.tw.	24
43	pyoderma gangrenosum.tw.	3
44	eosinophilic cellulitis.tw.	1
45	erythema nodosum.tw.	7
46	pemphigus.tw.	27
47	pemphigoid.tw.	10
48	linear IgA bullous dermatosis.tw.	0
49	epidermolysis bullosa acquisita.tw.	1
50	dermatitis herpetiformis.tw.	7
51	cutaneous lupus erythematosus.tw.	3
52	chronic discoid lupus.tw.	1
53	lichen sclerosus.tw.	15
54	morphoea.tw.	0
55	mucinosis.tw.	2
56	myxedema.tw.	79
57	cutaneous xanthoma.tw.	0
58	porphyria.tw.	142
59	(calcification and (skin or cutaneous)).tw.	13
60	ichthyosis.tw.	43
61	Darier disease.tw.	3
62	Hailey-Hailey disease.tw.	1
63	palmoplantar keratodermas.tw.	0
64	pachyonychia congenital.tw.	0
65	albinism.tw.	180
66	epidermolysis bullosa.tw.	17
67	pseudoxanthoma.tw.	5
68	naevus.tw.	14
69	port wine stain.tw.	21
70	pruritus.tw.	359
71	prurigo.tw.	14
72	(self infected and (skin or cutaneous)).tw.	0
73	ichthyoses.tw.	0
74	(diffuse epidermal hyperkeratosis and acanthosis).tw.	0
75	porokeratoses.tw.	0

Table SI. (contd.)

#	Searches	Results
76	skin peeling.tw.	4
77	xerosis cutis.tw.	4
78	asteatosis.tw.	0
79	keratosis pilaris.tw.	1
80	acquired hypermelanosis.tw.	0
81	melasma.tw.	0
82	freckles.tw.	9
83	endogenous non-melanin pigmentation.tw.	0
84	vitiligo.tw.	93
85	alopecia.tw.	326
86	hair loss.tw.	326
87	hypertrichosis.tw.	19
88	hirsutism.tw.	110
89	acne.tw.	340
90	rosacea.tw.	45
91	periorificial dermatitis.tw.	0
92	hidradenitis suppurativa.tw.	5
93	hyperhidrosis.tw.	171
94	hypohidrosis.tw.	11
95	miliaria.tw.	1
96	onycholysis.tw.	3
97	skin atrophy.tw.	1
98	cutis laxa.tw.	12
99	anetoderma.tw.	0
100	poikiloderma.tw.	0
101	keloid.tw.	7
102	hypertrophic scar.tw.	4
103	fibromatosis.tw.	13
104	perforating dermatoses.tw.	0
105	granuloma annulare.tw.	0
106	necrobiosis lipoidica.tw.	0
107	lymphocytoma cutis.tw.	0
108	(panniculitis and (skin or cutaneous)).tw.	1
109	lipoatrophy.tw.	30
110	lipodystrophy.tw.	115
111	subcutaneous lipomatosis.tw.	0
112	cellulite.tw.	6
113	angiokeratoma.tw.	4
114	purpura.tw.	163
115	bruising.tw.	165
116	lipoedema.tw.	1
117	(vasculitis and (skin or cutaneous)).tw.	53
118	(ulcer and (skin or cutaneous)).tw.	111
119	pilonidal sinus disease.tw.	0
120	drug eruption.tw.	9
121	pressure ulcer.tw.	297
122	callosity.tw.	1
123	polymorphic light eruption.tw.	0
124	chronic actinic dermatitis.tw.	0
125	sunburn.tw.	91
126	allergic contact dermatitis.tw.	14
127	cutaneous cyst.tw.	0
128	skin tags.tw.	5
129	actinic keratosis.tw.	4
130	histiocytoses.tw.	2
131	(paraneoplastic syndrome and (skin or cutaneous)).tw.	1
132	radiodermatitis.tw.	3
133	nevus.tw.	52
134	nevi.tw.	43
135	lentigo maligna.tw.	0
136	(adnexal carcinoma and (skin or cutaneous)).tw.	0
137	(basal cell carcinoma and (skin or cutaneous)).tw.	28
138	(neuroendocrine carcinoma and (skin or cutaneous)).tw.	0
139	(sarcoma and (skin or cutaneous)).tw.	16
140	(melanoma and (skin or cutaneous)).tw.	295
141	(squamous cell carcinoma and (skin or cutaneous)).tw.	34
142	bowen disease.tw.	0
143	(lupus erythematosus and (skin or cutaneous)).tw.	36
144	dermatomyositis.tw.	117
145	systemic sclerosis.tw.	96
146	(sjogren syndrome and (skin or cutaneous)).tw.	2
147	(mixed connective tissue disease and (skin or cutaneous)).tw.	0
148	(vasculitis and (skin or cutaneous)).tw.	53
149	SAPHO syndrome.tw.	5
150	behcet disease.tw.	36

Table SI. (contd.)

#	Searches	Results
151	(graft versus host disease and (skin or cutaneous)).tw.	0
152	(sarcoidosis and (skin or cutaneous)).tw.	16
153	bacterial cellulitis.tw.	0
154	erysipelas.tw.	12
155	lymphangitis.tw.	4
156	necrotising fasciitis.tw.	0
157	Impetigo.tw.	14
158	ecthyma.tw.	0
159	bacterial folliculitis.tw.	0
160	(pyogenic abscess and (skin or cutaneous)).tw.	0
161	molluscum contagiosum.tw.	5
162	varicella zoster.tw.	308
163	roseola infantum.tw.	1
164	rubella.tw.	415
165	measles.tw.	569
166	erythema infectiosum.tw.	6
167	(picornavirus infection and (skin or mucous membrane)).tw.	0
168	(leishmaniasis and (skin or cutaneous or mucous membrane)).tw.	15
169	(larva migrans and (skin or cutaneous)).tw.	1
170	(onchocerciasis and (skin or cutaneous)).tw.	4
171	pediculosis.tw.	18
172	scabies.tw.	33
173	(mites and (skin or cutaneous)).tw.	6
174	(parasitic mites and (skin or cutaneous)).tw.	0
175	(lymphoma and (skin or cutaneous)).tw.	41
176	(burns and (skin or cutaneous)).tw.	98
177	frostbite.tw.	20
178	(adenoma and (skin or cutaneous)).tw.	7
179	(adnexal and (skin or cutaneous)).tw.	4
180	trichilemmoma.tw.	0
181	trichoepithelioma.tw.	0
182	trichofolliculoma.tw.	0
183	(syphilis and (skin or cutaneous)).tw.	19
184	(tuberculosis and (skin or cutaneous)).tw.	83
185	extragenital condylomata acuminate.tw.	0
186	keratoacanthoma.tw.	0
187	seborrhoeic keratosis.tw.	1
188	(mast cell tumo?r and (skin or cutaneous)).tw.	0
189	ectodermal dysplasia.tw.	21
190	ehlers danlos syndrome.tw.	66
191	juvenile xanthogranuloma.tw.	4
192	(disorder and "sebaceous gland*").tw.	2
193	(deform* and "nail plate*").tw.	0
194	scleroderma.tw.	117
195	histiocytosis.tw.	44
196	("skin condition*" or "skin disorder*" or "skin disease*").tw.	843
197	("cutaneous condition*" or "cutaneous disorder*" or "cutaneous disease*").tw.	48
198	("dermatolog* condition*" or "dermatolog* disorder*" or "dermatolog* or disease*").tw.	204
199	skin tags.tw.	5
200	(human papillomavirus infection and (skin or mucous membrane)).tw.	2
201	(herpes simplex and (skin or cutaneous or mucosa)).tw.	41
202	(candidosis and (skin or cutaneous or lip or mucous membrane)).tw.	0
203	22 or 23 or 24 or 25 or 26 or 27 or 28 or 29 or 30 or 31 or 32 or 33 or 34 or 35 or 36 or 37 or 38 or 39 or 40 or 41 or 42 or 43 or 44 or 45 or 46 or 47 or 48 or 49 or 50 or 51 or 52 or 53 or 54 or 55 or 56 or 57 or 58 or 59 or 60 or 61 or 62 or 63 or 64 or 65 or 66 or 67 or 68 or 69 or 70 or 71 or 72 or 73 or 74 or 75 or 76 or 77 or 78 or 79 or 80 or 81 or 82 or 83 or 84 or 85 or 86 or 87 or 88 or 89 or 90 or 91 or 92 or 93 or 94 or 95 or 96 or 97 or 98 or 99 or 100 or 101 or 102 or 103 or 104 or 105 or 106 or 107 or 108 or 109 or 110 or 111 or 112 or 113 or 114 or 115 or 116 or 117 or 118 or 119 or 120 or 121 or 122 or 123 or 124 or 125 or 126 or 127 or 128 or 129 or 130 or 131 or 132 or 133 or 134 or 135 or 136 or 137 or 138 or 139 or 140 or 141 or 142 or 143 or 144 or 145 or 146 or 147 or 148 or 149 or 150 or 151 or 152 or 153 or 154 or 155 or 156 or 157 or 158 or 159 or 160 or 161 or 162 or 163 or 164 or 165 or 166 or 167 or 168 or 169 or 170 or 171 or 172 or 173 or 174 or 175 or 176 or 177 or 178 or 179 or 180 or 181 or 182 or 183 or 184 or 185 or 186 or 187 or 188 or 189 or 190 or 191 or 192 or 193 or 194 or 195 or 196 or 197 or 198 or 199 or 200 or 201 or 202	7,374
204	validation studies.pt.	0
205	comparative study.pt.	0
206	psychometr*.tw.	70,525
207	clinimetr*.tw.	238
208	clinometr*.tw.	11
209	outcome assessment.tw.	1,213
210	outcome measure*.tw.	34,570
211	observer variation.tw.	21
212	reproducib*.tw.	5,199
213	reliab*.tw.	142,366
214	unreliab*.tw.	4,110
215	valid*.tw.	232,261
216	coefficient.tw.	18,608
217	homogeneity.tw.	5,561
218	homogeneous.tw.	10,930

Table SI. (contd.)

#	Searches	Results
219	internal consistency.tw.	23,874
220	agreement.tw.	39,145
221	precision.tw.	12,120
222	imprecision.tw.	579
223	precise values.tw.	13
224	test-retest.tw.	16,441
225	(test and retest).tw.	17,744
226	(reliab* and test).tw.	55,034
227	(reliab* and retest).tw.	15,902
228	stability.tw.	42,500
229	interrater.tw.	5,383
230	inter-rater.tw.	3,633
231	intrarater.tw.	337
232	intra-rater.tw.	353
233	intertester.tw.	16
234	inter-tester.tw.	21
235	intratester.tw.	4
236	intra-tester.tw.	13
237	interobserver.tw.	712
238	inter-observer.tw.	355
239	intraobserver.tw.	98
240	intra-observer.tw.	89
241	intertechnician.tw.	0
242	inter-technician.tw.	0
243	intratechnician.tw.	0
244	intra-technician.tw.	0
245	interexaminer.tw.	36
246	inter-examiner.tw.	40
247	intraexaminer.tw.	3
248	intra-examiner.tw.	14
249	interassay.tw.	11
250	inter-assay.tw.	19
251	intraassay.tw.	0
252	intra-assay.tw.	25
253	interindividual.tw.	3,399
254	inter-individual.tw.	2,119
255	intraindividual.tw.	2,270
256	intra-individual.tw.	1,619
257	interparticipant.tw.	17
258	inter-participant.tw.	27
259	intraparticipant.tw.	7
260	intra-participant.tw.	26
261	kappa.tw.	6,752
262	kappa's.tw.	289
263	kappas.tw.	289
264	repeatab*.tw.	2,188
265	((replicab* or repeat*) and (measure* or finding* or result* or test or tests)).tw.	67,260
266	generaliza*.tw.	36,123
267	generalisa*.tw.	2,028
268	concordance.tw.	6,046
269	(intraclass and correlation*).tw.	3,840
270	discriminative.tw.	9,295
271	known group.tw.	365
272	factor analysis.tw.	47,527
273	factor analyses.tw.	11,214
274	dimension*.tw.	157,682
275	subscale*.tw.	38,814
276	(multitrait and scaling and (analysis or analyses)).tw.	63
277	item discriminant.tw.	47
278	interscale correlation*.tw.	138
279	error.tw.	65,133
280	errors.tw.	52,704
281	individual variability.tw.	2,363
282	(variability and (analysis or values)).tw.	12,613
283	(uncertainty and (measurement or measuring)).tw.	1,000
284	standard error of measurement.tw.	528
285	sensitiv*.tw.	150,259
286	responsiv*.tw.	42,081
287	((minimal or minimally or clinical or clinically) and (important or significant or detectable) and (change or difference)).tw.	24,550
288	(small* and (real or detectable) and (change or difference)).tw.	866
289	meaningful change.tw.	546
290	ceiling effect.tw.	789
291	floor effect.tw.	244
292	item response model.tw.	322
293	IRT.tw.	3,207

Table SI. (contd.)

#	Searches	Results
294	Rasch.tw.	3,735
295	differential item functioning.tw.	2,142
296	dif.tw.	1,646
297	computer adaptive testing.tw.	176
298	item bank.tw.	401
299	cross-cultural equivalence.tw.	162
300	(cronbach* and (alpha or alphas)).tw.	10,837
301	measurement propert*.tw.	1,051
302	instrumentation.tw.	2,075
303	psychometrics/	55,935
304	health status indicator.tw.	6
305	reproducibility of results.tw.	135
306	test validity/	70,957
307	discriminant analysis.tw.	4,481
308	Item response theory.tw.	5,194
309	questionnaire*.tw.	253,001
310	instrument.tw.	62,954
311	("item correlation*" or "item selection*" or "item reduction*").tw.	1,858
312	204 or 205 or 206 or 207 or 208 or 209 or 210 or 211 or 212 or 213 or 214 or 215 or 216 or 217 or 218 or 219 or 220 or 221 or 222 or 223 or 224 or 225 or 226 or 227 or 228 or 229 or 230 or 231 or 232 or 233 or 234 or 235 or 236 or 237 or 238 or 239 or 240 or 241 or 242 or 243 or 244 or 245 or 246 or 247 or 248 or 249 or 250 or 251 or 252 or 253 or 254 or 255 or 256 or 257 or 258 or 259 or 260 or 261 or 262 or 263 or 264 or 265 or 266 or 267 or 268 or 269 or 270 or 271 or 272 or 273 or 274 or 275 or 276 or 277 or 278 or 279 or 280 or 281 or 282 or 283 or 284 or 285 or 286 or 287 or 288 or 289 or 290 or 291 or 292 or 293 or 294 or 295 or 296 or 297 or 298 or 299 or 300 or 301 or 302 or 303 or 304 or 305 or 306 or 307 or 308 or 309 or 310 or 311	1,155,114
313	21 and 203 and 312	690
314	limit 313 to (human and journal article)	545
315	from 314 keep 1-545	

Table SII. Patient-reported outcome measures (PROMs) identified

List of PROMs
Adjustment to Chronic Skin Diseases Questionnaire (ACSD)
Children's Dermatology Life Quality Index (CDLQI)
Children's Dermatology Life Quality Index Cantonese (CDLQI-C)
Consumer Quality Index Chronic Skin Disease (CQI-CSD)
Dermatology Intimacy Scale (DIS)
Dermatology Life Quality Index (DLQI)
Dermatology Life Quality Index Brazilian-Portuguese (DLQI-B)
Dermatology Life Quality Index Chinese (DLQI-C)
Dermatology Life Quality Index Danish (DLQI-D)
Dermatology Life Quality Index Italian (DLQI-I)
Dermatology Life Quality Index Norwegian (DLQI-N)
Dermatology Life Quality Index Sinhala (DLQI-S)
Dermatology Life Quality Index Turkish (DLQI-T)
Dermatology Life Quality Index Ukrainian (DLQI-U)
Dermatology Quality of Life scales (DQOLs)
Dermatology-specific Quality of Life (DSQL)
Freiburg Life Quality Assessment (FLQA-d)
Patient Benefit Index (PBI)
Person-Centred Dermatology Self-Care Index (PeDeSI)
Pictorial Representation of Illness & Self-Measure (PRISM)
Short-form of the Questionnaire on Experience with Skin Complaints (SF-QES)
Skindex
Skindex-29
Skindex-29-Chinese (S29-C)
Skindex-29-German (S29-G)
Skindex-29-Serbian (S29-S)
Skindex-29-Spanish (S29-Sp)
Skindex-16
Skindex-16-Arabic (S16-A)
Skindex-16-Brazilian-Portuguese (S16-BP)
Skindex-16-Chinese (S16-C)
Skindex-16-Japanese (S16-J)
Skindex-16-Moroccan-Arabic (S16-M)
Skindex-16-Ukrainian (S16-U)
Turkish Quality of Life Instrument for skin disease (TQL)
VQ-Dermato

Table SIII. Characteristics of included patient-reported outcome measures (PROMs)

PROM	Target population	Construct	Sub-scales	Domains	Assessor	Method of rating	Number of items	Scoring	Interpretation	Recall period	Available languages	Completion time (min)
ACSD (32)	Patients with chronic skin disease	Adjustment	6	Social anxiety/avoidance, itch-scratch cycle, helplessness, anxious-depressive mood, impact of QoL, deficit in active coping (32)	Patients	5-point Likert scale	51	51–357	Higher score indicates greater impairment in adjustment	1 week	English	nr
CDLQI (33)	Children with skin disease	QoL			Patient	4-point Likert scale	10	0–30	0–1=no effect on childs' life 2–6=small effect 7–12=moderate effect 13–18=very large effect 19–30=extremely large effect (73)	1 week	English (33), Cantonese (34)	nr
CQI-CSD (74)	Patients receiving dermatological care	Quality of patient care	2	Experience, importance	Patients	Likert scales, multiple choices	65	Quality improvement: 0–4 Experience: 1–4	Quality improvement: higher scores indicate more urgency for improvement Experience: Higher scores indicate more positive experience	nr	Dutch	nr
DIS (35)	Patients with skin disease	Intimacy			Patients	5-point Likert scale	18	0–72	A higher score corresponds to greater impairment in intimacy	2 weeks	English	nr
DLQI (36)	Patients with skin disease	QoL			Patient	4-point Likert scale	10	0–30	0–1=no effect at all on patient's life 2–5=small effect on patient's life 6–10=moderate effect on patient's life 11–20=very large effect on patient's life 21–30=extremely large effect on patient's life (36)	1 week	English (36), Brazilian-Portuguese (40), Chinese (44), Danish (27), Italian (45), Norwegian (46), Sinhala (30), Turkish (47), Ukrainian (19)	1–5
DQOLs (48)	Patients with skin disease	QoL	3	Psychosocial, physical activity, symptoms	Patient	5-point Likert scale	41	0–100	Higher score indicates higher impairment of QoL	nr	English	5
DSQL (49)	Patients with skin disease	QoL	5	Physical symptom, daily activities, social functioning, work/school, self-perception	Patient	nr	52	0–20	nr	1 month	English	<15
FLQA-d (14)	Patients with chronic skin disease	QoL	6	Physical complaints, everyday life, social life, emotional status, treatment, satisfaction	Patient	5-point Likert scale and 3 Visual Analogue scales	53	nr	nr	1 week	German	nr
PBI (51)	Dermatology patients	Needs & treatment benefits	2	Treatment goals, treatment benefits	Patients	5-point Likert scale	50	Global score ranging from 0 to 4 calculated by averaging the preference-weighted results of all items.	Higher score indicated greater treatment benefit	nr	German	nr
PeDeSI (52)	Patients with chronic skin disease	Education and support needs			Patients	4-point Likert scale	10	0–30	0–10: needs intensive education and support to develop knowledge, ability and confidence 11–20: needs some education and support to develop knowledge, ability and confidence 21–29: needs limited education and support to develop knowledge, ability and confidence 30: has sufficient knowledge, ability and confidence to manage on their own	nr	English	nr

Table SIII. (contd.)

PROM	Target population	Construct	Sub-scales	Domains	Assessor	Method of rating	Number of items	Scoring	Interpretation	Recall period	Available languages	Completion time (min)
PRISM (53)	Dermatology inpatients	QoL			Clinician interviews patients	Visual; the patients marks the tool	1	0–270 mm	Higher SIS distances corresponded to lesser perceived impairment.	nr	German	5
SF-QES (29)	Patients with skin disease	Feelings of stigmatization	5	Self-esteem, retreat, experienced refusal, concealment, composure	Patients	nr	23	nr	Higher scores indicate higher experience of stigmatization	nr	German	nr
Skindex (54)	Patients with skin disease	QoL	7	Negative affect, self-esteem, anxiety, physical discomfort, physical limitations, self-consciousness, intimacy	Patients	5-point Likert scale	61	0–100	Higher score indicates higher impairment of QoL	4 weeks	English	15 (20)
S29 (55)	Patients with skin disease	QoL	3	Emotions, symptoms, functioning	Patients	5-point Likert scale	29	0–100	Higher score indicates higher impairment of QoL	4 weeks	English (55), Chinese (18), German (56), Serbian (31), Spanish (26)	5–15 (20, 23, 25, 28, 55)
S16 (57)	Patients with skin disease	QoL	3	Emotions, symptoms, functioning	Patients	5-point Likert scale	16	0–100	Higher score indicates higher impairment of QoL	4 weeks	English (57), Arabic (58), Brazilian-Portuguese (59), Chinese (18), Japanese (60), Moroccan-Arabic (61), Ukrainian (19)	3 (58, 61)
TQL (62)	Patients with skin disease	QoL	6	Social life, emotional, daily activities, cognitive, symptom, sexual life	Patients	5-point Likert scale	11	0–44	nr	1 month	Turkish	nr
VQ-Dermato (63)	Patients with chronic skin disease (excluding melanoma)	QoL	7	Self-perception, daily living activity, mood state, social functioning, leisure activity, treatment-induced restriction, physical discomfort	Patients	5-point Likert scale	28	nr	nr	4 weeks	French	<13

Unless referenced otherwise, the information was extracted from the article reference in the PROM column.
ACSD: Adjustment to Chronic Skin Diseases Questionnaire; CDLQI: Children's Dermatology Life Quality Index; CDLQI-C: Children's Dermatology Life Quality Index Cantonese; CQI-CSD: Consumer Quality Index Chronic Skin Disease; DIS: Dermatology Intimacy Scale; DLQI: Dermatology Life Quality Index; DLQI-B: DLQI Brazilian-Portuguese; DLQI-C: DLQI Chinese; DLQI-D: DLQI Danish; DLQI-I: DLQI Italian; DLQI-N: DLQI Norwegian; DLQI-S: DLQI Sinhala; DLQI-T: DLQI Turkish; DLQI-U: DLQI Ukrainian; DQOLs: Dermatology Quality of Life scales; DSQL: Dermatology-specific Quality of Life; FLQA-d: Freiburg Life Quality Assessment; PBI: Patient Benefit Index; PeDeSI: Person-Centred Dermatology Self-Care Index; PRISM: Pictorial Representation of Illness & Self-Measure; SF-QES: Short-form of the Questionnaire on Experience with Skin Complaints; S29: Skindex 29; S29-C: S29-Chinese; S29-G: S29-German; S29-S: S29-Serbian; S29-Sp: S29-Spanish; S16: Skindex-16; S16-A: S16-Arabic; S16-BP: S16-Brazilian-Portuguese; S16-C: S16-Chinese; S16-J: S16-Japanese; S16-M: S16-Moroccan-Arabic; S16-U: S16-Ukrainian; TQL: Turkish Quality of Life Instrument for skin disease;*nr: not reported.

Table SIV. Characteristics of included studies

PROM	Number of studies (ref.)	Study characteristics			Study population			
		Study setting	Country of study	Language(s)	Sample size, *n*	Age, years (SD, range)	Female (%)	Skin disease(s)
ACSD	1 (32)	Dermatology clinic in and outpatients	Germany	German	442			Atopic dermatitis, Contact eczema, psoriasis, acne, vitiligo, epidermolysis bullosa
CDLQI	1 (33)	Paediatric dermatology clinic	UK	English	233	11.1 (SD 3.5)	62	Eczema, viral warts, molluscum contagiosum, psoriasis, acne, infection, other discrete lesions e.g. moles, naevi, other inflammatory disease, others
CDLQI-C	1 (34)	nr	China	Cantonese	60	Children with skin problems=9.47 Children with problems unrelated to skin=8.87	25	Scabies ($n=2$), atopic dermatitis ($n=8$), acne ($n=5$), miscellaneous ($n=4$), psoriasis ($n=2$), molluscum contagiosum ($n=3$), Viral warts ($n=3$), Moles and naevi ($n=3$), Problems unrelated to skin ($n=30$)
CQI-CSD	1 (74)	Recruited through insurance providers	Netherlands	Dutch	116	Numbers not reported	58.5	Acneiform dermatoses, allergological problem, eczema, hair and nail disorders, inflammatory dermatoses, pigment disorders, premalignant dermatoses, psoiasisi form dermatoses, leg ulcers
DIS	1 (35)	Online survey	USA	English	1109	49.1 (SD=13.6)	70	Psoriasis
DLQI	8 (22, 24, 36–39, 69, 76)	Dermatology outpatient clinic (36)	UK	English	352	Dermatology patients=43.7 (median=42, range=15–75). Controls=36.9 (median=34.5, range=15–75). Test-retest reliability group: median=36, range=15–66.	59	Acne, psoriasis, other eczema, mole, atopic eczema, viral wart, BCC, seborrhoeic wart, solar keratosis, Bowen's disease, facial rash/ flushing, alopecia areata, cyst, discoid lupus erythematosus, dermatofibroma, granuloma annulare, onychomycosis, pityriasis rosea, rosacea/rhinophyma, chondrodermatitis, dermatitis herpetiformis, drug reaction, hair loss, haemangioma, lentigo simplex, localized blistering, leg callosity, pilar cyst, pityriasis versicolor, scabies, Sweet's syndrome, other
		Randomized-controlled trial (39)	USA	English	826	nr	nr	Chronic idiopathic urticaria
		Randomized controlled trial (37)	USA	English	147	44.2 (SD=12.7)	33	Psoriasis (moderate to severe)
		Dermatology outpatient clinic (76)	USA	English	257	44.9 (SD=13.3)	57	Chronic hand dermatitis
		Dermatology outpatient clinic (22)	USA	English	179	43 (range=17–82)	67	Psoriasis, eczema
		Dermatology outpatient clinic (16)	Germany	English	527	44.7 (SD=11.6; range=18–67)	37	Hand eczema
		Clinical trial (24)	USA, Canada	English	826	nr	nr	Chronic idiopathic urticaria
		Postal survey (38)	UK	English	292	Psoriasis: 44.4 (SD=14.7, range=17–83) Atopic dermatitis: 45.5 (SD=16.6, range=20–82)	50	Psoriasis, atopic dermatitis
		Community (75)	UK	English	56	Range=16–53	nr	Atopic dermatitis
DLQI-B	1 (40)	Dermatology outpatient clinic	Brazil	Brazilian-Portuguese	115	Derm patients=42 (SD=15); LE patients=38 (SD=12)	Derm patients: 75 LE patients: 83	Derm patients: onychomycosis and psoriasis (6 patients each), contact dermatitis (4 patients), and solar keratosis, viral warts and vitiligo. Lupus erythematosus with cutaneous lesions.
DLQI-C	4 (41–44)	Hospital (44)	China	Chinese	851	38.5 (SD=13.8)	39	Psoriasis
		Hospital (43)	China	Chinese	131	32.94 (±0.70)	63	Chronic urticaria
		Dermatology clinic (41)	China	Chinese	150	nr	44.4	Neurodermatitis (lichen simplex chronicus)
		Hospital (42)	China	Chinese	9845	33 (SD=13.5; range=16–91)	63	Acne, eczema, dermatitis, psoriasis, urticaria, other
DLQI-D	1 (27)	Hospital (in and outpatient)	Denmark	Danish	400	Outpatients - 43 (range=18–81) Hospitalized - 48 (range=17–89)	Outpatients: 63 Hospitalised: 64	Psoriasis, atopic eczema, other eczema, urticarial, bullous disease, erythroderma, hyperhidrosis, collagenosis, pruritus, acne, viral warts, "miscellaneous"
DLQI-N	1 (46)	Health Centre	Norway	Norwegian	230	48 (SD=13.4)	41	Psoriasis
DLQI-S	1 (30)	Dermatology clinic	Sri Lanka	Sinhala	200	40.3	nr	Eczema, psoriasis, acne, vitiligo, infections, other
DLQI-T	1 (47)	Dermatology outpatient clinic	Turkey	Turkish	90	Lichen planus=41.33 (SD=16.57) Psoriasis=40.03 (SD=16.10) Control=39.20 (SD=16.25)	58	Lichen planus (duration: 1.92 (SD=2.68); psoriasis (duration: 11.5 (SD=8.75)
DLQI-U	1 (19)	Dermatology clinic	Ukraine	Ukrainian	63	28.55 (SD=10.72)	57	Atopic dermatitis
DSQL	2 (49, 50)	Dermatology outpatient clinic (50)	USA	English	292	20.7 (±3.8)	60	Acne
		Dermatology clinics (49)	USA	English	567	45.4 (range=13–87)	29	Contact dermatitis
PBI	1 (51)	nr	Germany	German	1406	nr	nr	Acne, atopic dermatitis, autoimmune, hand/foot eczema, alopecia, herpes zoster, hyperhidrosis, psoriasis, leg ulcer, urticaria
PeDeSi	1 (52)	Dermatology clinic	UK	English	145	nr	nr	nr

Table SIV. (contd.)

PROM	Number of studies (ref.)	Study characteristics			Study population			
		Study setting	Country of study	Language(s)	Sample size, *n*	Age, years (SD, range)	Female (%)	Skin disease(s)
SF-QES	2 (29)	Multicentre, randomized clinical psoriasis trial for outpatients.	nr	nr	827	nr	nr	nr
	(15)	Dermatology clinic	Germany	German	463	R=16–85	35	Psoriasis, neurodermatitis
Skindex	1 (54)	Private and general dermatology clinics	USA	English	308	51 (SD=17)	60	Skin cancer, benign growth, eczematous dermatitis, acne vulgaris, acne rosacea, psoriasis, nail disease, warts, alopecia, skin ulcer, other
S29	2 (55, 77)	Dermatology clinic (55)	USA	English	682	56 (SD=18)	nr	Eczematous dermatitis, acne vulgaris, tinea (not of the nails), intertrigo, candidiasis, other inflammatory dermatoses, non-melanoma skin cancer, benign growth, warts, other isolated lesions, nail disease, other dermatoses
		Dermatology outpatient clinic (77)	USA	English	454	45	60	Acne, psoriasis, seborrhoeic dermatitis, alopecia areata, vitiligo, naevi
S29-C	1 (18)	Dermatology clinic	China	Chinese	221	32.5±12.2		Isolated skin lesions (naevi, warts) and inflammatory dermatosis (psoriasis, acne)
S29-G	1 (56)	Dermatology inpatient clinics	Germany	German	Study 1: 121 Study 2: 174	Study 1: 47.8; SD=4.6 Study 2: 41.4; SD=15.7	Study 1: 44 Study 2:59	Psoriasis, atopic dermatitis
S29-S	1 (31)	Dermatology outpatient clinic	Serbia	Serbian	285	42, 46±20	70	Acne vulgaris, verrucae vulgaris, psoriasis, mild dermatitis, venous ulcers, eczema, ulcers, other skin diseases (acne rosacea, urticaria, keratosis, tinea corporis or pedis, scabies, etc.).
S29-Sp	2 (26, 28)	Dermatology outpatient clinic (28)	Spain	Spanish	318	36 (SD=15)	65	Melanocytic nevus, warts, seborrhoeic and actinic keratosis, fibroma, basal cell carcinoma, acne, eczema, psoriasis, alopecia areata, urticaria, other
		Outpatient clinic (26)	Spain	Spanish	103	40±16	69	Melanocytic naevi, acne, warts, psoriasis, seborrhoeic keratosis, eczema, seborrhoeic dermatitis, lichen planus, basal cell carcinoma, lymphoma, melanoma, non-melanocytic naevi, alopecia areata, atopy, oral aphthae, urticaria, vitiligo, actinic keratosis, epidermal cyst, broma, keloid, multiple angioleiomyomas, actinic porokeratosis, balanitis, hidradenitis, leg ulcer.
S16	1 (57)	Dermatology clinics	USA	English	541	58 (SD=18)	35	Eczematous dermatitis, basal cell carcinoma, actinic keratosis, benign growths, acne vulgaris, warts, psoriasis, squamous cell carcinoma, other
S16-A	1 (58)	Dermatology clinic	Saudi Arabia	Arabic	678	28.2 (SD=12.87)	49	Vitiligo, acne, eczema, post-inflammatory, hyperpigmentation, warts, psoriasis, benign naevi, fungal infections, urticarial, alopecia areata, others
S16-BP	1 (59)	Dermatology outpatient clinic and healthcare institution exclusively for the treatment of cancer patients	Brazil	Brazilian-Portuguese	110	47.39 (SD=15.27, range=18.95–87.48)	71	Dermatitis, non-melanoma skin cancer, leprosy, melasma, acne, senile freckle, other
S16-C	1 (18)	Dermatology clinic	China	Chinese	216	32.5±12.2	53	Isolated skin lesions (naevi, warts) and inflammatory dermatosis (psoriasis, acne)
hS16-M	1 (61)	Dermatology outpatient clinic	Morocco	Moroccan Arabic	120	39 (SD=16, range=15–90)	nr	Acne, bullous dermatoses, neutrophilic dermatosis, infectious dermatitis, toxiderma, system disease, psoriasis, eczema, urticaria, skin tumours, other (not specified)
S16-U	1 (19)	Dermatology clinic	Ukraine	Ukrainian	63	40.64 (SD=13.71)	38	Psoriasis
TQL	1 (62)	Dermatology outpatient clinic	Turkey	Turkish	327	With skin disease: mean: 26.84; range: 14–57 Healthy: mean: 29.06; range: 15–51	With skin disease: 51.8%; Healthy: 53.1%	Acne vulgaris, contact dermatitis, tinea, psoriasis, verruca, benign skin tumour, vitiligo, neurodermatitis, hyperpigmentations, bacterial infections, alopecia, acute urticarial, hirsutismus, photo. Dermatitis, skin cancer, scabies, drug eruptions, lichen ruber planus, Morbus Behcet, other

ACSD: Adjustment to Chronic Skin Diseases Questionnaire; CDLQI: Children's Dermatology Life Quality Index; CDLQI-C: Children's Dermatology Life Quality Index Cantonese; CQI-CSD: Consumer Quality Index Chronic Skin Disease; DIS: Dermatology Intimacy Scale; DLQI: Dermatology Life Quality Index; DLQI-B: DLQI Brazilian-Portuguese; DLQI-C: DLQI Chinese; DLQI-D: DLQI Danish; DLQI-I: DLQI Italian; DLQI-N: DLQI Norwegian; DLQI-S: DLQI Sinhala; DLQI-T: DLQI Turkish; DLQI-U: DLQI Ukrainian; DQOLs: Dermatology Quality of Life scales; DSQL: Dermatology-specific Quality of Life; FLQA-d: Freiburg Life Quality Assessment; PBI: Patient Benefit Index; PeDeSI: Person-Centred Dermatology Self-Care Index; PRISM: Pictorial Representation of Illness & Self-Measure; SF-QES: Short-form of the Questionnaire on Experience with Skin Complaints; S29: Skindex 29; S29-C: S29-Chinese; S29-G: S29-German; S29-S: S29-Serbian; S29-Sp: S29-Spanish; S16: Skindex-16; S16-A: S16-Arabic; S16-BP: S16-Brazilian-Portuguese; S16-C: S16-Chinese; S16-J: S16-Japanese; S16-M: S16-Moroccan-Arabic; S16-U: S16-Ukrainian; TQL: Turkish Quality of Life Instrument for skin disease; *nr: not reported.

Table SV. Summary of findings table

	Summary or pooled results	Overall rating	Quality of evidence
ACSD			
Content validity	Relevance (+), comprehensiveness (+), comprehensibility (+)	Sufficient	Very low (due to risk of bias)
Structural validity	Principal component analysis (PCA) found 6 factors: social anxiety/avoidance, itch-scratch cycle, helplessness, anxious-depressive mood, impact of QoL, and inadequate active coping. (?)	Indeterminate	High
Internal consistency			
Reliability			
Measurement error			
Construct validity			
Measurement invariance			
Responsiveness			
CDLQI			
Content validity	Relevance (+), comprehensiveness (+), comprehensibility (+)	Sufficient	Very low (due to risk of bias)
Structural validity			
Internal consistency			
Reliability	Spearman correlation=0.86 ($p<0.0001$) (?)	Indeterminate	Very low (due to risk of bias and imprecision)
Measurement error			
Construct validity	Scores for children with skin disease were higher than score for children other diseases and health children ($p<0.0001$); Scores for eczema, psoriasis and acne were higher than for moles and naevi ($p<0.002$) (+)	Sufficient	Low (due to risk of bias)
Measurement invariance			
Responsiveness			
CDLQI-C			
Content validity	Relevance (+), comprehensiveness (+), comprehensibility (+)	Sufficient	Very low (due to risk of bias)
Structural validity			
Internal consistency	Cronbach's alpha=0.83 (+), but this insufficient without information on structural validity	Indeterminate	Low (due to risk of bias and imprecision)
Reliability	Correlation of test-retest results is strong (cs ¼ 0.958, $p<0.01$) but results reported do not correspond to COSMIN statistics	Indeterminate	Very low (due to risk of bias and imprecision)
Measurement error			
Construct validity	CDLQI scores were positively correlated with physician-rated disease severity, such correlation being strong (cs ¼ 0.850, $p<0.01$)(+)	Sufficient	Very low (due to risk of bias and imprecision)
Measurement invariance			
Responsiveness			
CQI-CSD			
Content validity	Relevance (±), comprehensiveness (+), comprehensibility (+)	Inconsistent	Very low (due to risk of bias)
Structural validity	7 scales: information about the care process, healthcare provided by physicians, healthcare provided by nurses, cooperation of healthcare providers, information provision by healthcare providers, patient participation and safety. The remaining 23 items did not fit into any of these scales statistically and/or by content.	Indeterminate	Very low (due to risk of bias)
Internal consistency	Cronbach's alpha=0.74–0.92 (+), but this is insufficient as it was calculated for the total scale not subscales	Insufficient	Very low (due to risk of bias)
Reliability			
Measurement error			
Construct validity	Tests performed were not relevant to a priori hypotheses	Indeterminate	Very low (due to risk of bias)
Measurement invariance			
Responsiveness			
DIS			
Content validity	Relevance (+), comprehensiveness (+), comprehensibility (+)	Sufficient	Very low (due to risk of bias)
Structural validity			
Internal consistency			
Reliability			
Measurement error			
Construct validity	Group differences found, but no hypothesis reported.	Indeterminate	Low (due to risk of bias)
Measurement invariance			
Responsiveness			
DLQI			
Content validity	Relevance (+), comprehensiveness (+), comprehensibility (+)	Sufficient	Very low (due to risk of bias)
Structural validity	Unidimensional scale	Indeterminate	High (based on only studies of very good or adequate methodological quality)
Internal consistency	Cronbach's alpha=0.89–0.92	Sufficient (based on studies that reported COSMIN relevant statistics)	High
Reliability	Spearman's r=0.99 ($p<0.0001$)	Indeterminate	Low (due to risk of bias)
Measurement error			
Construct validity	Scores were significantly correlated with the Short Form (36) Health Survey (SF-36), EuroQOL 5D (EQ-5D), and patient- and clinician-rated severity. [6–8] [7–9] [7–9] [6–8] [5–7] [5–7] [4–6] Results 84% consistent with a priori hypotheses.	Sufficient	High
Measurement invariance			
Responsiveness	Treatment success was a significant predictor of improvement in DLQI score and significant differences between treatment responders and partial responders were found. Results 79% consistent with a priori hypotheses	Sufficient	High

Table SV. (contd.)

	Summary or pooled results	Overall rating	Quality of evidence
DLQI-B			
Content validity			
Structural validity			
Internal consistency			
Reliability	Pearson's correlation coefficient=0.96 ($p < 0.001$)	Sufficient	Very low (due to risk of bias and imprecision
Measurement error			
Construct validity	Results 100% consistent with a priori hypotheses	Sufficient	Moderate (due to imprecision)
Measurement invariance			
Responsiveness			
DLQI-C			
Content validity			
Structural validity	Unidimensional	Sufficient	High (based on only studies of very good or adequate methodological quality)
Internal consistency	Cronbach's alpha=0.82–0.91	Sufficient	High
Reliability			
Measurement error			
Construct validity	Known-groups comparison showed that the DLQI discriminated well between patients who differed in their age, geographical region, duration of psoriasis and PASI score, but not discriminated between subgroups based on gender and presence of any other chronic condition. Results showed excel-lent correlation between the DLQI and the PDI (r=0.78, $p < 0.001$). Four subscales (RP, BP, SF and RE) of the SF-36 showed moderate to good correlations with the DLQI, whereas the other subscales of SF-36 and the PASI score indicated a fair correlation with the DLQI. The correlation coefficients between DLQI and SF-36 were in negative values, because a higher DLQI score indicated greater impairment in QoL, whereas a higher score on SF-36 indicated better health or performance.	Sufficient	High
Measurement invariance	In total, DIF was observed in 4 of 10 items, and was associated with the hospital's geographical location for item 7 and with the disease for items 1, 2 and 5. The visual inspection suggested that all DIF except for that of item 5 related to disease were non-uniform. On the other hand, the ordinal logistic regression classified all DIF as uniform. No DIF was observed for sex, age, or diagnosed disease severity.	Indeterminate	Very low (due to risk of bias)
Responsiveness			
DLQI-D			
Content validity			
Structural validity			
Internal consistency	Cronbach's alpha=0.88	Sufficient	Very low (due to risk of bias)
Reliability	Test-retest coefficient=0.93 ($p < 0.01$)	Insufficient	Very low (due to risk of bias and imprecision)
Measurement error			
Construct validity	Significant rank order correlations were found between DLQI scores and physician's ratings of severity of skin symptoms for both outpatients and hospitalized patients and between DLQI scores and the time willing to be spent on an effective treatment for outpatients. Comparisons among diagnoses, controlling for multiple comparisons, showed that DLQI scores for atopic dermatitis patients were significantly higher ($p < 0.01$) than scores for patients with acne, viral warts, collagenosis, erythroderma, urticaria and other eczemas. Psoriasis patients had significantly higher DLQI scores ($p < 0.05$) than patients with collagenosis and the group of patients with other skin diseases. DLQI predicted time willing to be spent on treatment (R~0.13; $p < 0.01$)	Indeterminate	High
Measurement invariance			
Responsiveness			
DLQI-I			
Content validity			
Structural validity	EFA: 4 factors (CFI=0.998, TLI=0.992) CFA: unidimensional scale (CFI=0.994, TLI=0.986)	Sufficient	High
Internal consistency	Cronbach's alpha=0.83	Sufficient	High
Reliability			
Measurement error			
Construct validity	The correlations between the DLQI and the PDI, Skindex-29 functioning, emotions and symptoms scales were 0.81 (+), 0.72 (+), 0.64 (+) and 0.56 (+), respectively.	Sufficient	High
Measurement invariance			
Responsiveness			
DQLI-N			
Content validity			
Structural validity	Unidimensional scale	Indeterminate	Moderate (due to risk of bias)
Internal consistency	Cronbach's alpha=0.9	Sufficient	Moderate(duetoindeterminate structural validity)
Reliability			
Measurement error			
Construct validity	Higher levels of disease severity (PASI) are significantly related to poor QoL (total and individual DLQI item score)	Sufficient	Moderate (due to risk of bias)
Measurement invariance			
Responsiveness			

Table SV. (contd.)

	Summary or pooled results	Overall rating	Quality of evidence
DLQI-S			
Content validity			
Structural validity			
Internal consistency	Cronbach's alpha: symptoms & feelings=0.561; daily activities=0.741; leisure=0.687; personal relationships=0.442	Insufficient	High
Reliability	Kappa=0.83	Sufficient	Very low (due to risk of bias and imprecision)
Measurement error			
Construct validity	Results 83% consistent with a priori hypotheses	Sufficient	Low (due to risk of bias)
Measurement invariance			
Responsiveness			
DLQI-T			
Content validity			
Structural validity	2 factor model	Indeterminate	Low (due to risk of bias and imprecision)
Internal consistency	Cronbach's alpha=0.9 (2 factor model, but only one total score)	Sufficient	Very low (due to risk of bias and imprecision)
Reliability			
Measurement error			
Construct validity			
Measurement invariance			
Responsiveness			
DLQI-U			
Content validity			
Structural validity			
Internal consistency	Cronbach's alpha=0.81–0.86	Sufficient	Very low (due to risk of bias and imprecision)
Reliability			
Measurement error			
Construct validity			
Measurement invariance			
Responsiveness			
DQOLs			
Content validity	Relevance (?), comprehensiveness (?), comprehensibility (?)	Indeterminate	Very low (due to risk of bias)
Structural validity	4 factors	Indeterminate	Moderate (due to risk of bias)
Internal consistency	Cronbach's alpha: psychosocial items=0.92; activity items=0.83	Sufficient	Very low (due to risk of bias)
Reliability	ICC=0.84 for psychosocial and activity scores	Sufficient	Low (due to risk of bias)
Measurement error			
Construct validity	Results 50% consistent with a priori hypotheses. Total mean psychosocial scores were relatively high for eczema, acne and disorders of keratinization (mainly ichthyosis or palmar-plantar keratoderma) and lowest for benign and malignant tumours, though the differences were not statistically significant (–). Total activities score independent of age (age-adjusted means calculated using regression analysis) was significantly higher for subjects with disorders of keratinization and eczema (i.e. more restrictions on activities due to skin problems) than subjects with benign and malignant tumours ($p=0.006$ and 0.002, respectively) and pigmentary disorders ($p=0.01$ and 0.002, respectively) (+)	Insufficient	Low (due to risk of bias)
Measurement invariance			
Responsiveness			
DSQL			
Content validity	Relevance (+), comprehensiveness (+), comprehensibility (+)	Sufficient	Very low (due to risk of bias)
Structural validity	5 factors	Indeterminate	High
Internal consistency	Cronbach's alpha ≥0.8	Sufficient	High
Reliability	ICC ≥0.82 for all subscales	Sufficient	Low (due to risk of bias)
Measurement error			
Construct validity	100% consistent with a priori hypotheses (DSQL significantly correlated with patient-rated severity (–0.59). The means of the 5 DSQL scale score values, and the 2 SF-36 scale values were significantly larger ($p<0.05$) among patients classified with severe CD and with acne scarring than those in the less severe disease group (+).	Sufficient	High
Measurement invariance			
Responsiveness	*t*-test analysis (not shown) of the within-group mean DSQL change scores which correspond to the effect size statistics was conducted testing the hypothesis that the population mean DSQL change score is 0, vs the 2-sided alternative that the mean is different from 0. For each DSQL dimension score and the total score, the *p*-values were <0.01 for each treatment group, with the exception of the change in work/school limitation among placebo, which was $p=0.628$ (+).	Sufficient	High
FLQA-d			
Content validity	Relevance (+), comprehensiveness (+), comprehensibility (+)	Sufficient	Very low (due to risk of bias)
Structural validity			
Internal consistency	Cronbach's alpha: physical complaints=0.8 (+); everyday life=0.89 (+); social life=0.86 (+); emotions=0.86 (+); treatment=0.69 (–); satisfaction=0.83 (+)	Sufficient	High
Reliability	'Test retest': physical complains=0.89; everyday life=0.91; social life=0.9; emotions=0.87; treatment=0.88; satisfaction=0.86	Indeterminate	Low (due to risk of bias)

Table SV. (contd.)

	Summary or pooled results	Overall rating	Quality of evidence
Measurement error			
Construct validity	Discriminant validity of the FLQA-d can be assumed since there were significant differences between patients with psoriasis and atopic dermatitis in 5 of 6 scales. A lack of discrimination in the scale "therapy" is plausible since the treatment in the groups was almost identical. Convergent validity: In comparable scales, elevated correlations between the FLQA and the QCSD, ALLTAG and DLQI were found. For example, the FLQA scale "emotional status" showed elevated correlations with the QCSD scale "anxious-depressive mood" (r=0.73), with the DLQI sum score (r=0.68) and with the ALLTAG scale "psyche" (r=0.80). In all scales, patients with atopic dermatitis, psoriasis and urticaria showed significantly reduced QoL compared with healthy people.	Sufficient	High
Measurement invariance			
Responsiveness	Reactivity to change: There was good sensitivity to change in all scales ($p < 0.001$)	Sufficient	High
PBI			
Content validity	Relevance (±), comprehensiveness (+), comprehensibility (±)	Inconsistent	Low (due to risk of bias)
Structural validity			
Internal consistency	Cross sectional study=Cronbach's alpha<0.91; longitudinal study=Cronbach's alpha=0.97	Indeterminate (as there is no structural validity study)	Low (due to risk of bias)
Reliability	Test retest reliability (r=0.68); cross sectional study=item-total correlations ranged from 0.32 to 0.68); longitudinal study=item-total correlations between 0.50 and 0.86	Indeterminate	Low (due to risk of bias)
Measurement error			
Construct validity			
Measurement invariance			
Responsiveness	Convergent validity (r>0.5)	Sufficient	Moderate (due to risk of bias)
PeDeSI			
Content validity	Relevance (+), comprehensiveness (+), comprehensibility (+)	Sufficient	Very low (due to risk of bias)
Structural validity	Unidimensional scale	Indeterminate	Moderate (due to risk of bias)
Internal consistency	Cronbach's alpha=0.9	Sufficient	Moderate (due to risk of bias)
Reliability			
Measurement error			
Construct validity			
Measurement invariance			
Responsiveness			
PRISM			
Content validity			
Structural validity			
Internal consistency			
Reliability			
Measurement error			
Construct validity	PRISM was significantly correlated with Skindex-29 and DLQI	Sufficient	High
Measurement invariance			
Responsiveness	PRISM showed a reduction in patients' burden of illness during hospitalization ($p < 0.001$). Cohen effect size (d=0.67)	Sufficient	Low (due to imprecision)
SF-QES			
Content validity	Relevance (+), comprehensiveness (+), comprehensibility (+)	Sufficient	Very low (due to risk of bias)
Structural validity	EFA: 5 factors (RMSEA ≥0.06; CFI<0.95)	Insufficient	High
Internal consistency	Cronbach's alpha: self-esteem - 0.82; retreat=0.76; experienced refusal=0.84; concealment=0.76; composure=0.69	Sufficient	Moderate (due to risk of bias)
Reliability			
Measurement error			
Construct validity			
Measurement invariance			
Responsiveness			
Skindex			
Content validity	Relevance (+), comprehensiveness (+), comprehensibility (+)	Sufficient	Very low (due to risk of bias)
Structural validity	7 factors	Indeterminate	High
Internal consistency	Internal consistency was tested on subscales hypothesised by authors rather than on those identified by the factor analysis	Indeterminate	Very low (due to risk of bias)
Reliability	Pearson's test-retest conducted on subscales hypothesised by authors rather than on those identified by the factor analysis	Indeterminate	Very low (due to risk of bias and imprecision)
Measurement error			
Construct validity	The mean scores of patients with inflammatory dermatoses such as eczema, psoriasis, or acne were significantly higher than mean scores of those with isolated skin lesions such as moles or skin cancers ($p = 0.05$) for all scales except physical limitations ($p = 0.09$). In patients with isolated benign noninflammatory skin lesions, inflammatory skin diseases, and in the subgroup with eczematous dermatitis, there was no correlation between physicians' judgments of the clinical severity of skin disease and Skindex scale scores (p~0.3). In the 21 patients with acne vulgaris, however, judgements of clinical severity correlated with 2 of the 8 scales: the physical limitations scale and the embarrassment scale (values of r=0.51 and 0.47, respectively, $p < 0.04$). Only 66% of a priori hypotheses met.	Insufficient	Low (due to risk of bias)

Table SV. (contd.)

	Summary or pooled results	Overall rating	Quality of evidence
Measurement invariance			
Responsiveness	34 patients who reported that overall their skin condition was better than 6 months previously, the mean scores of 7 Skindex scales decreased, and 3 of them decreased significantly ($p=0.05$). In 27 patients who reported that overall their skin condition had remained the same in the previous 6 months, only 1 scale score (Fear) changed significantly ($p>0.05$). In 6 patients who responded that overall their skin condition was worse, all 8 scale scores increased, and 4 increased significantly ($p=0.05$). **Only some scales were significantly responsive**. Less than 75% of a priori hypotheses met.	Insufficient	Very low (due to risk of bias)
Skindex-29			
Content validity	Relevance (+), comprehensiveness (+), comprehensibility (+)	Sufficient	Very low (due to risk of bias)
Structural validity	3 factors: emotions, functioning, symptoms	Indeterminate	High
Internal consistency	Cronbach's alpha: symptoms=0.87 (+); emotions=0.94(+); functioning=0.96 (+)	Sufficient	High
Reliability	Pearson's correlation coefficient: symptoms=0.91; emotions=0.88; functioning=0.92 (?)	Indeterminate	Very low (due to risk of bias and imprecision)
Measurement error			
Construct validity	The categorization of both the emotions and functioning subscales of the Skindex-29 correlated very well with the psychosocial component of the Skindex-17 (r=0.89 and 0.93, respectively) and moderately with the symptom scale of the Skindex-17 (r=0.56 and 0.52, respectively). The symptom subscales of both instruments correlated extremely well (r=0.93). Participants with inflammatory dermatoses were significantly more likely to have higher levels of impact on the scales of the Skindex-29, except that patients with seborrhoeic dermatitis reported significantly less psychosocial impairment. Overall, patients with psoriasis reported the highest levels of impact, especially on the symptom-related items. As expected, alopecia and vitiligo had a substantial effect on the psychosocial, but significantly less on the symptom domain. Although about 10% of patients with naevi reported an effect on their lives, it was significantly lower compared with the other diseases for all the Skindex-29 scales. For all subscales, mean scores of patients with psoriasis or eczema were significantly higher than mean scores of those with benign skin lesions or non-melanoma skin cancer ($p<0.001$). Skindex-29 significantly, but modestly correlated with physician rated clinical severity ($p\leq0.001$).	Sufficient	High
Measurement invariance			
Responsiveness	t-tests found mean scores were significantly improved for patients who had improved, significantly worse for patients who had worsened and stable for stable patients	Sufficient	Very low (due to risk of bias)
S29-C			
Content validity	Relevance (–), comprehensiveness (?), comprehensibility (–)	Insufficient	Very low (due to risk of bias)
Structural validity	3 factors: SRMS=0.06, RMSEA=0.11; CFI=0.96	Insufficient	Moderate
Internal consistency	Cronbach's alpha=0.97, but result should be ignored because there should be a test for each of the 3 scales	Indeterminate	Very low (due to risk of bias)
Reliability			
Measurement error			
Construct validity	Patients with inflammatory dermatosis had significantly higher scale and total scores of Skindex-29 and Skindex-16 compared with patients with isolated lesions (Table SIV) (+). It was demonstrated that moderate to good correlations between Skindex-29 and DLQI, Skindex-16 and DLQI (Skindex-29, r=0.43–0.84; Skindex-16, r=0.39–0.83)	Sufficient	High
Measurement invariance			
Responsiveness			
S29-G			
Content validity			
Structural validity	3 factors	Indeterminate	High
Internal consistency	Cronbach's alpha: functioning=0.93–0.94; emotions=0.92; symptoms=0.85–0.87	Sufficient	High
Reliability			
Measurement error			
Construct validity	Correlations between the 3 Skindex-29 scales and corresponding scales of the other skin disease-specific questionnaires were high and significant	Sufficient	High
Measurement invariance			
Responsiveness	At the time of discharge, patients reported lower HRQOL on the Skindex-29 compared with the time of their admission to the hospital. The differences were significant on all 3 scales in both samples	Sufficient	Very low (due to risk of bias)
S29-S			
Content validity	Relevance (–), comprehensiveness (?), comprehensibility (?)	Indeterminate	Very low (due to risk of bias)
Structural validity			
Internal consistency	Cronbach's alpha: emotions=0.885–0.898; symptoms=0.752–0.922; functioning=0.901–0.922	Sufficient	High
Reliability	ICC: emotions=0.468; symptoms=0.348; functioning=0.498	Insufficient	Low (due to risk of bias)
Measurement error			
Construct validity	The scores on all 3 domains of Skindex-29 from both ratings correlated significantly and positively with the DLQI scores in both ratings. The patients with more severe skin diseases, such as acne vulgaris and psoriasis, scored significantly higher in the emotional and functioning domains. However, this was not the case in the symptoms domain. Less than 75% of *a priori* hypotheses met.	Insufficient	High
Measurement invariance			
Responsiveness			

Table SV. (contd.)

	Summary or pooled results	Overall rating	Quality of evidence
S29-Sp			
Content validity	Relevance (−), comprehensiveness (−), comprehensibility (−)	Insufficient	High
Structural validity			
Internal consistency	Cronbach's alpha: functioning=0.78–0.89; emotional=0.87–0.91; symptoms=0.7–0.84	Sufficient	High
Reliability	ICC: global=0.94; functioning =0.93; emotions=0.92; symptoms=0.85	Sufficient	Very low (due to risk of bias and precision)
Measurement error			
Construct validity	Patients with skin problems (groups A + I) had significant scores higher than healthy people (group S) in the 3 scales of the Spanish version of Skindex-29. Similarly, the patients with inflammatory dermatoses (group I) had global scores and by significantly higher scales that patients with skin lesions isolated (group A) ($p<0.005$). Patients with skin problems had significantly higher scores than healthy people for all 3 scales of the Spanish version of Skindex-29 ($p<0.01$) (+). Similarly, patients with inflammatory dermatoses had significantly higher scale scores than patients with isolated lesions ($p<0.01$) (+)	Sufficient	High
Measurement invariance			
Responsiveness	There were differences significant between the scores of the 2 tests of the 40 patients who reported having improved their disease and the size of the overall effect was 0.76. There were not any in the case of the 10 patients that were clinically the same in the second visit and the size of the overall effect in this group was 0.11.	Sufficient	Very low (due to risk of bias and imprecision)
Skindex-16			
Content validity	Relevance (+), comprehensiveness (+), comprehensibility (+)	Sufficient	Very low (due to risk of bias)
Structural validity	3 factors	Sufficient	Moderate (due to risk of bias)
Internal consistency	Cronbach's alpha: symptoms=0.86, emotions=0.93, functioning=0.88	Sufficient	Moderate (due to risk of bias)
Reliability			
Measurement error			
Construct validity	For all 3 scales, mean scores of patients with inflammatory dermatoses were significantly higher than mean scores of those with isolated skin lesions ($p<0.0001$)	Sufficient	Low (due to risk of bias)
Measurement invariance			
Responsiveness	The mean scores of all 3 scales of the brief version of Skindex remained stable or changed appropriately in patients who responded that their skin was the same or had improved compared with the first time they responded to the instrument (a year previously). The number of patients who responded that the condition of their skin had worsened in the last year was too few to demonstrate statistical significance.	Indeterminate	Very low (due to risk of bias and imprecision)
S16-A			
Content validity			
Structural validity			
Internal consistency	Cronbach's alpha: whole=0.93, emotions=0.92, functioning=0.87, symptoms=0.81	Sufficient	High
Reliability			
Measurement error			
Construct validity	Patients with skin problems had significantly higher scores than healthy people for the global score as well as each of the subscales of the Arabic version of Skindex-16 ($p<0.02$). Similarly, patients with inflammatory dermatoses had significantly higher global, emotional and functional scale scores than patients with isolated lesions ($p<0.001$); however, for the symptoms subscale there was no significant difference.	Sufficient	Moderate (due to risk of bias)
Measurement invariance			
Responsiveness			
S16-BP			
Content validity			
Structural validity			
Internal consistency	Cronbach's alpha: symptoms=0.87; emotions=0.93; functioning=0.89	Sufficient	High
Reliability	ICC: symptoms=0.95; emotions=0.86; functioning=0.85	Sufficient	Very low (due to risk of bias and imprecision)
Measurement error			
Construct validity	H1: All 3 Skindex-16 scales exhibited strong correlation with DLQI scores (rho=0.664, 0.766 and 0.712 for the domains symptoms, emotions and functioning, respectively). H2: Relative to the HADS-A and the HADS-D, the Skindex-16 domain with the highest correlation coefficient was emotions, with moderate correlation (0.4±0.6); H3: values for the domains symptoms and functioning were low (close to 0.4). DV: H1: The Kruskal-Wallis test detected differences among the 3 groups (emotions: $p<0.001$; symptoms: $p=0.002$; functioning: $p<0.001$). Analysis using the Mann-Whitney test with Bonferroni correction showed differences in all 3 Skindex-16 domains between the mild and moderate skin disease groups (emotions: $p<0.001$; symptoms: $p=0.049$; functioning: $p<0.001$) and between the mild and severe skin disease groups (emotions: $p=0.002$; symptoms: $p=0.001$; functioning: $p=0.002$). H2: Patients with inflammatory dermatosis presented higher scores on emotions ($p=0.016$) and functioning ($p=0.056$), but not in symptoms ($p=0.298$), when compared with patients with localised lesions.	Sufficient	High

Table SV. (contd.)

	Summary or pooled results	Overall rating	Quality of evidence
Measurement invariance			
Responsiveness			
S16-C			
Content validity	Relevance (-), comprehensiveness (?), comprehensibility (-)	Insufficient	Very low (due to risk of bias)
Structural validity	3 factors: RMSEA=15, CFI=0.95, SRMR=0.07	Insufficient	High
Internal consistency	Cronbach's alpha=0.96 but should be calculated for each subscale rather than the whole scale	Indeterminate	Very low
Reliability			
Measurement error			
Construct validity	Patients with inflammatory dermatosis had significantly higher scale and total scores of Skindex-29 and Skindex-16 compared with patients with isolated lesions. It was demonstrated that moderate to good correlations between Skindex-29 and DLQI, Skindex-16 and DLQI (Skindex-29, r=0.43–0.84; Skindex-16, r=0.39–0.83).	Sufficient	High
Measurement invariance			
Responsiveness			
S16-J			
Content validity			
Structural validity			
Internal consistency	Cronbach's alpha=0.92; symptoms=0.87; emotions=0.89; functioning=0.83	Sufficient	High
Reliability			
Measurement error			
Construct validity	Patients with skin diseases showed significantly higher scores than those of healthy people for all 3 scales ($p<0.001$). Similarly, patients with inflammatory dermatoses showed significantly higher scores than patients with isolated lesions ($p<0.001$).	Sufficient	High
Measurement invariance			
Responsiveness			
S16-M			
Content validity	Relevance (–), comprehensiveness (?), comprehensibility (?)	Indeterminate	Very low (due to risk of bias)
Structural validity			
Internal consistency	Cronbach's α values for the entire instrument and for the individual scales were high (a=0.83, 0.81, 0.71 and 0.82 for the entire instrument and the 7-item emotional, the 5-item functional and the 4-item symptom scales, respectively).	Sufficient	High
Reliability	ICC interobserver ranged from 0.80 to 0.85; test-retest ranged from 0.93 to 0.96	Sufficient	Low (due to risk of bias and imprecision)
Measurement error			
Construct validity	The EQ-5D correlated negatively with all scales	Sufficient	High
Measurement invariance			
Responsiveness			
S16-U			
Content validity			
Structural validity			
Internal consistency	Cronbach's alpha: emotions=0.87–0.89; symptoms=0.83–0.84; functioning=0.89	Sufficient	Moderate (due to imprecision)
Reliability			
Measurement error			
Construct validity			
Measurement invariance			
Responsiveness			
TQL			
Content validity	Relevance (±), comprehensiveness (?), comprehensibility (–)	Inconsistent	Low (due to risk of bias)
Structural validity	6 factors	Indeterminate	Moderate (due to risk of bias)
Internal consistency	Cronbach's alpha: total 0.82; social life 0.77; emotional 0.78; daily activities 0.78; cognitive 0.79; symptom 0.80; sexual life 0.84	Sufficient	Moderate (due to risk of bias)
Reliability	ICC: total 0.88; social life 0.88; emotional 0.84; daily activities 0.86; cognitive 0.83; symptom 0.63; sexual life 0.71	Insufficient	Very low (due to risk of bias and imprecision)
Measurement error			
Construct validity	There was a significant correlation between the physician's judgments of the clinical severity of skin disease and the six scale scores of the QOL instrument (r=0.25–0.38; $p=0.001$). All the mean scores of the severe group were significantly higher than the mean scores of the not-severe group. The mean scores of patients were significantly higher than those of the healthy controls (Table II). The overall mean TQL score for the patients was 14.69 (±10.28) and for the controls was 4.1 (±7.16). The mean scores of the patients with vitiligo, acne vulgaris, urticaria, hirsutismus and psoriasis were higher ($p<0.001$) than the mean scores of those with isolated skin lesions such as benign skin tumours and verruca.	Sufficient	Moderate (due to risk of bias)
Measurement invariance			
Responsiveness			
VQ-Dermato			
Content validity	Relevance (+), comprehensiveness (+), comprehensibility (+)	Sufficient	Very low (due to risk of bias)
Structural validity	7 factors	Indeterminate	Moderate (due to risk of bias)

Table SV. (contd.)

	Summary or pooled results	Overall rating	Quality of evidence
Internal consistency	Cronbach's alpha: DI (self-perception)=0.88, D2 (daily living activity)=0.86, D3 (mood state)=0.88, D4 (social functioning)=0.84, D5 (leisure activity)=0.85, D6 (treatment-induced restriction)=0.77, D7 (physical discomfort)=0.63	Insufficient	Moderate (due to risk of bias)
Reliability	Pearson's r>0.8, $p<0.001$	Indeterminate	Low (due to risk of bias)
Measurement error			
Construct validity	Four of the 7 dimensions of the VQ-Dermato were strongly correlated with the values from the visual analogue scale for self-assessment of QoL. For D1, D2, D3, D4, D5, D6 and D7, r values were 0.55, 0.49, 0.53, 0.48, 0.41, 0.38 and 0.26, respectively. A strong correlation was found between some dimensions of the VQ-Dermato and some dimensions of the SF36: the physical symptoms dimension from the VQ-Dermato ("discomfort") with the equivalent dimension from the SF36 ("bodily pain"); the physical capacity dimension of the VQ-Dermato ("daily living activity") with the equivalent dimensions of the SF36 ("physical functioning", "role-physical" and "vitality") but also with the physical symptoms dimension ("bodily pain") of the SF36; the psychological dimension from the VQ-Dermato ("mood state") with the equivalent dimension of the SF36 ("mental health") and to a lower degree with "vitality" and "social functioning"; the social dimension from the VQ-Dermato ("social functioning") with the equivalent dimension ("social functioning") from the SF36; "self-perception" from the VQ-Dermato with "social functioning" and "mental health" from the SF36. This strong correlation between the SF36 and VQ-Dermato assessments of closely related aspects of health confirms that the proposed labels of the VQ-Dermato dimensions were in agreement with what they actually measured. The links were inconsistent and weak between VQ-Dermato dimensions and sociodemographic criteria (age, sex), extension of lesions (percent of skin surface involved) and physician's judgement about the severity of disease. Scores were significantly lower in females than in males for "selfperception", "mood state" and "leisure activity" ($p<0.001$), but there was no significant difference between sexes, for the other 5 dimensions. Age was found to be weakly correlated only with "daily living activity" (r=0.30, $p<0.001$) and "treatment-induced restriction" (r=0.24, $p<0.01$). The impact on "daily living activity" and on "treatment-induced restrictions" was significantly lower in people under 65 years than in people older than 65 years. The percentage of skin surface involved correlated weakly only with "self-perception" (r=0.14, $p<0.05$), "leisure activity" (r=0.22, $p<0.05$) and "discomfort" (r=0.19, $p<0.05$). All the dimensions but "mood state" and "discomfort" were related to the physician's judgement about the severity of disease using both the "same disease scale" (r ranges between 0.17 and 0.28) and "all skin diseases scale" (r ranges between 0.26 and 0.31). The impact on the 8 VQ-Dermato dimensions was significantly higher ($p<0.05$) when there was a function restriction. The only significantly different VQ-Dermato dimension between visible (face and hands) and invisible diseases (no involvement of face and hands) was "self-perception" ($p<0.05$). When a sex-dependent definition of visible diseases (face and hands in men, face, hands and legs in women) was chosen, scores were higher in visible diseases for 3 dimensions: "self-perception", "daily living activity" and "social functioning". No significant link was found between duration of the disease and any of the VQ-Dermato dimensions. The scores were significantly different ($p<0.01$) in each category of chronic skin disease for all VQ-Dermato dimensions except "social functioning". Most of our a priori hypotheses about the different categories of disease (see methods) were confirmed: (1) higher "self-perception" score in dermatitis of the face, psoriasis, chronic eczema and chronic urticaria, dyschromic disorders and alopecia; (2) high "daily living activity" scores in severe trophic disorders of the legs and hand and foot dermatitis and low scores in alopecia, dermatitis of the face and multiple carcinomas; (3) high "physical discomfort" scores in chronic eczema and chronic urticaria, hand and foot dermatitis and severe trophic disorders of the legs and low scores in alopecia, dermatitis of the face and multiple carcinomas.	Sufficient	High
Measurement invariance			
Responsiveness	At the final visit, the patients considered as clinically improved had significantly lower scores (better QoL) than the patients unchanged for 7 of the 8 VQ-Dermato dimensions.	Sufficient	Moderate (due to risk of bias)

ACSD: Adjustment to Chronic Skin Diseases Questionnaire; CDLQI: Children's Dermatology Life Quality Index; CDLQI-C: Children's Dermatology Life Quality Index Cantonese; CQI-CSD: Consumer Quality Index Chronic Skin Disease; DIS: Dermatology Intimacy Scale; DLQI: Dermatology Life Quality Index; DLQI-B: Dermatology Life Quality Index Brazilian-Portuguese; DLQI-C: Dermatology Life Quality Index Chinese; DLQI-D: Dermatology Life Quality Index Danish; DLQI-I: Dermatology Life Quality Index Italian; DLQI-N: Dermatology Life Quality Index Norwegian; DLQI-S: Dermatology Life Quality Index Sinhala; DLQI-T: Dermatology Life Quality Index Turkish; DLQI-U: Dermatology Life Quality Index Ukrainian; DQOLs: Dermatology Quality of Life scales; DSQL: Dermatology-specific Quality of Life; FLQA-d: Freiburg Life Quality Assessment; PBI: Patient Benefit Index; PeDeSI: Person-Centred Dermatology Self-Care Index; PRISM: Pictorial Representation of Illness & Self-Measure; SF-QES: Short-form of the Questionnaire on Experience with Skin Complaints; S29-C: Skindex-29-Chinese; S29-G: Skindex-29-German; S29-S: Skindex-29-Serbian; S29-Sp: Skindex-29-Spanish; S16-A: Skindex-16-Arabic; S16-BP: Skindex-16-Brazilian-Portuguese; S16-C: Skindex-16-Chinese; S16-J: Skindex-16-Japanese ; S16-M: Skindex-16-Moroccan-Arabic; S16-U: Skindex-16-Ukrainian; TQL: Turkish Quality of Life Instrument for skin disease; SF36: Short Form-36; QoL: quality of life.