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APPENDIX S1

Personalized patient questionnaire

1. What is your gender?			
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Non-binary <input type="checkbox"/>	I don't want to answer <input type="checkbox"/>

2. How old are you?						
18-24 years old <input type="checkbox"/>	25-34 years old <input type="checkbox"/>	35-44 years old <input type="checkbox"/>	45-54 years old <input type="checkbox"/>	55-64 years old <input type="checkbox"/>	65-74 years old <input type="checkbox"/>	> 75 years old <input type="checkbox"/>

3. What is your level of professional qualification?
<input type="checkbox"/> Level 1: Mastery of basic knowledge
<input type="checkbox"/> Level 2: The ability to carry out simple activities and solve common problems using simple rules and tools by mobilizing professional know-how in a structured context.
<input type="checkbox"/> Level 3: HEADING: Certificate of professional competence, BEP: Vocational studies certificate
<input type="checkbox"/> Level 4: Baccalaureate
<input type="checkbox"/> Level 5: DEUG: Diploma in general university studies, BTS: Senior Technician's Certificate, DUT: University Diploma in Technology, DEUST: Graduated from university with a degree in science and technology
<input type="checkbox"/> Level 6: Bachelor's degree, business license, AIM: University Bachelor of Technology, mastery
<input type="checkbox"/> Level 7 : Master, Diploma in Advanced Studies, Diploma in Specialized Graduate Studies, Diploma in Engineering
<input type="checkbox"/> Level 8 : PhD, empowerment to conduct research
<input type="checkbox"/> Other :

4. Auto-Diagnostic questionnaire for Alopecia areata		
I. I have alopecia areata	Yes <input type="checkbox"/>	No <input type="checkbox"/>
II. Diagnosis of my alopecia areata has been made by a dermatologist	Yes <input type="checkbox"/>	No <input type="checkbox"/>
III. Diagnosis of my alopecia areata has been made by a non-dermatologist physician	Yes <input type="checkbox"/>	No <input type="checkbox"/>
IV. I have made the diagnosis of my alopecia areata myself	Yes <input type="checkbox"/>	No <input type="checkbox"/>
V. I have/had this kind of lesion on my head 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
VI. I have/had this kind of lesion on my beard or on my body hairs 	Yes <input type="checkbox"/>	No <input type="checkbox"/>

5. What areas of your body are affected by alopecia areata ?								
One or more patches of hair (patchy alopecia) <input type="checkbox"/>	All my hair (alopecia totalis) <input type="checkbox"/>	Eyebrows <input type="checkbox"/>	Eyelashes <input type="checkbox"/>	Beard <input type="checkbox"/>	Armpits <input type="checkbox"/>	Genital area <input type="checkbox"/>	Arms <input type="checkbox"/>	Legs <input type="checkbox"/>

6. Do you use a capillary prosthesis/scarf or turban daily?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

7. For how long has your alopecia areata been evolving?			
< 1 year <input type="checkbox"/>	1-5 years <input type="checkbox"/>	5-10 years <input type="checkbox"/>	> 10 years <input type="checkbox"/>

8. Is there a family history of alopecia areata in your first-degree relatives? (parents, brothers/sisters, children)	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

9. Do you think stress could be a cause of your alopecia areata?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

10. If you answered 'yes' to question 9, is this idea shared by ...				
Your close circle <input type="checkbox"/>	Your GP <input type="checkbox"/>	Your dermatologist <input type="checkbox"/>	Internet (social networks, online support groups) <input type="checkbox"/>	I don't know <input type="checkbox"/>

11. If you answered 'yes' to question 9, do you think that stress could be the <u>only</u> cause of your alopecia areata?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

12. If you answered 'yes' to question 11, how do you feel about it?	
It's my fault <input type="checkbox"/>	It's reassuring to know that there's a cause <input type="checkbox"/>

13. Are you being followed by a psychologist or psychiatrist for your alopecia areata?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

14. If you answered 'yes' to question 13, please select the statement you most agree with regarding the aim of this follow-up:		
To cure alopecia areata <input type="checkbox"/>	To live with it more serenely <input type="checkbox"/>	Both <input type="checkbox"/>

APPENDIX S2

The Illness Perception Questionnaire-Revised (IPQ-R)

YOUR VIEWS ABOUT YOUR ILLNESS

Listed below are a number of symptoms that you may or may not have experienced since your illness. Please indicate by circling Yes or No, whether you have experienced any of these symptoms since your illness, and whether you believe that these symptoms are related to your illness.

I have experienced this symptom since my illness	This symptom is related to my illness				
Pain		Yes	No _____	Yes	No
Sore Throat	Yes	No _____	Yes	No	
Nausea		Yes	No _____	Yes	No
Breathlessness	Yes	No _____	Yes	No	
Weight Loss	Yes	No _____	Yes	No	
Fatigue		Yes	No _____	Yes	No
Stiff Joints	Yes	No _____	Yes	No	
Sore Eyes	Yes	No _____	Yes	No	
Wheeziness	Yes	No _____	Yes	No	
Headaches	Yes	No _____	Yes	No	
Upset Stomach	Yes	No _____	Yes	No	
Sleep Difficulties		Yes	No _____	Yes	No
Dizziness	Yes	No _____	Yes	No	
Loss of Strength	Yes	No _____	Yes	No	

We are interested in your own personal views of how you now see your current illness. Please indicate how much you agree or disagree with the following statements about your illness by ticking the appropriate box.

	VIEWS ABOUT YOUR ILLNESS	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE	AGREE	STRONGLY AGREE
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				NOR DISAGREE		
IP1	My illness will last a short time					
IP2	My illness is likely to be permanent rather than temporary					
IP3	My illness will last for a long time					
IP4	This illness will pass quickly					
IP5	I expect to have this illness for the rest of my life					
IP6	My illness is a serious condition					
IP7	My illness has major consequences on my life					
IP8	My illness does not have much effect on my life					
IP9	My illness strongly affects the way others see me					
IP10	My illness has serious financial consequences					
IP11	My illness causes difficulties for those who are close to me					
IP12	There is a lot which I can do to control my symptoms					
IP13	What I do can determine whether my illness gets better or worse					
IP14	The course of my illness depends on me					
IP15	Nothing I do will affect my illness					
IP16	I have the power to influence my illness					
IP17	My actions will have no effect on the outcome of my illness					

IP18	My illness will improve in time					
IP19	There is very little that can be done to improve my illness					
IP20	My treatment will be effective in curing my illness					
IP21	The negative effects of my illness can be prevented (avoided) by my treatment					
IP22	My treatment can control my illness					
IP23	There is nothing which can help my condition					
IP24	The symptoms of my condition are puzzling to me					
IP25	My illness is a mystery to me					
IP26	I don't understand my illness					
IP27	My illness doesn't make any sense to me					
IP28	I have a clear picture or understanding of my condition					
IP29	The symptoms of my illness change a great deal from day to day					
IP30	My symptoms come and go in cycles					
IP31	My illness is very unpredictable					
IP32	I go through cycles in which my illness gets better and worse					
IP33	I get depressed when I think about my illness					
IP34	When I think about my illness I get upset					
IP35	My illness makes me feel angry					

IP36	My illness does not worry me					
IP37	Having this illness makes me feel anxious					
IP38	My illness makes me feel afraid					

CAUSES OF MY ILLNESS

We are interested in what you consider may have been the cause of your illness. As people are very different, there is no correct answer for this question. We are most interested in your own views about the factors that caused your illness rather than what others including doctors or family may have suggested to you. Below is a list of possible causes for your illness. Please indicate how much you agree or disagree that they were causes for you by ticking the appropriate box.

	POSSIBLE CAUSES	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
C1	Stress or worry					
C2	Hereditary - it runs in my family					
C3	A germ or virus					
C4	Diet or eating habits					
C5	Chance or bad luck					
C6	Poor medical care in my past					
C7	Pollution in the environment					
C8	My own behaviour					
C9	My mental attitude e.g. thinking about life negatively					
C10	Family problems or worries caused my illness					
C11	Overwork					

C12	My emotional state e.g. feeling down, lonely, anxious, empty					
C13	Ageing					
C14	Alcohol					
C15	Smoking					
C16	Accident or injury					
C17	My personality					
C18	Altered immunity					

In the table below, please list in rank-order the three most important factors that you now believe caused YOUR illness. You may use any of the items from the box above, or you may have additional ideas of your own.

The most important causes for me:

1. _____
2. _____
3. _____