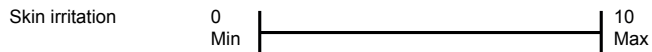


DEGREE OF OVERALL SKIN IRRITATION DURING THE PAST 3 DAYS

Using a vertical line, indicate the symptoms felt during the past 3 days on the horizontal line (0 = absence of irritation, 10 = intolerable irritation)

 Important: To be completed by the patient.



SEVERITY OF SKIN CONDITION DURING THE PAST 3 DAYS

Please indicate the intensity of each of the following symptoms during the past 3 days. 0 = zero intensity, 10 = intolerable intensity): darken one number between 0 an 10.

 Important: To be completed by the patient.

Skin condition felt:

- Tingling ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
- Burning ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
- Sensations of heat ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
- Tautness ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
- Itching ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
- Pain ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
- General discomfort ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
- Hot flashes ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Visible skin conditions:

- Redness ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Fig. S2. English version of Sensitive Scale-10.