

***BioDrugs***

**Assessing Pruritus in Hidradenitis Suppurativa: A Cross-sectional Study**

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ELECTRONIC SUPPLEMENTARY CONTENT

Supplement 1. The modified five-dimensional (5-D) itch scale

1.	<p><b>DURATION</b></p> <p><i>During the last two weeks, how many hours have you been itching?</i></p>	<p>&lt; 6 hours per day <input type="checkbox"/> <b>1</b></p> <p>6-12 hours per day <input type="checkbox"/> <b>2</b></p> <p>12-18 hours per day <input type="checkbox"/> <b>3</b></p> <p>18-23 hours per day <input type="checkbox"/> <b>4</b></p> <p>Whole day <input type="checkbox"/> <b>5</b></p>
2.	<p><b>DEGREE</b></p> <p><i>Please rate the intensity of your itching in the past 2 weeks?</i></p>	<p>Not present <input type="checkbox"/> <b>1</b></p> <p>Mild <input type="checkbox"/> <b>2</b></p> <p>Moderate <input type="checkbox"/> <b>3</b></p> <p>Severe <input type="checkbox"/> <b>4</b></p> <p>Unbearable <input type="checkbox"/> <b>5</b></p>
3.	<p><b>DIRECTION</b></p> <p><i>Over the past 2 weeks, has your itching gotten better or worse compared to the previous month?</i></p>	<p>Completely resolved <input type="checkbox"/> <b>1</b></p> <p><u>Much</u> better, but still present <input type="checkbox"/> <b>2</b></p> <p><u>Somewhat</u> better, but still present <input type="checkbox"/> <b>3</b></p> <p>Unchanged <input type="checkbox"/> <b>4</b></p> <p>Worsened <input type="checkbox"/> <b>5</b></p>
4.	<p><b>DISABILITY</b></p> <p><i>A. What was the impact of itching on your sleep over the last two weeks?</i></p>	<p><u>Never</u> affects sleep <input type="checkbox"/> <b>1</b></p> <p><u>Occasionally</u> delays falling asleep <input type="checkbox"/> <b>2</b></p> <p><u>Often</u> delays falling asleep <input type="checkbox"/> <b>3</b></p> <p>Delays falling asleep and <u>occasionally</u> wakes me up at night <input type="checkbox"/> <b>4</b></p> <p>Delays falling asleep and <u>frequently</u> wakes me up at night <input type="checkbox"/> <b>5</b></p>

	<i>B. Did the itching influence your leisure or social activities over the last two weeks?</i>	Not applicable <input type="checkbox"/> Never <input type="checkbox"/> <b>1</b> Rarely <input type="checkbox"/> <b>2</b> Occasionally <input type="checkbox"/> <b>3</b> Frequently <input type="checkbox"/> <b>4</b> Always <input type="checkbox"/> <b>5</b>	
	<i>C. Did the itching influence your homework or errands over the last two weeks?</i>	Not applicable <input type="checkbox"/> Never <input type="checkbox"/> <b>1</b> Rarely <input type="checkbox"/> <b>2</b> Occasionally <input type="checkbox"/> <b>3</b> Frequently <input type="checkbox"/> <b>4</b> Always <input type="checkbox"/> <b>5</b>	
	<i>D. Did the itching influence your work or school over the last two weeks?</i>	Not applicable <input type="checkbox"/> Never <input type="checkbox"/> <b>1</b> Rarely <input type="checkbox"/> <b>2</b> Occasionally <input type="checkbox"/> <b>3</b> Frequently <input type="checkbox"/> <b>4</b> Always <input type="checkbox"/> <b>5</b>	
<b>5.</b>	<b>DISTRIBUTION</b> <i>Mark whether itching has been present in the following bodyparts over the past 2 weeks. If a body part is not listed, choose the one that is closest anatomically.</i>	Head or scalp <input type="checkbox"/> Face <input type="checkbox"/> Chest <input type="checkbox"/> Armpits <input type="checkbox"/> Arms <input type="checkbox"/> Hands <input type="checkbox"/>	Abdomen <input type="checkbox"/> Back <input type="checkbox"/> Groins and genitals <input type="checkbox"/> Buttocks <input type="checkbox"/> Legs <input type="checkbox"/> Feet <input type="checkbox"/>