

SUPPLEMENTARY MATERIAL

Botulinum toxin-A alleviated persistent erythema and flushing in patients with
Erythema telangiectasia rosacea

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Supplementary Material

Flushing symptoms questionnaire

1. During the past 24 hours, how many times did you have flushing symptom?
No 1 2 3 more
2. OVERALL during the past 24 hours, how would rate your flushing symptoms(including redness,warmth,tingling or itching of your skin)?
Did not have Mild moderate severe Extreme
3. During the past 24 hours, about how long did your longest flushing symptoms last(including redness,warmth,tingling or itching of your skin)?
Did not have, <5 minutes, 5 minutes-1 hour, 1-2 hours, More than 2 hours
4. OVERALL during the past 24 hours, how BOTHERSOME were your flushing symptoms (including redness,warmth,tingling or itching of your skin)?
Not at all Slightly Bothersome very Extremely
5. During the past 24 hours, how would you rate the flushing-related REDNESS of your skin?
Did not have Mild moderate severe Extreme
6. During the past 24 hours, how would you rate the flushing-related WAEMTH?
Did not have Mild moderate severe Extreme
7. During the past 24 hours, how would you rate the flushing-related TINGLING?
Did not have Mild moderate severe Extreme
8. During the past 24 hours, how would you rate the flushing-related ITCHING?
Did not have Mild moderate severe Extreme
9. Did flushing symptoms cause you to have difficulty sleeping ladt night? [*response option: Y, N; if no, diary skipped to medication reminder*]
10. How BOTHERSOME was it to have difficulty sleeping last night duo to flushing?
Not at all Slightly Bothersome very Extremely

*The options to item are divided into five levels, and the corresponding scores are 0, 1–3, 4–6, 7–9, and 10 (except items 1, 3, and 9 item), respectively. In the ninth item, Yes = 1 and No = 0. In items 1 and 3, the corresponding scores are 0, 1, 2, 3, and 4.

Supplementary Table S1**Dermatology life quality index**

question	Very much 0	A lot 1	A little 2	Not at all 2
1.Over the last week, how itchy, sore. painful or tinging has your skin been?				
2.Over the last week, how embarrassed Very much or self conscious have you been because A lot G of your skin?				
3.Over the last week, how much has your skin interfered with you going shopping or looking after your home or garden?				
4.Over the last week, how much has your skin influenced the clothes you wear?				
5.Over the last week, how much has your skin affected any social or leisure activities?				
6.Over the last week, how much has your skin made It difficult for you to do any sport?				
7.Over the last week, has your skin prevented you from working or studying? If "No", over the last week how much has your skin been a problem at work or studying?				
8.Over the last week, how much has your skin created problems with your partner or any of your close friends or relatives?				
9.Over the last week, how much has your skin caused any sexual difficulties?				
10.Over the last week, how much of a problem has the treatment for your skin been, for example by making your home messy, or by taking tip time?				