



## Importance of Treatment Goals

With the help of the following questions, we'd like to know how important the below mentioned goals are to you personally in the **current treatment**.

For each of the following statements, please mark **how important** this treatment goal is to you. If a statement does not apply to you, e.g. because you do not have pain, please mark **"does not apply to me"**.

As a result of therapy, how important is it for you to...	not at all	somewhat	moderately	quite	very	does not apply to me
1)... be free of pain	<input type="radio"/>					
2)... be free of itching	<input type="radio"/>					
3)... no longer have burning sensations on your skin	<input type="radio"/>					
4)... be healed of all skin defects	<input type="radio"/>					
5)... be able to sleep better	<input type="radio"/>					
6)... feel less depressed	<input type="radio"/>					
7)... experience a greater enjoyment of life	<input type="radio"/>					
8)... have no fear that the disease will become worse	<input type="radio"/>					
9)... be able to lead a normal everyday life	<input type="radio"/>					
10)... be more productive in everyday life	<input type="radio"/>					
11)... be less of a burden to relatives and friends	<input type="radio"/>					
12)... be able to engage in normal leisure activities	<input type="radio"/>					
13)... be able to lead a normal working life	<input type="radio"/>					
14)... be able to have more contact with other people	<input type="radio"/>					
15)... be comfortable showing yourself more in public	<input type="radio"/>					
16)... be less burdened in your partnership	<input type="radio"/>					
17)... be able to have a normal sex life	<input type="radio"/>					
18)... be less dependent on doctor and clinic visits	<input type="radio"/>					
19)... need less time for daily treatment	<input type="radio"/>					
20)... have fewer out-of-pocket treatment expenses	<input type="radio"/>					
21)... have fewer side effects	<input type="radio"/>					
22)... find a clear diagnosis and therapy	<input type="radio"/>					
23)... have confidence in the therapy	<input type="radio"/>					
24)... get better skin quickly	<input type="radio"/>					
25)... regain control of the disease	<input type="radio"/>					

Please check once more if you have exactly marked each statement with an 'x'.

Our sincerest thanks for your cooperation!

## Treatment benefits

Please fill in the type of treatment for skin disease that you are currently undergoing (or which you underwent over the last 12 months):

**Treatment:** \_\_\_\_\_ **Since when?:** \_\_\_\_\_

O No treatment of skin disease over the last 12 months (--> please continue on the next page!)

Please mark for each of the following statements how well the goals of **the current treatment have already been met** and how beneficial the treatment has been. If a statement did not apply to you, e.g. because you had no pain, please mark **“did not apply to me”**.

The current treatment has helped me to...	not at all	somewhat	moderately	quite	very	did not apply to me
1)... be free of pain	<input type="radio"/>					
2)... be free of itching	<input type="radio"/>					
3)... no longer have burning sensations on your skin	<input type="radio"/>					
4)... be healed of all skin defects	<input type="radio"/>					
5)... be able to sleep better	<input type="radio"/>					
6)... feel less depressed	<input type="radio"/>					
7)... experience a greater enjoyment of life	<input type="radio"/>					
8)... have no fear that the disease will become worse	<input type="radio"/>					
9)... be able to lead a normal everyday life	<input type="radio"/>					
10)... be more productive in everyday life	<input type="radio"/>					
11)... be less of a burden to relatives and friends	<input type="radio"/>					
12)... be able to engage in normal leisure activities	<input type="radio"/>					
13)... be able to lead a normal working life	<input type="radio"/>					
14)... be able to have more contact with other people	<input type="radio"/>					
15)... be comfortable showing myself more in public	<input type="radio"/>					
16)... be less burdened in my partnership	<input type="radio"/>					
17)... be able to have a normal sex life	<input type="radio"/>					
18)... be less dependent on doctor and clinic visits	<input type="radio"/>					
19)... need less time for daily treatment	<input type="radio"/>					
20)... have fewer out-of-pocket treatment expenses	<input type="radio"/>					
21)... have fewer side effects	<input type="radio"/>					
22)... find a clear diagnosis and therapy	<input type="radio"/>					
23)... have confidence in the therapy	<input type="radio"/>					
24)... get better skin quickly	<input type="radio"/>					
25)... regain control of the disease	<input type="radio"/>					

Please check once more if you have exactly marked each statement with an 'x'.

Our sincerest thanks for your cooperation!