Appendix 1: Questionnaire - Set 1

HEALTH RELATED QUALITY OF LIFE QUESTIONNAIRE FOR PRIMARY HYPERHIDROSIS

Demographic Details				
RN				
Name				
I/C No.				
Age				
Gender	☐ Male ☐Female			
Race	☐Malay ☐Chinese ☐Indian ☐Others			
Occupation				
Date of Operation				
Date of Discharge				
Date of Follow Up				
Date of Last Follow Up				

A. The questions below are focused on your main presenting complaint including its severity. Please tick (X) your answer in the corresponding box where appropriate.

The definition of the severity is given below:

- **None –** not having any problems
- **Mild:** aware of increase in sweating and sought medical treatment but did not have to take any social precautions and had no lifestyle impact
- **Moderate:** had to take social precautions, such as providing an extra shirt in axillary hyperhidrosis or having to constantly hold a small hand towel in palmar hyperhidrosis, but with no lifestyle impact
- **Severe:** not only took social precautions but had a major impact on lifestyle, such as avoiding social functions, change of job and emotional strain

Primary Hyperhidrosis

1. Where is/are the location(s) of your main presenting complaint?

☐ Face, and
☐ Axilla, and
☐ Palms, and
☐ Soles

2. For each of the locations you mentioned above, please rate the severity of the symptoms.

Face:
☐ None
☐ Mild
☐ Moderate
☐ Severe

Axilla:
☐ None
☐ Mild
☐ Moderate
☐ Severe

Palms:
☐ None
☐ Mild
☐ Moderate
☐ Severe

Soles:
☐ None
☐ Mild
☐ Moderate
☐ Severe

B. The questions below are focused on RECURRENCE of primary hyperhidrosis. Please tick (X) your answer in the corresponding box where appropriate.

(RECURRENCE means similar occurrence of symptoms at the SAME site[s] of complaint after surgery)

1. Do you experience any recurrences of your main presenting complaint?

☐ Yes ☐ No **(If NO, please proceed to part C)**

2. If **YES**, where is/are the location(s)?

☐ Face, and
☐ Axilla, and
☐ Palms, and
☐ Soles

3. If **YES,** when was the first time you noticed the recurrence?

☐ 1 week after surgery
☐ 2 weeks after surgery
☐ 3 weeks after surgery
☐ 4 weeks after surgery
☐ 5 weeks after surgery
☐ 6 weeks after surgery
☐ 7 weeks after surgery
☐ 8 weeks after surgery
☐ more than 2 months after surgery
☐ more than 3 months after surgery
☐ more than 4 months after surgery
☐ more than 5 months after surgery
☐ more than 6 months after surgery
☐ between 7 months and 1 year after surgery
☐ between 1 year and 2 years after surgery
☐ more than 2 years after surgery

C. The questions below are focused on COMPENSATORY SWEATING and its severity. Please tick (X) your answer in the corresponding box where appropriate.

(COMPENSATORY SWEATING means occurrence of similar symptoms at DIFFERENT site[s] than the initial complaint before surgery)

1. Do you experience new excessive sweating apart from the main location(s) you mentioned above in part A after surgery?

☐ Yes ☐ No **(If NO, you do not have to proceed)**

2. If **YES**, where is/are the new location(s)?

☐ Face, and
☐ Axilla, and
☐ Palms, and
☐ Trunk, and
☐ Abdomen/Groin, and

☐ Lower limbs, and
☐ Soles, and
☐ Gustatory sweating (Facial sweating after ingesting food)

3. When was the first time you experienced the new excessive sweating?

☐ 1 week after surgery
☐ 2 weeks after surgery
☐ 3 weeks after surgery
☐ 4 weeks after surgery
☐ 5 weeks after surgery
☐ 6 weeks after surgery
☐ between 6 weeks and 8 weeks after surgery
☐ between 2 months and 6 months after surgery
☐ more than 6 months after surgery

4. How long was the duration of your new excessive sweating?

☐ 1 week
☐ 2 weeks
☐ 3 weeks
☐ 4 weeks
☐ 2 months
☐ 3 months
☐ 4 months
☐ 5 months
☐ 6 months
☐ 7 months – 1 year
☐ more than 1 year

5. For each of the new locations you mentioned above, please rate the severity of symptoms.

Face:
☐ None
☐ Mild
☐ Moderate
☐ Severe

Axilla:
☐ None
☐ Mild
☐ Moderate
☐ Severe

Palms:
☐ None
☐ Mild
☐ Moderate
☐ Severe

Trunk:
☐ None
☐ Mild
☐ Moderate
☐ Severe

Abdomen/Groin:
- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe

Lower limbs:
- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe

Soles:
- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe

Gustatory sweating:
- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe

PLEASE RE-CHECK THIS DOCUMENT UPON COMPLETION.

Thank you for your participation in this survey.