Appendix 2: HRQOL Questionnaire - Set 2

HEALTH RELATED QUALITY OF LIFE QUESTIONNAIRE FOR PRIMARY HYPERHIDROSIS

How would you rate the severity of your hyperhidrosis? Please **check** a box that is appropriate

1. ☐ **Mild**: aware of increase in sweating and sought medical treatment but did not have to take any social precautions and had no lifestyle impact
2. ☐ **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
3. ☐ **Severe**: not only took social precautions but had a major impact on lifestyle, such as avoiding social functions, change of job and emotional strain

The questions below focus on your quality of life before and after surgery. They are scaled 0 (worst) to 10 (excellent). Please circle the appropriate one for your condition.

In general, you would say that **Quality of Life** related to hyperhidrosis **before and after** (at least 30 days) **the surgery** was:

(Scale: 0=Worst, 10=Excellent)

Before Surgery										
0	1	2	3	4	5	6	7	8	9	10

After Surgery										
0	1	2	3	4	5	6	7	8	9	10

Overall, are you **satisfied** with the outcome of the surgery you had at least 30 days after the surgery?

(Scale: 0=Totally Not Satisfied, 10=Totally Satisfied)

Totally not satisfied										Totally satisfied
0	1	2	3	4	5	6	7	8	9	10

0 = worst 10 = excellent

1. **Functional Domain: In relation to items below, how would you rate your Quality of Life?**

Questions are related to sweating on your hands.
(Scale: 0=Worst, 10=Excellent)

	Before Surgery											After Surgery										
1. Writing?	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
2. Typing on keyboard?	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
3. Turning knobs or faucets?	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
4. Driving a car/ riding a motorcycle?	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
5. Eating with forks, knives or spoons?	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
6. Wearing fabric, leather or rubber gloves?	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
7. Grasping objects?	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
8. Performing work or school tasks?	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
9. Engaging in sports activity?	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10

Questions are related to sweating on your feet.
(Scale: 0=Worst, 10=Excellent)

	Before Surgery											After Surgery										
1. Putting on socks or stockings?	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
2. Walking barefoot?	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
3. Wearing sandals, shoes or high-heel shoes?	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
4. Performing work/ school tasks?	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
5. Engaging in sports activity?	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10

Questions are related to sweating from your axilla.

(Scale: 0=Worst, 10=Excellent)

	Before Surgery											After Surgery										
1. Sweating from your axilla?	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
2. Changing clothes?	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
3. Performing tasks at school/ work?	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10

2. Social Domain: how would you rate your Quality of Life following the items below?

Questions are related to sweating on your hands.

(Scale: 0=Worst, 10=Excellent)

	Before Surgery											After Surgery										
1. Shaking hand with others?	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
2. Socializing in public places?	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
3. Hugging other people?	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10

3. Personal Domain, with your partner/spouse. How would you rate your Quality of Life?

(Scale: 0=Worst, 10=Excellent)

	Before Surgery											After Surgery										
1. Holding hands?	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
2. Attempting to initiate intimate contact?	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10

4. Psychological Domain: How would you rate items below after sweating excessively?

(Scale: 0=Worst, 10=Excellent)

	Before Surgery											After Surgery										
1. Body image?	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
2. People acceptance?	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
3. Level of confidence?	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
4. Level of happiness?	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
5. Satisfaction in daily activities?	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
6. General well-being?	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
7. Confidence in socializing?	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10