

Information to Parents

Eczema is a common skin condition in children. The principals to treating and controlling eczema include good skin care with moisturizers, along with anti-inflammatory medications such as topical corticosteroids.

However, many people feel reluctant to use topical corticosteroids because of their supposed secondary effects.

A questionnaire (TOPICOP) has been created in order to better understand the origins of these fears.

The questionnaire consists of the following topics:

- Demographic/personal information (e.g. age & gender)
- TOPICOP score (measures level of reluctance to use topical corticosteroids)
- Your comments about this questionnaire

Thank you for filling out the following information:

Age of patient:

Sex of the parent filling out the questionnaire: Male/Female

Who is filling out the questionnaire: parent/child

Family history of eczema: Father Y/N, Mother Y/N, Siblings: Y/N

Professional category:

| | |
|--|--|
| Higher management position and or professional occupation, e.g. company director, doctor, teacher. | |
| Lower-level management position and professional occupations/positions, e.g. nurse, police officer, soldier | |
| Intermediate occupations/positions e.g. secretary, administrative assistant, driving instructor, computer operator | |
| Small employers and self-employed personnel e.g. farmer, taxi driver | |
| Lower supervisory, skilled-workers and related occupations e.g. plumber, train driver, butcher | |
| Semi-routine occupations, e.g. shop assistant, hairdresser, bus driver | |
| Routine occupations e.g. waiter, cleaner, building labourer | |

| | |
|--------------------------------------|--|
| Long term unemployed/ never employed | |
|--------------------------------------|--|

TOPICOP

Your doctor has prescribed or is prescribing topical corticosteroids for you or your child, to be applied to the affected skin. Through this questionnaire we would like to know your feelings about this type of treatment. .

For each question, mark the answer that best fits your opinion.

Mark **one** box per line

TOPICOP

Topical corticosteroids can be absorbed into the bloodstream.

Not at all Not really To some extent Absolutely I do not understand the statement

Topical corticosteroids can lead to infections.

Not at all Not really To some extent Absolutely I do not understand the statement

Topical corticosteroids can make you fat

Not at all Not really To some extent Absolutely I do not understand the statement

Topical corticosteroids damage your skin.

Not at all Not really To some extent Absolutely I do not understand the statement

Topical corticosteroids will affect your future health negatively

Not at all Not really To some extent Absolutely I do not understand the statement

Using topical corticosteroids can lead to asthma.

Not at all Not really To some extent Absolutely I do not understand the statement

I am afraid of putting topical corticosteroids on certain skin areas such as eyelids.

Absolutely not Not really A little Absolutely I do not understand the

I do not know of any side effects, but I am still afraid of using topical corticosteroids

Not at all Not really To some extent Absolutely I do not understand the statement

I am afraid of applying too much topical corticosteroids.

Not at all Not really To some extent Absolutely I do not understand the statement

I wait as long as I can before treating myself or my child with topical corticosteroids.

never sometimes often always I do not understand

I stop topical corticosteroid treatment as soon as I can.

never sometimes often always I do not understand

I need reassurance about topical corticosteroids.

Not at all Not really To some extent Absolutely I do not understand the statement

Feasibility Acceptability

Please select the option that you most agree with

| | Not at all difficult | Not really difficult | A little difficult | Very difficult |
|--|----------------------|----------------------|--------------------|----------------|
| Did you consider this form difficult to fill out ? | | | | |

| | Not at all difficult | Not really difficult | A little difficult | Very difficult |
|-----------------------------------|----------------------|----------------------|--------------------|----------------|
| Were the questions clear to you ? | | | | |

How long did it take to fill out the questionnaire?

| | |
|--------------------------|--|
| Less than five minutes | |
| Between 5 and 10 minutes | |
| More than 10 minutes | |

Free comments:

| For each question, rate the difficulty of answering the question | Easy | Moderate | Difficult |
|---|-------------|-----------------|------------------|
| Topical corticosteroids can be absorbed into the bloodstream | | | |
| Topical corticosteroids can lead to infections | | | |
| Topical corticosteroids can make you fat | | | |
| Topical corticosteroids damage your skin | | | |
| Topical corticosteroids will affect your future health negatively | | | |
| Topical corticosteroids can lead to asthma | | | |
| I am afraid of putting topical corticosteroids on certain skin areas such as eyelids. | | | |
| I do not know of any side effects, but I am still afraid of using topical corticosteroids | | | |
| I am afraid of applying too much topical corticosteroids | | | |
| I wait as long as I can before treating myself or my child with topical corticosteroids | | | |
| I stop the use of topical corticosteroid treatment as soon as I can | | | |
| I need reassurance about topical corticosteroids | | | |

Appendix: Consent Form

INFORMATION TO PATIENTS PARTICIPATING IN THE VALIDATION OF THE QUESTIONNAIRE

You are being asked to participate in an international clinical research study. The aim of the study is to validate a score, which measures and characterizes the beliefs, fears and behavior of patients with eczema in relation to the use of topical corticosteroids. The study also aims to investigate the causes of these fears, beliefs and behaviors and their impact on daily treatment.

As you are aware, eczema is a common disease, which is mainly treated using topical corticosteroids. Patients and parents are frequently concerned about the consequences of using corticosteroids on themselves or on their children. These concerns may lead to difficulties in adhering to prescribed treatments.

If you decide to participate in this study, you will be asked to complete a brief, one-time questionnaire about topical corticosteroids and any fears you may have surrounding their use. Overall, being in this study may add 5-20 minutes to your visit today.

This study does not include any direct identifiers, like your child's name or your contact information. We will only collect the age, gender, and occupation/education of the individual completing the survey along with age of the individual with eczema.

Participation in this study is completely voluntary. You can decide to participate or not without any impact on your child's treatment. Your child will receive the same care whether or not he/she is in this study.

I have read the information letter concerning the study which aims to assess corticosteroid-phobia in the treatment of eczema and I have understood its content.

I agree to participate in this study.

Date:

Patient's signature:

Study personnel signature: