Post-Marketing surveillance study of Emollient Plus Medical Device Cream (16926)

Patient questionnaire

Part 1: Personal questionnaire

Please indicate your/your child's gender (of the person who was using the medical device emollient cream)?

☐ Woman
☐ Male

Please indicate the age range in which you/your child is?

☐ 4-12 months

☐ 12-36 months

☐ 3-12 years

☐ 13-18 years

☐ >18 years

What skin problems did you/your child have before starting Emotopic?

Please indicate all correct answers.

☐ Atopic dermatitis (AD)

☐ Erythema

☐ Scaling skin and pruritus

Part 2: Evaluation of the product in use.

During the evaluation of the product, did you use any other products that could have affected the skin condition?

☐ yes, medicines (which? .....)
☐ Yes, cosmetics (which? .....)
☐ I have only used the medical device emollient cream

When did you notice an improvement in your skin condition?

☐ After the first application
☐ After 3 days of application
☐ Within 7 days of product use
☐ After 7 days of product use
☐ After 14 days of product use
☐ No improvement was noticed

Did the product help reduce/mitigate the symptoms listed below?

Did you/your child experience any of the following symptoms (Y (yes)/N (no)). If symptoms were present, please indicate how the application of the product affected the following parameters?

1) <u>Intensity of pruritus after product use</u>

Please express your feelings from 1 to 5 according to the scale below:

1 Increased
2 Did not change
3 Slightly reduced
4 Reduced
5 Significantly reduced

Symptom	**Y/N**	**Scale**				
		1	2	3	4	5
Pruritus						

2) <u>Quality of sleep</u>

Please express your feelings from 1 to 5 according to the scale below:

1 Deterioration of sleep
2 Did not change
3 Slight improvement

4 Improvement

5 Significant improvement

Symptom	**Y/N**	**Scale**				
		1	2	3	4	5
Quality of sleep						

3) Dry skin sensation

Please express your feelings from 1 to 5 according to the scale below:

1 Increased

2 Did not change

3 Slightly reduced

4 Reduced

5 Significantly reduced

Symptom	**Y/N**	**Scale**				
		1	2	3	4	5
Dry skin sensation						

4) Presence of erythema

Please express your feelings from 1 to 5 according to the scale below:

1 Increased

2 Did not change

3 Slightly reduced

4 Reduced

5 Significantly reduced

Symptom	**Y/N**	**Scale**				
		1	2	3	4	5
Presence of erythema						

5) Presence of exudates and scabs

Please express your feelings from 1 to 5 according to the scale below:

1 Increased in number

2 Did not change

3 Slightly reduced in number

4 Reduced in number

5 Significantly reduced in number

Symptom	**Y/N**	**Scale**				
		1	2	3	4	5
Presence of exudates and scabs						

6) Burning sensation

Please express your feelings from 1 to 5 according to the scale below:

1 Increased

2 Did not change

3 Slightly reduced

4 Reduced

5 Significantly reduced

Symptom	**Y/N**	**Scale**				
		1	2	3	4	5
Burning sensation						

Did you/your child feel that the skin was moisturised after using the product?

1 No difference was observed

2 Felt well moisturised

3 Slightly reduced

Skin was moisturised	**Scale**		
	1	2	3

Is the information on the product label clear and easy to understand?

☐ YES ☐ NO

Comments:

Do you find the packaging of the product convenient to use/user friendly?

☐ YES ☐ NO

Comments:

Is the absence of product fragrance acceptable to you/your child?

1 Not acceptable

2 Acceptable

3 Very acceptable

4 Excellent

Odourless product	**Scale**			
	1	2	3	4

Comments / any other relevant information:
