

Appendix 1

DUPILUMAB-ASSOCIATED OCULAR SURFACE DISEASE: ACTIVITY ASSESSMENT QUESTIONNAIRE

Part I: Information regarding current treatment with Dupilumab

1. Are you currently undergoing treatment with Dupilumab?
 Yes No
2. What was the medical reason for initiating treatment with Dupilumab?
 Atopic Dermatitis Asthma Rhinosinusitis Eosinophilic Esophagitis Nodular Prurigo

Part II: Ocular symptoms information

1. Were any symptoms present before Dupilumab treatment?
 Yes No
 - 1.1 If yes, how did those symptoms evolve during Dupilumab treatment?
 Increased Decreased Remained the same
2. In the last 7 days, have you experienced any ocular symptoms?
 Yes No
3. Stinging sensation and/or dry eye sensation in one or both eyes?
 Yes No
4. Redness in one or both eyes?
 Yes No
5. Itching in one or both eyes?
 Yes No
6. Discharge in one or both eyes?
 Yes No
7. Change in vision (such as blurring or reduced vision) in one or both eyes?
 Yes No
8. Sensitivity to light in one or both eyes?
 Yes No

Part III: Symptoms impact in daily life

1. From 0 to 10, how would you rate your eye discomfort in your daily life? (0= not bothersome at all; 10 = extremely bothersome - as bad as it can get) _____

Part IV: Study participation

1. In case you meet the criteria for the second part of the study, would you be available for an ophthalmology assessment?
 Yes No

Score Sheet

Answering “no” to the first question in Part I of the questionnaire will result in exclusion from the study.

Answering “no” to the question in Part IV of the questionnaire will result in exclusion from the study.

Based on the answers obtained in Part II and III of the questionnaire, only patients who meet one of the following criteria will be selected:

Cases (Group A):

- Three or more symptoms, regardless of their impact on the patient's daily life.
- One or more symptoms, with a rating of five or higher assigned to the impact on the patient's daily life.

Controls (Group B):

- Fewer than three ocular symptoms and no impact on daily life (severity score of zero).

Appendix 1. Questionnaire adapted from the DAOSD Activity Assessment Questionnaire who was administered *via* telephone to select patients for a noninvasive ocular surface evaluation based on predefined inclusion and exclusion criteria.

Appendix 2

DUPIUMAB-ASSOCIATED OCULAR SURFACE DISEASE

Informed consent date: __/__/__

Part I: General patient information

1. Age _____
2. Sex
 Feminine Masculine

Part II: Clinical patient information

3. What was the medical reason for initiating treatment with Dupilumab?
 Atopic Dermatitis Asthma Rhinosinusitis Eosinophilic Esophagitis Nodular Prurigo
4. How old were you when you received the diagnosis mentioned in the previous question?
 0-10 years old 10-20 years old 20-30 years old 30-40 years old 40-50 years old more than 50 years old
5. How long have you been undergoing treatment with Dupilumab?
 0-2 months 2-4 months 4-6 months 6-8 months 10-12 months more than 12 months
6. Do you have any other diseases?
 Yes No
6.1 If yes, which one(s)? _____
7. Do you have any ophthalmological disease?
 Yes No
7.1 If yes, which one(s)? _____
8. Have you ever undergone ophthalmological treatment?
 Yes No
8.1 If yes, what was the reason? _____
8.2 If yes, what treatment did you undergo? _____
8.3 If yes, how long did the treatment last? _____
9. After starting treatment with Dupilumab, have you ever sought medical services due to ocular symptoms?
 Yes No
9.1 If yes, how long has passed between the start of treatment and the appearance of the first symptoms?
 1-2 weeks 2-4 weeks 1-3 months 3-6 months 6-12 months 1-3 years more than 3 years
9.2 If yes, did you need ophthalmological treatment?
 Yes No
9.2.1 If yes, did the symptoms subside after the recommended treatment?
 Yes No

Appendix 2. Questionnaire on Dupilumab-treatment, past or current ophthalmological conditions, use of ophthalmic medication.