

APPENDIX 1

Patient initials* : _____

Patient Number: _____

* First 2 letters of 1st Name and 1st letter of Last Name

Visit Date: ____/____/_____
DD MM YYYY

Asian Doctors Hands on Experience through Real life Efficacy (ADHERE)

Physician Assessment Questionnaire

General Instruction: Kindly complete this multiple-choice questionnaire by ticking the box of your corresponding answer, or otherwise complete the statement accordingly.

CONFIRMATION OF ELIGIBILITY

1. The patient fulfils all study entry criteria ☐ YES ☐ NO

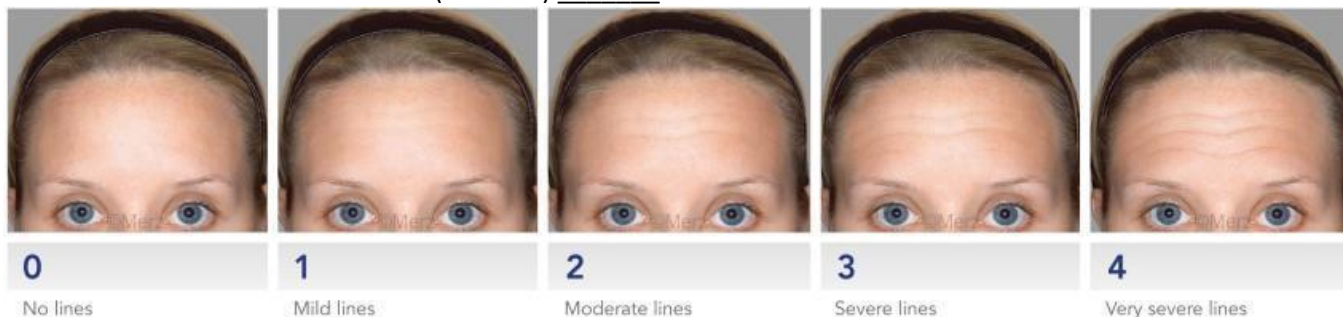
2. Date of Consent: ____/____/_____
DD MM YYYY

BASELINE VISIT

1. Gender ☐ MALE ☐ FEMALE

2. Age _____

3. Forehead Lines Assessment (Baseline) _____



4. Validated forehead lines grading scale - dynamic (with expression) _____



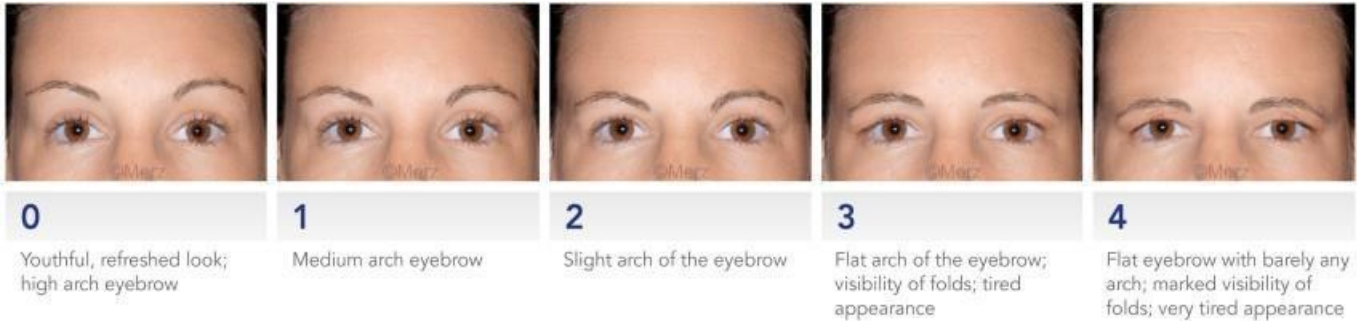
Patient initials* : _____

Patient Number: _____

* First 2 letters of 1st Name and 1st letter of Last Name

Visit Date: ____/____/____
DD MM YYYY

5. Validated brow positioning grading scale _____



6. Validated crow's feet grading scale – at rest _____



7. Validated crow's feet grading scale – dynamic (with expression) _____



8. Glabellar lines – at rest _____



Patient initials* : _____

Patient Number: _____

* First 2 letters of 1st Name and 1st letter of Last Name

Visit Date: ____/____/____
DD MM YYYY

9. Glabellar lines – dynamic _____



I have personally reviewed all data recorded on this form and found them to be complete and accurate.

PHYSICIAN'S SIGNATURE

Date: ____/____/____
DD MM YYYY

Patient initials* : _____

Patient Number: _____

* First 2 letters of 1st Name and 1st letter of Last Name

Visit Date: ____/____/____
DD MM YYYY

Asian Doctors Hands on Experience through Real life Efficacy (ADHERE)

Physician Assessment Questionnaire

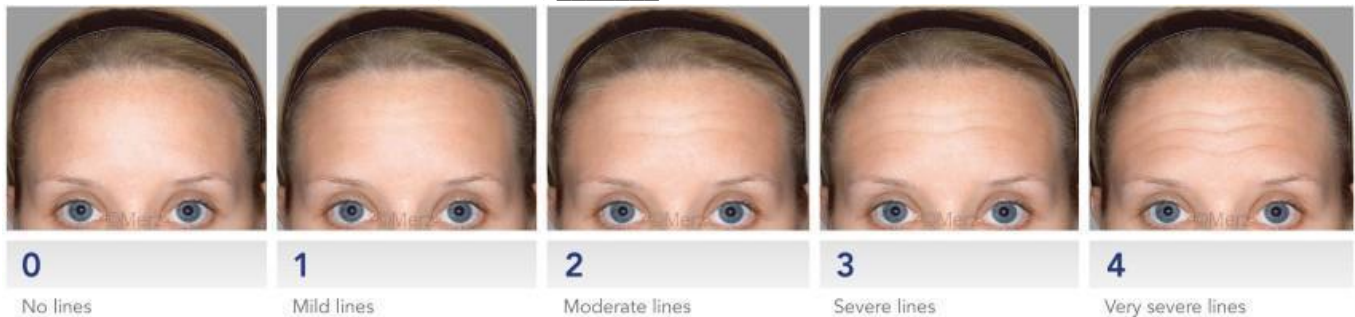
General Instruction: Kindly complete this multiple-choice questionnaire by ticking the box of your corresponding answer, or otherwise complete the statement accordingly.

FOLLOW-UP VISIT (AT 4 days treatment)

1. Gender || MALE || FEMALE

2. Age _____

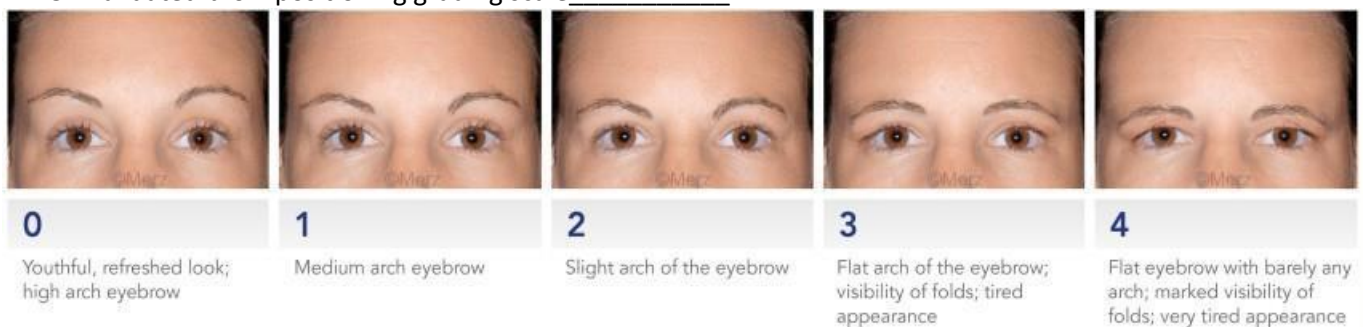
3. Forehead Lines Assessment (Baseline) _____



4. Validated forehead lines grading scale - dynamic (with expression) _____



5. Validated brow positioning grading scale _____



Patient initials* : _____

Patient Number: _____

* First 2 letters of 1st Name and 1st letter of Last Name

Visit Date: ____/____/____
DD MM YYYY

6. Validated crow's feet grading scale – at rest _____



7. Validated crow's feet grading scale – dynamic (with expression) _____



8. Glabellar lines – at rest _____



9. Glabellar lines – dynamic _____



I have personally reviewed all data recorded on this form and found them to be complete and accurate.

PHYSICIAN'S SIGNATURE

Date: ____/____/____
DD MM YYYY

Patient initials* : _____

Patient Number: _____

* First 2 letters of 1st Name and 1st letter of Last Name

Visit Date: ____/____/____
DD MM YYYY

Asian Doctors Hands on Experience through Real life Efficacy (ADHERE)

Physician Assessment Questionnaire

General Instruction: Kindly complete this multiple-choice questionnaire by ticking the box of your corresponding answer, or otherwise complete the statement accordingly.

FOLLOW-UP VISIT (AT 2 weeks treatment)

1. Gender || MALE || FEMALE

2. Age _____

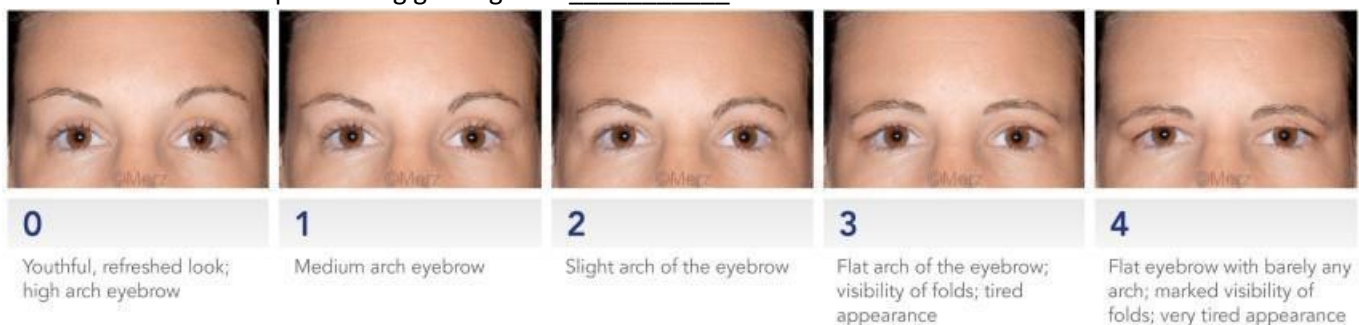
3. Forehead Lines Assessment (Baseline) _____



4. Validated forehead lines grading scale - dynamic (with expression) _____



5. Validated brow positioning grading scale _____



Patient initials* : _____

Patient Number: _____

* First 2 letters of 1st Name and 1st letter of Last Name

Visit Date: ____/____/____
DD MM YYYY

6. Validated crow's feet grading scale – at rest _____



7. Validated crow's feet grading scale – dynamic (with expression) _____



8. Glabellar lines – at rest _____



9. Glabellar lines – dynamic _____



I have personally reviewed all data recorded on this form and found them to be complete and accurate.

PHYSICIAN'S SIGNATURE

Date: ____/____/____
DD MM YYYY

Patient initials*: _____

Patient Number: _____

* First 2 letters of 1st Name and 1st letter of Last Name
 Visit Date: ____/____/____
 DD MM YYYY

Asian Dermatologist Hands on Experience through Real life Efficacy (ADHERE)

Patient Satisfaction Survey

General Instruction: Kindly complete this multiple-choice questionnaire by ticking the box of your corresponding answer, or otherwise complete the statement accordingly.

Baseline Visit

1. My facial wrinkles bother me
 A lot ☐ A little ☐ Not at all ☐
2. My facial wrinkles make me look older than I feel?
 A lot ☐ A little ☐ Not at all ☐
3. My facial wrinkles compromise my appearance
☐ A lot ☐ A little ☐ Not at all

 _____ DATE: ____/____/____
 Patient's initials DD MM YYYY

Patient initials*: _____

Patient Number: _____

* First 2 letters of 1st Name and 1st letter of Last Name

Visit Date: ____/____/____
DD MM YYYY

Asian Dermatologist Hands on Experience through Real life Efficacy (ADHERE)

Patient Satisfaction Survey

General Instruction: Kindly complete this multiple-choice questionnaire by ticking the box of your corresponding answer, or otherwise complete the statement accordingly.

FOLLOW-UP VISIT (after two(2) days treatment)

1. Are you overall satisfied with your treatment?
☐ Very Satisfied ☐ Satisfied ☒ Dissatisfied ☐ Very disappointed
2. Over the last 2 days, my facial wrinkles bother me
☐ A lot ☐ A little ☐ Not at all
3. Over the last 2 days, my facial wrinkles make me look older than I feel?
☐ A lot ☐ A little ☐ Not at all
4. Over the last 2 days, my facial wrinkles compromise my appearance
 A lot ☐ A little ☐ Not at all ☐

Patient's initials DATE: ____/____/____
DD MM YYYY

FOLLOW-UP VISIT (after four(4) days treatment)

5. Are you overall satisfied with your treatment?
☐ Very Satisfied ☐ Satisfied ☒ Dissatisfied ☐ Very disappointed
6. Over the last 4 days, my facial wrinkles bother me
☐ A lot ☐ A little ☐ Not at all
7. Over the last 4 days, my facial wrinkles make me look older than I feel?
☐ A lot ☐ A little ☐ Not at all
8. Over the last 4 days, my facial wrinkles compromise my appearance
 A lot ☐ A little ☐ Not at all ☐

Patient's initials DATE: ____/____/____
DD MM YYYY