APPENDIX 1

No lines

			<u>/</u>	ADHERE
atient initials*: Patient Number:			n Derministriggat Harryts on Experience Brough Read Me Efficacy.	
* First 2 letters of 1 st Name and 1 st l	etter of Last Name			
Visit Date: // DD MM YYYY	_			
Asian Doctors Hands on I	xperience thro	ugh R eal life E ffica	cy (ADHERE)	
Physician Assessment Que	stionnaire			
General Instruction: Kindly complete this mu accordingly.	Itiple-choice questionnaire by	ticking the box of your correspond	ing answer, or otherwise compl	lete the statement
	CONFIRMA	TION OF ELIGIBILITY		
1. The patient fulfils al	study entry crite	ria YES 1	10	
2. Date of Consent:	/	<u></u>		
	DD MM \	/YYY		
	ВА	SELINE VISIT		
1. Gender	FEMALE			
2. Age				
3. Forehead Lines Asse	ssment (Baseline)			
	O Me (O)		(a)	
0 1		2	2	1

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

Mild lines



Moderate lines

Severe lines

Very severe lines

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*:	 me and 1 st letter of Last Na	Patient Number:		
Visit Date:/_		ine		
9. Glabellar lin	es – dynamic			
Mistr	Melz			A Map
0	1	2	3	4
No glabellar lines	Mild glabellar lines	Moderate glabellar lines	Severe glabellar lines	Very severe glabellar lines
I have personally re	viewed all data record	ed on this form and four	nd them to be comple	te and accurate.

DD MM YYYY

PHYSICIAN's SIGNATURE

		AUDERE
Patient initials* :	Patient Number:	Anian Dermatologist Hands on Experience grouph Real Me Efficacy
* First 2 letters of 1 st Name and 1 st 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 _____

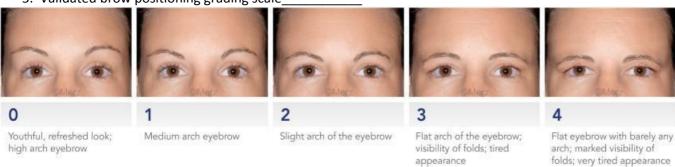
3. Forehead Lines Assessment (Baseline)



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 No wrinkles Mild wrinkles Moderate wrinkles Severe wrinkles Very severe wrinkles 7. Validated crow's feet grading scale – dynamic (with expression) 0 3 No wrinkles Mild wrinkles Moderate wrinkles Severe wrinkles Very severe wrinkles 8. Glabellar lines – at rest 2 0 3 Mild glabellar lines No glabellar lines Moderate glabellar lines Severe glabellar lines Very severe glabellar lines 9. Glabellar lines – dynamic 2 3 0 No glabellar lines Mild glabellar lines Moderate glabellar lines Severe glabellar lines Very severe glabellar lines I have personally reviewed all data recorded on this form and found them to be complete and accurate. Date:___/__/__
DD MM YYYY

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PHYSICIAN's SIGNATURE

		ADITER
Patient initials* :	Patient Number:	Asilen Dernatologist Hands on Experience through Real Me Efficacy
* First 2 letters of 1 st Name and 1 st letter of Last Name		

Visit Date: ____/____ DD MM YYYY

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

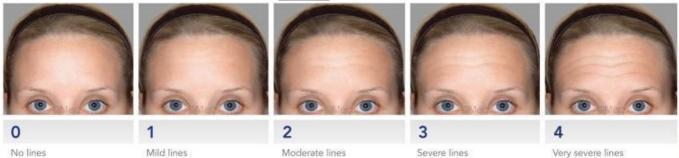
Physician Assessment Questionnaire

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)_____





Patient initials* :		Patient	Number:	Yanda on Espanhence Brough Flood Mc Efficacy
* First 2 letters of 1 st Name a				
Visit Date: /, DD MM	/ YYYY			
6. Validated crow	r's feet grading scale –	at rest		
0	1	2	3	4
No wrinkles	Mild wrinkles	Moderate wrinkles	Severe wrinkles	Very severe wrinkles
O/Merz /	CMerz	Civierz	GMerc	©Merz.
0	1	2	3	4
No wrinkles	Mild wrinkles	Moderate wrinkles	Severe wrinkles	Very severe wrinkles
8. Glabellar lines –	- at rest			
O Merz	O NAT	Marz	Merz	Mer
0	1	2	3	4
No glabellar lines	Mild glabellar lines	Moderate glabellar lines	Severe glabellar lines	Very severe glabellar lines
9. Glabellar lines –	- dynamic	-		a Map
0	1	2	3	4
No glabellar lines	Mild glabellar lines	Moderate glabellar lines	Severe glabellar lines	Very severe glabellar lines
I have personally revie	wed all data recorded o	on this form and found Date: / /	them to be complete	and accurate.

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DD MM YYYY

PHYSICIAN's SIGNATURE



Patient initials*:	Patient Number:
* First 2 letters of 1^{st} Name and 1^{st} letter of Las	st Name
Visit Date: // DD MM YYYY	
Asian Dermatologist Hands on Ex	xperience through R eal life E fficacy (ADHERE)
Patient Satisfaction Survey	
General Instruction: Kindly complete this multiple-choice q statement accordingly.	uestionnaire by ticking the box of your corresponding answer, or otherwise complete the
	Baseline Visit
My facial wrinkles bother me A lot	Not at all
2. My facial wrinkles make me look old A lot A little	Not at all
3. My facial wrinkles compromise my a ☐A lot ☐ A little	appearance Not at all
	DATE:/
Patient's initials	DD MM YYYY



Patient initials*:	Patient Number:
* First 2 letters of 1 st Name and 1 st letter of Last Name	
Visit Date:/ DD MM YYYY	
Asian Dermatologist Hands on Experience Patient Satisfaction Survey	e through R eal life E fficacy (ADHERE)
General Instruction: Kindly complete this multiple-choice questionnaire by statement accordingly.	ticking the box of your corresponding answer, or otherwise complete the
FOLLOW-UP VISIT (after	two(2) days treatment)
Are you overall satisfied with your treatment? Very Satisfied Satisfied Dsappointed	Very disappointed
2. Over the last 2 days, my facial wrinkles bother me A lot A little	e □Not at all
3. Over the last 2 days, my facial wrinkles make m ☐ A lot ☐ A little	e look older than I feel? Not at all
4. Over the last 2 days, my facial wrinkles comprod	mise my appearance Not at all
Patient's initials	DD MM YYYY
FOLLOW-UP VISIT (after	four(4) days treatment)
5. Are you overall satisfied with your treatment? Very Satisfied Satisfied Dsappointed	☐Very disappointed
6. Over the last 4 days, my facial wrinkles bother me ☐A lot ☐ A little	e □Not at all
7. Over the last 4 days, my facial wrinkles make m ☐ A lot ☐ A little	e look older than I feel? Not at all
8. Over the last 4 days, my facial wrinkles comproi	mise my appearance Not at all
DATE: _	
Patient's initials	DD MM YYYY