

**Supplementary Table 1:** Atopic Dermatitis Control Tool [22,23]

|  | <b>0</b>   | <b>1</b>   | <b>2</b>   | <b>3</b>   | <b>4</b>    |
|--|------------|------------|------------|------------|-------------|
| <b>1.</b> How would you rate your eczema-related symptoms over the last week?                                  | None       | Mild       | Moderate   | Severe     | Very severe |
| <b>2.</b> How many days did you have intense episodes of itching because of eczema over the last week?         | Not at all | 1–2 days   | 3–4 days   | 5–6 days   | Everyday    |
| <b>3.</b> How bothered have you been by eczema over the last week?   | Not at all | A little   | Moderately | Very       | Extremely   |
| <b>4.</b> How many nights did you have trouble falling or staying asleep because of eczema over the last week? | No nights  | 1–2 nights | 3–4 nights | 5–6 nights | Every night |
| <b>5.</b> How much did eczema affect your daily activities over the last week?                                 | Not at all | A little   | Moderately | Very       | Extremely   |
| <b>6.</b> How much did eczema affect your mood or emotions over the last week?                                 | Not at all | A little   | Moderately | Very       | Extremely   |