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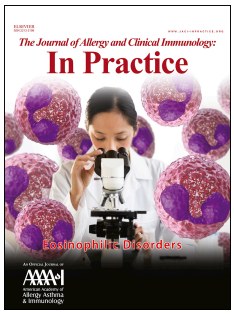

Patient-Reported Outcome Measures in Atopic Dermatitis and Chronic Urticaria are Underused in Clinical Practice

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Patient-Reported Outcome Measures in Atopic Dermatitis and Chronic Urticaria are Underused in Clinical Practice

Short Title: PROMs are underused in AD and CU

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Abstract (249/250 words)

Background: Patient-reported outcome measures (PROMs) are validated and standardized tools that complement physician evaluations and guide treatment decisions. PROMs are crucial for monitoring atopic dermatitis (AD) and chronic urticaria (CU) in clinical practice, but there are unmet needs and knowledge gaps regarding their use in clinical practice.

Objective: We investigated the global real-world use of AD and CU PROMs in allergology and dermatology clinics as well as their associated local and regional networks.

Methods: Across 72 specialized allergy and dermatology centers and their local and regional networks, 2,534 physicians in 73 countries completed a 53-item questionnaire on the use of PROMs for AD and CU.

Results: Of 2,534 physicians, 1,308 were aware of PROMs. Of these, 14% and 15% used PROMs for AD and CU, respectively. Half of physicians who use PROMs do so only “rarely” or "sometimes". AD and CU PROM usage is associated with being female, younger, and a dermatologist. POSCORAD and UAS were the most utilized PROMs for AD and CU, respectively. Monitoring disease control and activity are the main drivers of the use of PROMs. Time constraints were the primary obstacle to using PROMs, followed by the impression that patients dislike PROMs. AD and CU PROM users would like training in selecting the proper PROM.

Conclusion: Even though PROMs offer several benefits, their use in routine practice is suboptimal, and physicians perceive barriers to their use. It is essential to attain higher levels of PROM implementation in accordance with national and international standards.

Highlights:

1. **What is already known about this topic?** The significance of PROMs in managing AD and CU is well recognized; however, from the limited data available, it is evident that their utilization rates are very low.
2. **What does this article add to our knowledge?** It highlights the considerable global underuse of PROMs, identifies the barriers to their wider adoption, and underlines the strong demand for clinician training in their proper use.
3. **How does this study impact current management guidelines?** The findings advocate for a revision of current management guidelines to incorporate validated PROMs like UAS7, UCT, CU-Q2oL for CU, and PO-SCORAD, DLQI, NRS for AD, emphasizing the urgent need for educational initiatives to enhance clinician proficiency in these tools.

Key words: allergy, atopic dermatitis, chronic urticaria, dermatology, patient reported outcome measures.

List of Abbreviations:

AAS= Angioedema Activity Score

ACARE= Angioedema Centers of Reference and Excellence

AD= Atopic Dermatitis

ADCARE= Atopic Dermatitis Centers of Reference and Excellence

ADCT= Atopic Dermatitis Control Tool

AECT= Angioedema Control Test

AE-QoL= Angioedema Quality of Life Questionnaire

AR= Allergic Rhinitis

ARIA= Allergic Rhinitis and its Impact on Asthma

CDLQI= Children's Dermatology Life Quality Index

CEISH= Comité de ética e Investigación en Seres Humanos

CholUAS = Cholinergic Urticaria Activity Score

CholU-QoL= Cholinergic Urticaria Quality of Life Questionnaire

CIndU= Chronic Inducible Urticaria

ColdUAS= Cold Urticaria Activity Score

CRUSE= Chronic urticaria Self-Evaluation app

CSU= Chronic Spontaneous Urticaria

CU= Chronic Urticaria

CU-Q2oL= Chronic Urticaria Quality of Life Questionnaire

DLQI= Dermatology Life Quality Index

EMA= European Medicines Agency

GA2LEN= Global European Allergy and Asthma Network

HOME= The Harmonising Outcome Measures for Eczema initiative

HRQoL= Health-related Quality of Life

IDQOL = Infants' Dermatitis Quality of Life Index

NRS= Numeric Rating Scale

POEM= Patient-Oriented Eczema Measure (POEM)

PO-SCORAD= Patient-Oriented Scoring Atopic Dermatitis Index

PROMIS= Patient-Reported Outcomes Measurement Information System

PROMS= Patient-reported outcome measures

QoL= Quality of Life

RECAP= Recap of Atopic Eczema

TARC= Thymus and Activation-Regulated Chemokine

UAS= Urticaria Activity Score

UCARE= Urticaria Centers of Reference and Excellence

UCT= Urticaria Control Test

Introduction

Atopic Dermatitis (AD) and Chronic Urticaria (CU) are common and disabling chronic inflammatory skin diseases. AD and CU come with a significant burden on the life of patients, affect mental health and sleep, impair the ability to perform daily tasks, and reduce performance at work and school.(1,2)

Disease activity, impact, and control, in AD and CU, fluctuate, and both diseases are characterized by recurrent exacerbations. In AD, flare ups are common and often unpredictable. In CU, physicians rarely see a representative picture of patients' disease due to the transient nature and fluctuating occurrence of signs and symptoms. Furthermore, it should be noted that some biomarkers, such as D-dimer(3) for CU and thymus and activation-regulated chemokine (TARC) for AD,(4) have been suggested as indicators of disease activity. However, these biomarkers are less practical and more costly to perform.(5,6)

Thus, patient-reported outcome measures (PROMs) are necessary to determine the disease status of AD and CU patients, can aid in improving the quality of patient, and, importantly, are guideline recommended.(7–9) PROMs are usually standardized

and validated instruments completed by patients that critically educate and complement physician-based assessments and guide treatment decisions.(5) Generally, CU PROMs are used to obtain information on disease activity (i.e., symptom burden), disease impact (i.e., impairment of QoL), and the control that patients have over their disease. The use of PROMs was first proposed by the European Medicines Agency (EMA) in 2005(10) and the U.S. Food and Drug Administration in 2006 to "*report the status of a patient's condition that comes directly from the patient, without interpretation of the patient's response by a clinician or anyone else*".(11) Validated PROMs are available for various disorders,(12) including allergic and dermatological conditions such as AD(5) and CU.(13,14)

For AD, the Harmonising Outcome Measures for Eczema (HOME) initiative recently provided guidance on the scope of PROMs recommended for use in clinical practice.(8) The Patient-Oriented Eczema Measure (POEM) and the Patient-Oriented Scoring Atopic Dermatitis Index (PO-SCORAD) are recommended for measuring signs and symptoms. AD control should be assessed by the use of the Recap of Atopic Eczema (RECAP) or the Atopic Dermatitis Control Tool (ADCT), and three PROMs are recommended for assessing itch intensity: a peak 24-hour numeric rating scale (NRS)-itch, as well as 1-week NRS-itch instruments from the Patient-Reported Outcomes Measurement Information System (PROMIS) Itch Questionnaire, measuring average and peak itch. As for quality of life (QoL) assessments, adults and children with AD should use the Dermatology Life Quality Index (DLQI) and the Children’s Dermatology Life Quality Index (CDLQI) or the Infants' Dermatitis Quality of Life Index (IDQOL), respectively.

CU type and manifestation are important for the correct selection of PROMs for the assessment of CU activity, impact, and control. Chronic Spontaneous Urticaria (CSU), the most common type of CU, presents with wheals, angioedema, or both. In CSU, patients with wheals, with or without angioedema, the weekly Urticaria Activity Score (UAS7)(15–18) the Chronic Urticaria Quality of Life Questionnaire (CU-Q2oL),(19–22) and the Urticaria Control Test (UCT)(23–27) are the PROMs of choice. In CSU patients with predominant angioedema, with or without wheals, the Angioedema Activity Score (AAS) (28,29), the Angioedema Quality of Life Questionnaire (AE-QoL)(30–32), and the Angioedema Control Test (AECT) should be used.(33–35)

In patients with chronic inducible urticaria (CIndU), the UCT and AECT should also be used by patients, but the UAS7 and the AAS as well as the CU-Q2oL and AE-QoL are not suited for assessing disease activity or impact in patients with CIndU. Instead, CIndU-specific PROMs should be used, which include the Cold Urticaria Activity Score (ColdUAS) and the Cholinergic Urticaria Activity Score (CholUAS),(36,37) for measuring disease activity, and the Cholinergic Urticaria Quality of Life Questionnaire (CholU-QoL).(38)

There are unmet needs and knowledge gaps in the use of these tools in clinical practice (39). For example, physicians need training on the utility of these PROMs, including how to utilize, evaluate, and interpret results.(40) Similarly, the amount of time necessary to complete these PROMs is a significant factor.(41) The absence of integration of these tools within the healthcare systems itself has been firmly established as a need.(42,43) While PROMs for AD and CU are commonly used in clinical trials, little is known about their use in routine clinical practice.(5) To address

these gaps, we explored the real-world use of PROMs in AD and CU care across allergy and dermatology centers worldwide, as well as their corresponding local and regional networks.

Material and Methods

Study participants and conduct

A 53-item questionnaire on the use of PROMs for AD and CU was developed and distributed to 72 medical centers across 73 countries that provide treatment for allergic diseases (See **Table E1** for more information). Of these centers, 45 were specialized centers of the UCARE Network - Urticaria Centers of Reference and Excellence,(44) ADCARE Network – Atopic Dermatitis Centers of Reference and Excellence, and ACARE Network - Angioedema Centers of Reference and Excellence, (45) while the remaining 28 centers were physicians affiliated with the ARIA Network – Allergic Rhinitis and its Impact on Asthma and Latin American centers. As the survey was designed to explore PROMs' use in AD and/or CU, only ARIA physicians who were allergists and pulmonologists and treated AD and/or CU during consultation were included in this study. The centers disseminated the survey to their physicians and those of local and regional networks, encompassing not only allergology and dermatology clinics but also various healthcare facilities and professionals; participants across these network centers and extended networks completed the survey.

While this sampling strategy does not represent all the medical doctors or specialists in specific geographic areas, it is an expert sampling that collected information from worldwide medical providers, who treat mostly common allergic and related diseases like urticaria, angioedema, allergic rhinitis, allergic conjunctivitis, atopic dermatitis, rhinosinusitis, and asthma.

Questionnaire

The questionnaire was developed following Passmore et al. guidelines.(46) A steering committee for the PROMUSE project, which was composed by four experts and heads from four specialized allergy centers worldwide, reviewed the literature and developed the survey items which integrated eight constructs to be assessed: demographics, knowledge about PROMs, frequency of use, PROM preferences, as well as satisfaction, physician training, attitudes, and barriers of using PROMs. This questionnaire consisted of fifty-three questions, which included multiple-choice questions, Likert and rating scales, and visual analogue scales. For the AD and CU questions, we asked about PROMs described in **Figure E1.** A pilot study was performed by the steering committee with colleagues and a sample of twenty physicians. After drafting the survey, it was administered through formal invitation using email.

Ethics Review

This study complied with the World Medical Association Declaration of Helsinki on Ethics and was approved by the IRB "Comité de ética e Investigación en Seres Humanos (CEISH)" from Guayaquil-Ecuador (#HCK-CEISH-21-002). Informed consent was obtained from all participants before their voluntary participation in the survey. All participant data was de-identified and remained confidential.

Statistical analysis

In **Table 1**, we present results of descriptive analyses of data from 1,308 physicians who are aware of PROMs. This table provides a summary of the sample descriptive statistics, including the demographic characteristics (such as sex, age group, and type of consultation), PROM use, specialty status, and years of specialty, for the total sample and broken down by providers who use PROMs for AD and CU. **Table 2** focuses on the frequency of specific variables related to PROM use and presents the results separated by providers who employ AD PROMs (N=344) and those who employ CU PROMs (N=376). The variables analyzed include PROM use frequency, reason(s) for use, areas of training, barriers to PROM use, access methods, and specific PROM use. **Table 3** presents the percentage of PROM-aware physicians who reported using AD or CU PROMs in their clinical practice, across different variables of interest (N=1,308). The variables of interest in the table include sex, age group, type of consultation, years the provider has been a specialist, and specialty status. For each variable of interest which include the proportion of physicians who reported using AD or CU PROMs out of the total number of physicians in each category. For example, the table shows that 20% of male physicians who were aware of PROMs reported using AD PROMs in their practice, out of the total number of male physicians who responded to the survey.

Results

Physician Demographics and Distribution

Of 2,534 surveys, 1,308 were included in the main analysis according to the criterion of having knowledge about PROMs (**Table 1**). Most participants were between 30-49 years old and worked in the public sector. About 80% were specialists (28% allergists; 18% pediatricians, 18% dermatologists, and 14% pulmonologists).

Only half of physicians know PROMs, and only one of seven uses PROMs for AD and CU.

Out of the total 2,534 physicians who participated in the survey, 1,308 (52%) knew what PROMs are. Of these 1308 physicians, 338 used PROMs in AD (26%) and 370 used them in CU (28%; **Table 1**). Of the physicians who use PROMs for AD or CU, only 48% (AD) and 52% (CU) use them often or always (**Table 2**).

AD and CU PROM use is linked to being female, young, and a dermatologist.

Female physicians more often used PROMs for AD and CU than male physicians (AD: 30% vs 20%, $p<0.001$; CU: 31% vs 25%, $p<0.001$; **Table 2**). Rates of PROM users were highest in the youngest physicians 20-29 years old (AD: 28%; CU: 30%) and in the oldest physicians 60+ years old (AD: 22%; CU: 24%). Across medical specialties, dermatologists used PROMS the most (AD: 51%, CU: 55%) followed by allergists (AD: 33%: CU: 44%).

The most commonly used PROM for AD and CU is the POSCORAD and the UAS7, respectively.

Physicians who use AD PROMs most often used the POSCORAD (61%), followed by the DLQI (48%) and the NRS (29%). They employed, on average, 3 (SD: 2) AD PROMs. The most often used CU PROMS were the UAS7 (73%), the UCT (47%), and the CU-Q2oL (29%). On average, physicians used two CU PROMs (SD: 1). These rates were similar in male and female physicians and across age groups and specialties.

Monitoring of disease control is the most common reason for using PROMS for AD and CU

The most common reasons physicians use PROMs in AD and CU were to monitor disease control (94% AD; 95% CU) and severity (92% AD; 94% CU), followed by monitoring performance and therapeutic approach (89% for both AD and CU) and facilitating decision making (87% and 90% in AD and CU, respectively). Other common reasons include the improvement of consultation efficacy (AD: 78%, CU: 80%), facilitation of communication with patients (AD: 71%, CU 74%), and research (66% in both AD and CU; **Table 2**).

"Time constraints" is the main barrier to PROM use, and "choice of PROMs" is the most common training need.

For AD and CU, the main barriers to using PROMs were "time constraints" (83% and 80%, respectively), the perception that patients dislike PROMs (52% and 60%), and the lack of integration into clinical systems (58% and 60%; **Table 2**). When asked what

topics physicians would like training, “how to choose which PROMs to use” for AD and CU was most often reported (83% and 80%, respectively). Other common treatment needs were “how to interpret PROM scores” (75% and 71%, respectively) and “how to administer PROMs” (62% and 58%, respectively).

Discussion

Our study shows that many physicians who treat patients with AD and CU are not aware of PROMs and that most -->80%--do not use them. These results indicate that more physician information and education on AD and CU PROMs are urgently needed.

Published data regarding the use of PROMs by physicians in dermatology and allergy clinical practice are limited and may not be as widespread as in other disease states. A recent international study with 362 oncologists showed that one quarter were high frequency PROM users who conducted PRO assessments on >80% of patients.(47) A 2019 survey of 449 US oncologists found that 92% reported using ≥1 PROM in their practice (48). In a 2020 survey of 262 orthopedic surgeons in Saudi Arabia, almost 70% did not use PROMs and only 5% used them regularly in daily clinical work.(49) In our study, <20% of physicians used PROMs for AD or CU, and of those, < 20% used them always.

Our study identified and confirmed important barriers to PROM use, including time constraints, lack of integration into clinical systems, and the perception that patients dislike questionnaires. These findings were, in part, similar to those of a previous study, which also identified other barriers such as lack of physicians resources and additional workload when using PROMs.(40) Of note, the perception of physicians and patients regarding longitudinal assessments using PROMs appears to differ. Abernathy et al. examined patients' willingness to employ a longitudinal e/Tablet data-collection system to assess symptoms and quality of life; 88% of patients felt satisfied using PROMs and would suggest them to other patients and 74% said the system helped them remember symptoms they needed to report.(50)

Patients and physicians appear to also differ in their assessment of disease impact. Schatz et al. conducted a prospective, cross-sectional, international survey among patients and physicians to identify symptom perception and the impact of allergic rhinitis (AR) on health-related quality of life (HRQoL).(51) Patients rated their disease as more severe than physicians in all types of AR.(51) A systematic review by Ta et al. showed that objective tests that assess physiological parameters and treatment effectiveness did not correlate with patients' appreciation of their disease.(52) This disparity in perceptions may limit or even impair the use of PROMs.(50) Given that clinicians systematically underestimate patients' symptoms and their impact, which often go unrecognized,(42) the longitudinal use of PROMs may help to improve patients' QoL, enhance patient-physician communication, reduce emergency visits, and play a role in shared decision-making.(41) Thus, Brunelli et al. proposed integrating health information technology for collecting PROMs to ensure real-time clinical decisions making.(42,43)

Valderas et al. have proposed that using PROMs in daily clinical practice to facilitate patient-clinician communication about important issues which could result in shared-decision making, accurate monitoring disease progression and response to treatment, identification of vulnerable patients, while enabling continuous assessment of the quality of care (53). Moreover, the real world use of PROMs can also help capture high-quality data and provide evidence for health policy.(54,55)

Our results show that physician information, training, and education on PROMs are needed, especially regarding optimal selection of a PROM and then interpretation of the data they provide. For this, leadership and clinician engagement are key.(56) The

Global European Allergy and Asthma Network (GA^{2}LEN) and its Centers of Reference and Excellence in Urticaria, Angioedema, and Atopic Dermatitis (UCARE, ACARE, and ADCARE, respectively) should promote--with a global perspective and through its educational programs--the implementation of PROMs in routine clinical practice.(57)

Integrating PROMs into clinical care workflows presents challenges, as it can be difficult to avoid overloading staff or requiring additional personnel. However, studies show that clinical systems that integrate PROM held effectively monitoring of patients' symptoms and provide valuable feedback to physicians during follow-up appointments. For example, Cleeland et al. demonstrated that using automated PROMs led to improved symptom management in postoperative patients.

Real-time digital tools used by patients prior to their visits could also counter time restraints. Examples include the success of the Mask-Air app for rhinitis and asthma and of the CRUSE app for chronic spontaneous urticaria.(58) The CRUSE app assists patients with CSU in tracking symptoms and treatment progress, enabling them to share valuable data with healthcare providers during appointments Additionally, there are tools like the calculators available at Sanofi Campus for Atopic Dermatitis, which not only incorporate PROMs but also Clinical Reported Outcomes (https://www.campus.sanofi/qa/patient-support/Atopic-Dermatitis) This pre-visit data collection streamlines consultations, allowing physicians to review patient progress and make informed decisions quickly, ultimately improving patient care and saving time for both patients and providers.

While this study significantly adds to the available data on real-world PROM use in AD and CU, more research is needed , specifically, on the use of health information

technology for collecting PROMs(43) (ie, CRUSE mentioned earlier (UCARE chronic urticaria self-evaluation app; (https://cruse-control.com). To better understand the patient perspective, further research is needed on patient knowledge, attitudes, perceptions, experiences, and satisfaction with the use of PROMs. This, together with medical education on the advantages of employing PROMs, may help to counteract the belief held by physicians that the use of PROMs is disliked by patients.

This study has some limitations. The results may not entirely reflect all allergic practice, especially in less specialized or research-oriented settings. The survey was conducted mainly with physicians from specialized centers that treat patients with allergic and dermatological diseases, which probably employ PROMs more often than primary care physicians or specialists who do not work at specialized centers. Additionally, the limited representation of dermatologists in the study, who are the primary healthcare professionals responsible for treating moderate-to-severe AD and CU, may result in either overestimation or underestimation of the utilization of AD and CU patient-reported outcome measures (PROMs). Our questionnaire was not validated. It also did not include questions about PROMs use according to disease severity. Future questionnaires should include questions about circumstances for PROM use.

Furthermore, our questionnaire did not differentiate between Patient-Reported Outcome Measures (PROMs) for Chronic Spontaneous Urticaria (CSU) and Chronic Inducible Urticaria (CIndU). At the time of questionnaire design, the distinction between these subtypes was not fully addressed due to the limited availability and validation of specific PROM tools for CIndU. This represents a significant limitation of our study, as it may have impacted our ability to capture nuanced differences in PROM utilization

between these urticaria subtypes. Recognizing this gap, future studies should aim to incorporate distinct measures for CSU and CIndU to better understand the specific needs and outcomes of patients within these distinct groups.

Addiitonally, the geographic and cultural diversity of the survey participants may not be representative, limiting the generalizability of our findings to other regions. The predominance of respondents from certain countries might not accurately mirror the diagnostic and treatment practices employed in diverse healthcare contexts across the globe. Recognizing this, future studies should strive for a more varied international participation to ensure broader applicability of the results.

Although PROMs for allergic and dermatological diseases have been shown to improve treatment outcomes, management, and prognosis for patients when routinely applied in clinical settings, this study demonstrated that their utilization in AD and CU is still suboptimal due to adoption barriers. For the assessment of chronic urticaria and atopic dermatitis, we advocate for the employment of established and validated instruments, specifically the UAS7, UCT, and CU-Q2oL for chronic urticaria, and the PO-SCORAD, DLQI, and NRS for atopic dermatitis. These tools are both extensively utilized and rigorously validated, ensuring their indispensability in achieving precise and dependable evaluations in clinical and research contexts. Furthermore, the importance of training patients and carers in accurately completing PROMs cannot be overstated, as it significantly enhances the reliability of the data collected. Additionally, the integration of digital applications designed to assist with PROM collection in the clinical setting can streamline this process, making it more efficient and user-friendly. Achieving

higher levels of implementation of these PROMs in routine clinical care for AD and CU is crucial for enhancing patient-centered outcomes and the overall quality of care..

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Table 1: Characteristics of physicians who are aware of PROMs divided by AD and CU use (N=1308)

	Atopic Dermatitis PROM Use 26%	Chronic Urticaria PROM Use 28%	All
Sex, %			
Male	32%	36%	41%
Female	68%	64%	59%
Age Group, years			
20-29	12%	12%	11%
30-39	38%	36%	34%
40-49	23%	23%	24%
50-59	16%	19%	18%
60+	11%	11%	13%
Type of consultation, %			
Public practice	32%	41%	39%
Private practice	22%	18%	20%
Both public and private practice	46%	41%	41%
Do you use any PROMs?, %			
No	0%	0%	49%
Yes	100%	100%	51%
Specialty Status, %			
Specialist	82%	84%	80%%
Non-Specialist(General Practitioners (GPs))	18%	16%	20%
Dermatologist	36%	36%	18%
Non-Dermatologist	64%	64%	82%
Allergist	36%	44%	28%
Non-Allergist	64%	56%	72%
Pediatrician	19%	16%	18%

Non-Pediatrician	81%	84%	89%
Family Medicine Specialist	6%	6%	9%
Non-Family Medicine Specialist	94%	94%	91%
Pulmonologist	6%	5%	14%
Non-Pulmonologist	94%	95%	86%
ENT (Otolaryngologist)	1%	1%	6%
Non-Otolaryngologist)	99%	99%	94%
Other	12%	11%	17%
Identified Specialists and General Practitioners (GPs)	88%	89%	83%
Years the provider has been a specialist, %			
1-9	43%	40%	37%
10-19	28%	30%	28 %
20-29	15%	16%	17%
30+	14%	14%	18%

Note: Sample was composed only of respondents who knew what PROMs were. In specialty status, percentages can add up to more than 100% because respondents could select multiple answers. This table shows descriptives for the total sample and broken down by their AD or CU PROM Use. The category "Specialist" encompasses a range of medical specialties represented in this study, including Dermatologists, Allergists, Pediatricians, Family Medicine practitioners, Pulmonologists, and ENT specialists. It is important to note that these categories are not mutually exclusive; respondents may identify with more than one specialty area.

In the provided table, each specialty and its corresponding "Non-" category collectively represent 100% of the surveyed population. For each specialty listed (e.g., Dermatologist, Allergist, Pediatrician, etc.), the percentage indicates the proportion of respondents who are specialists within that specific field. Conversely, the "Non-" category (e.g., Non-Dermatologist, Non-Allergist, Non-Pediatrician, etc.) encompasses all individuals who do not specialize in that particular field, including both specialists in other areas and General Practitioners (GPs). This categorization ensures a comprehensive overview, with each specialty and its "Non-" counterpart together accounting for the entire respondent group, highlighting the distribution between specialized and broader medical practice roles within the surveyed population.

PROM=patient-reported outcome measure; ENT=ear, nose, and throat

Table 2: AD and CU PROM users and their PROM use frequency, reasons for using PROMs, PROM training needs, and choice of PROMs.

%	AD (N=344)	CU (N=376)
Frequency of PROM use		
Always	13%	15%
Often	35%	37%
Sometimes	42%	40%
Rarely	10%	8%
Never	0%	0%
What do you use PROMs for?		
To monitor disease control	94%	96%
To monitor disease severity	92%	94%
To monitor performance and therapeutic approach	89%	89%
To facilitate decision making	87%	90%
To improve efficiency of consultation	78%	80%
To facilitate communication with patients	71%	75%
For research	66%	67%
To facilitate communication across different health care sectors	57%	61%
Other	7%	11%
Which of the following would you like to receive further training/information on?		
How to choose which PROMs to use	83%	80%
How to interpret PROM scores	75%	71%
The challenges of using PROMs	65%	63%
How to administer PROMs	62%	58%
How to calculate PROM scores	62%	58%
The benefits of using PROMS	58%	53%
What PROMS are	40%	36%
Other/further training areas	5%	6%
What are the main barriers to the use of PROMs?		
Time constraints	83%	80%
Lack of integration into clinical systems	58%	60%
Patients dislike questionnaires	57%	60%
Not available for certain groups	56%	52%

Mandated to complete	52%	55%
Sufficient understanding of the disease without PROMS	47%	46%
Not available in the native language of my patients	45%	41%
Uncertainty about reliability	39%	38%
Lack of confidence in interpreting	36%	34%
Too complicated to fill in	34%	34%
Too complicated to evaluate/score	33%	33%
Not suitable for obtaining the information I need	32%	28%
Feel uncomfortable	31%	31%
Perceived as additional cost	26%	24%
Constrain doctor-patient relationship	22%	19%
How patients access PROMs		
Paper	75%	79%
Online	70%	66%
Clinical Systems	31%	31%
Other	5%	4%
How patients complete the PROMs		
Paper	86%	88%
Electronically	47%	46%
AD		
POSCORAD	61%	
DLQI	48%	
NRS	29%	
POEM	18%	
ADCT	7%	
Other Atopic Dermatitis PROM	7%	
RECAP	4%	
CU PROMs used		
UAS7		73%
UCT		47%
VAS_CU		30%
CUQ2oL		29%
NRS11		16%
Other Chronic Urticaria PROM		5%

AD=atopic dermatitis; ADCT=Atopic Dermatitis Control Tool; CDLQI=Children's Dermatology Life Quality Index; CU=chronic urticaria; CU=Q2oL=Chronic Urticaria Quality of Life Questionnaire; DLQI=Dermatology Life Quality Index; IDQOL=Infants' Dermatitis Quality of Life Index; NA=not applicable; NRS=numeric rating scale; NRS11=11-Point Numeric Rating Scale; POEM=Patient-Oriented Eczema Measure; PO-SCORAD=Patient-Oriented Scoring Atopic Dermatitis Index; PROMs=Patient-Reported Outcomes Measure; RECAP=Recap of Atopic Eczema; UAS7=Urticaria Activity Score; UCT=Urticaria Control Test; VAS-CU=Visual Analog Scale in Chronic Urticaria

Note: These are the results of an analysis of specific variables related to PROM use by physicians who use AD CU PROMs. The table includes data from a survey of 720 providers, with 344 reporting the use of AD PROMs and 376 reporting the use of CU PROMs. The variables analyzed in the table include the frequency of PROM use, reasons for use, areas of training, barriers to PROM use, access methods, and specific PROMs used (questionnaires). The results are presented separately for providers who use AD PROMs and those who use CU PROMs. Percentages can add up to >100% because respondents could select multiple answers.

Table 3: AD or CU PROM Use (% in Variables of Interest (n=1308)

	ADPROM Users	p value	CU PROM Users	p value
Sex		0.000		0.017
Male	20%		25%	
Female	30%		31%	
Age Group		0.23		0.478
20-29	28%		30%	
30-39	29%		29%	
40-49	25%		27%	
50-59	23%		30%	
60+	22%		24%	
Type of consultation		0.014		0.522
Public practice	21%		30%	
Private practice	29%		26%	
Both public and private practice	29%		28%	
Years the provider has been a specialist		0.072		0.422
1-9	29%		30%	
10-19	26%		29%	
20-29	22%		27%	
30+	22%		24%	
Specialty status				
Dermatologist	51%	0.000	55%	0.000
Allergist	33%	0.001	44%	0.000
Pediatrics	27%	0.693	24%	0.135
Specialist	27%	0.250	30%	0.035
Other	26%	0.003	18%	0.000
Family Medicine	18%	0.048	18%	0.006
Pulmonologist	11%	0.000	11%	0.000
ENT	3%	0.000	7%	0.000

Total	14%		15%	

AD=atopic dermatitis; CU=chronic urticaria; PROM=patient-reported outcome measure

Note: Sample was composed only of respondents who knew what PROMs were. For each variable of interest, the table presents the proportion of physicians who reported using AD or CU PROMs out of the total number of physicians in each category. For example, the table shows that 20.2% of male physicians who were aware of PROMs reported using AD PROMs in their practice, out of the total number of male physicians who responded to the survey. P values are based on chi-square tests. For specialties, the p value comes from comparing a specific specialist against not having it.

Figure E1: Questionnaire

Table E1. Centers and Locations.

Organization	Surveys	Country
ARIA	127	France
AMERICA	841	Ecuador
	120	Mexico
	53	SLAAI
	33	Brazil
	20	Argentina
	3	Peru
UCARE	257	Poland
	217	Russia
	143	Republic of Macedonia
	78	Romania
	68	Kuwait
	63	Qatar
	55	Spain
	53	Germany
	52	Georgia
	51	Iran
	41	India
	34	Slovenia
	31	Turkey
	21	China
	8	Lithuania
	7	Canada
	5	Germany
	3	London
	41	India
	34	Slovenia
	31	Turkey
	21	China

8	Lithuania
7	Canada
5	Germany
3	London

PROMUSE SURVEY ENG_2021_11_25

Start of Block: Default Question Block

Dear doctor: We are conducting a study to determine the knowledge, perceptions, and limitations of the use of patient-reported outcomes measures (PROM).

Patient-reported outcome measures (PROM) are validated questionnaires that take into account the opinions, feelings and experiences of patients to assess their health status and medical care received, as well as the course of the disease and the response to the patient. treatment.

PROMs help clinicians make inferences about changes in disease activity, response to treatment, and changes in health-related quality of life. All information provided in this survey will be confidential and anonymous. Your participation is completely voluntary. Please answer all of the following questions.

*

Q61 Are you a specialist doctor?

- ○ Yes (1)
- ○ No (2)

Skip To: Q40 If Are you a specialist doctor? = No

*

Q6 What is your medical specialty?

	Yes (1)	No (2)
Family Medicine (8)	○	○
Pediatrician (2)	○	○
ENT specialist (3)	○	○
Allergologist (4)	○	○
Dermatologist (5)	○	○
Pulmonologist (6)	○	○
Other (7)	○	○

Display This Question:

If What is your medical specialty? = Other [Yes]

Q62 If you answered "other", please write what other medical specialty do you have?

_____

Q40 How long (years) have you been practicing your medical profession?
Years (4)

▼ 1 (1) ... 100 (100)

Q41 Have you heard about the use of PROMs in clinical practice?

- ○ Yes (1)
- ○ No (2)

Q9 Do you currently use PROMS in your daily medical practice?

- ○ Yes (1)
- ○ No (2)

Skip To: Q38 If Do you currently use PROMS in your daily medical practice? = No

Display This Question:
If Do you currently use PROMS in your daily medical practice? = Yes

Q42 If you answered yes, how frequent do you use PROMS?

- ○ Never (1)
- ○ Rarely (2)
- ○ Sometimes (3)
- ○ Often (4)
- ○ Always (5)

Q10 In which allergic diseases do you use PROMs? You can choose more than one answer.

- Allergic conjunctivitis (1)
- Asthma (2)
- Atopic dermatitis (3)
- Rhinitis (4)
- Rhinosinusitis (5)
- Urticaria/Angiodema (6)

Display This Question:

If In which allergic diseases do you use PROMs? You can choose more than one answer. = Allergic conjunctivitis

Or In which allergic diseases do you use PROMs? You can choose more than one answer. = Rhinitis

Or In which allergic diseases do you use PROMs? You can choose more than one answer. = Rhinosinusitis

*

Q12 What PROMs do you prefer for Allergic Rhinitis/Conjunctivitis? if it is needed select more than one option:

- RQLQ (1)
- VAS (2)
- EQ-5D (3)
- Rhinitis Control Assessment Test (4)
- Other (5)

Display This Question:

If What PROMs do you prefer for Allergic Rhinitis/Conjunctivitis? if it is needed select more than o... = Other

Q16 If you answered "other", please write what other PROMs do you prefer for Allergic Rhinitis/Conjunctivitis?

_____

Display This Question:

If In which allergic diseases do you use PROMs? You can choose more than one answer. = Atopic dermatitis

Q14 What PROMs do you prefer for Atopic Dermatitis? if it is needed select more than one option:

- PO-SCORAD (1)
- EASI (2)
- RECAP (3)
- ADCT (4)
- POEM (5)
- IGA (6)
- DLQI (7)
- Numerical Rating Scale (NRS) (8)
- Other (9)

Display This Question:

If What PROMs do you prefer for Atopic Dermatitis? if it is needed select more than one option: = Other

Q20 If you answered "other", please write what other PROMs do you prefer for Atopic Dermatitis?

_____

Display This Question:

If In which allergic diseases do you use PROMs? You can choose more than one answer. = Urticaria/Angiodema

Q17 What PROMs do you prefer for Urticaria? if it is needed select more than one option:

- HACK (1)
- Numerical Rating Scale of pruritus NRS-11 (2)
- Pruritus Visual Analaogue Scale (VAS) (3)
- UAS-7 (4)
- CU-Q2oL (5)
- UCT (6)
- Other (10)

Display This Question:

If What PROMs do you prefer for Urticaria? if it is needed select more than one option: = Other

Q21 If you answered "other", please write what other PROMs do you prefer for Urticaria?

_____

Display This Question:

If In which allergic diseases do you use PROMs? You can choose more than one answer. = Urticaria/Angiodema

Q38 What PROMs do you prefer for Angioedema? if it is needed select more than one option:

- AAS (1)
- AE-QoL (2)
- AECT (3)
- Other (4)

Display This Question:

If What PROMs do you prefer for Angioedema? if it is needed select more than one option: = Other

Q39 If you answered "other", please write what other PROMs do you prefer for Angioedema?

_____

Display This Question:

If In which allergic diseases do you use PROMs? You can choose more than one answer. = Asthma

Q18 What PROMs do you prefer for Asthma? if it is needed select more than one option:

- Asthma Quality of Life Questionnaire (AQLQ) (1)
- VAS (2)
- Asthma Control Test (ACT) (3)
- Mini-Asthma Quality of Life Questionnaire (mini-AQLQ) (4)
- ACQ (5)
- Asthma Symptoms Utility Index (ASUI) (6)
- AM/PM Asthma Symptom Score (7)
- Asthma Bother Profile (ABP) (8)
- Other (9)

Display This Question:

If What PROMs do you prefer for Asthma? if it is needed select more than one option: = Other

Q22 If you answered "other", please write what other PROMs do you prefer for Asthma?

_____

Display This Question:

If In which allergic diseases do you use PROMs? You can choose more than one answer. = Rhinosinusitis

Q19 What PROMs do you prefer for Rhinosinusitis? if it is needed select more than one option:

- SNOT 22 (1)
- SNOT 16 ARS (2)
- VAS (3)
- Other (4)

Display This Question:

If What PROMs do you prefer for Rhinosinusitis? if it is needed select more than one option: = Other

Q23 If you answered "other", please write what other PROMs do you prefer for Rhinosinusitis?

_____

Q43 What do you use PROMS for?

	Yes (1)	No (2)
To facilitate decision making (1)	○	○
To improve efficiency of consultation (2)	○	○
Facilitate communication across different health care sectors (3)	○	○
To facilitate communication with patients (4)	○	○
To monitor disease control (6)	○	○
To monitor disease severity (7)	○	○
Monitor for performance and therapeutic approach (8)	○	○
For research (9)	○	○
Other (10)	○	○

Display This Question:

If What do you use PROMS for? = Other [Yes]

Q27 If you answered "other", please write the other reasons why you currently use PROMs?

_____

Q44 How do you access PROMs?

	Yes (1)	No (2)
Through clinical systems (1)	○	○
Online (internet) (2)	○	○
Paper (3)	○	○
Other (4)	○	○

Display This Question:

If How do you access PROMs? = Other [Yes]

Q28 If you answered "other", please write the other ways to access PROMs?

_____

Q29 Where do your patients complete PROMs?

- ○ Prior to consultation: At home (2)
- ○ Prior to consultation: In the waiting room (1)
- ○ During the consultation (3)
- ○ Other (4)

Q30 How do your patients currently fill out PROMs?

	Yes (1)	No (2)
By paper (1)	○	○
By an electronic device (2)	○	○

Q31 How satisfied and/or motivated do you think your patient feels about completing PROMs?

- ○ Not all satisfied (1)
- ○ Slightly satisfied (2)
- ○ Moderately satisfied (3)
- ○ Very satisfied (4)
- ○ Completely satisfied (5)

Q33 Which of the following areas would you like to receive further training/information?

	Yes (1)	No (2)
What PROMs are (1)	○	○
The benefits of using PROMs (2)	○	○
The challenges of using PROMs (3)	○	○
How to choose which PROM to use (4)	○	○
How to administer PROMs (5)	○	○
How to calculate PROM scores (6)	○	○
How to interpret PROM scores (7)	○	○
Other (8)	○	○

Display This Question:

If Which of the following areas would you like to receive further training/information? = Other [Yes]

Q41 If you answered "other", please write the other areas you would like to receive further training/information:

_____

Display This Question:

If In which allergic diseases do you use PROMs? You can choose more than one answer. = Allergic conjunctivitis

Or In which allergic diseases do you use PROMs? You can choose more than one answer. = Rhinitis

Or In which allergic diseases do you use PROMs? You can choose more than one answer. = Rhinosinusitis

Q34 How strongly do you agree or disagree with the following statements about the benefits of using PROM in patients with Allergic Rhinitis/Conjuntivitis?

	Strongly Disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Agree (4)	Strongly Agree (5)
Useful to measure the treatment outcomes (1)	○	○	○	○	○
Useful to monitor the impact of the disease (2)	○	○	○	○	○
Benefits patient care (3)	○	○	○	○	○
Facilitates communication with the patient (4)	○	○	○	○	○

Display This Question:

If In which allergic diseases do you use PROMs? You can choose more than one answer. = Asthma

Q35 How strongly do you agree or disagree with the following statements about the benefits of using PROM in patients with Asthma?

	Strongly Disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Agree (4)	Strongly Agree (5)
Useful to measure the treatment outcomes (1)	○	○	○	○	○
Useful to monitor the impact of the disease (2)	○	○	○	○	○
Benefits patient care (3)	○	○	○	○	○
Facilitates communication with the patient (4)	○	○	○	○	○

Display This Question:

If In which allergic diseases do you use PROMs? You can choose more than one answer. = Urticaria/Angiodema

Q36 How strongly do you agree or disagree with the following statements about the benefits of using PROMs in patients with Urticaria/Angioedema?

	Strongly Disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Agree (4)	Strongly Agree (5)
Useful to measure the treatment outcomes (1)	○	○	○	○	○
Useful to monitor the impact of the disease (2)	○	○	○	○	○
Benefits patient care (3)	○	○	○	○	○
Facilitates communication with the patient (4)	○	○	○	○	○

Display This Question:

If In which allergic diseases do you use PROMs? You can choose more than one answer. = Atopic dermatitis

Q37 How strongly do you agree or disagree with the following statements about the benefits of using PROMs in patients with atopic dermatitis?

	Strongly Disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Agree (4)	Strongly Agree (5)
Useful to measure the treatment outcomes (1)	○	○	○	○	○
Useful to monitor the impact of the disease (2)	○	○	○	○	○
Benefits patient care (3)	○	○	○	○	○
Facilitates communication with the patient (4)	○	○	○	○	○

Q38 What are the main barriers to the use of PROMs?

	Yes (1)	No (2)
Time constraints (1)	○	○
Mandated to complete (2)	○	○
Sufficient understanding of the disease without PROMS (3)	○	○
Patients dislike questionnaires (4)	○	○
Uncertainty about reliability (5)	○	○
Perceived as additional cost (6)	○	○
Constrain doctor-patient relationship (7)	○	○
Lack of integration into clinical systems (8)	○	○
Lack of confidence in interpreting (9)	○	○
Feels uncomfortable (10)	○	○
Not available in the native language of my patients (11)	○	○
Not available for certain age groups (12)	○	○
Not suitable for obtaining the information I need (13)	○	○
Too complicated to fill in (14)	○	○
Too complicated to evaluate / score (15)	○	○

Display This Question:

If What are the main barriers to the use of PROMs? = Time constraints [Yes]

Q46 From 0 to 10 (0 being in total disagreement and 10 in total agreement), how strongly do you agree with the statement "time limitation" as a barrier to the use of PROMs in your daily clinical consultation?

- ○ 0 (0)
- ○ 1 (1)
- ○ 2 (2)
- ○ 3 (3)
- ○ 4 (4)
- ○ 5 (5)
- ○ 6 (6)
- ○ 7 (7)
- ○ 8 (8)
- ○ 9 (9)
- ○ 10 (10)

Display This Question:

If What are the main barriers to the use of PROMs? = Mandated to complete [Yes]

Q20 From 0 to 10 (0 being in total disagreement and 10 in total agreement), how strongly do you agree with the statement "Mandated to complete" as a barrier to the use of PROMs in your daily clinical consultation?

- ○ 0 (0)
- ○ 1 (1)
- ○ 2 (2)
- ○ 3 (3)
- ○ 4 (4)
- ○ 5 (5)
- ○ 6 (6)
- ○ 7 (7)
- ○ 8 (8)
- ○ 9 (9)
- ○ 10 (10)

Display This Question:

If What are the main barriers to the use of PROMs? = Sufficient understanding of the disease without PROMS [Yes]

Q21 From 0 to 10 (0 being in total disagreement and 10 in total agreement), how strongly do you agree with the statement "Sufficient understanding of the disease without PROMs" as a barrier to the use of PROMs in your daily clinical consultation?

- ○ 0 (0)
- ○ 1 (1)
- ○ 2 (2)
- ○ 3 (3)
- ○ 4 (4)
- ○ 5 (5)
- ○ 6 (6)
- ○ 7 (7)
- ○ 8 (8)
- ○ 9 (9)
- ○ 10 (10)

Display This Question:

If What are the main barriers to the use of PROMs? = Patients dislike questionnaires [Yes]

Q22 From 0 to 10 (0 being in total disagreement and 10 in total agreement), how strongly do you agree with the statement "Patients dislike questionnaires" as a barrier to the use of PROMs in your daily clinical consultation?

- ○ 0 (0)
- ○ 1 (1)
- ○ 2 (2)
- ○ 3 (3)
- ○ 4 (4)
- ○ 5 (5)
- ○ 6 (6)
- ○ 7 (7)
- ○ 8 (8)
- ○ 9 (9)
- ○ 10 (10)

Display This Question:

If What are the main barriers to the use of PROMs? = Uncertainty about reliability [Yes]

Q23 From 0 to 10 (0 being in total disagreement and 10 in total agreement), how strongly do you agree with the statement "Uncertainty about reliability" as a barrier to the use of PROMs in your daily clinical consultation?

- ○ 0 (0)
- ○ 1 (1)
- ○ 2 (2)
- ○ 3 (3)
- ○ 4 (4)
- ○ 5 (5)
- ○ 6 (6)
- ○ 7 (7)
- ○ 8 (8)
- ○ 9 (9)
- ○ 10 (10)

Display This Question:

If What are the main barriers to the use of PROMs? = Perceived as additional cost [Yes]

Q24 From 0 to 10 (0 being in total disagreement and 10 in total agreement), how strongly do you agree with the statement "Perceived as additional cost" as a barrier to the use of PROMs in your daily clinical consultation?

- ○ 0 (0)
- ○ 1 (1)
- ○ 2 (2)
- ○ 3 (3)
- ○ 4 (4)
- ○ 5 (5)
- ○ 6 (6)
- ○ 7 (7)
- ○ 8 (8)
- ○ 9 (9)
- ○ 10 (10)

Display This Question:

If What are the main barriers to the use of PROMs? = Constrain doctor-patient relationship [Yes]

Q25 From 0 to 10 (0 being in total disagreement and 10 in total agreement), how strongly do you agree with the statement "Constrain doctor-patient relationship" as a barrier to the use of PROMs in your daily clinical consultation?

- ○ 0 (0)
- ○ 1 (1)
- ○ 2 (2)
- ○ 3 (3)
- ○ 4 (4)
- ○ 5 (5)
- ○ 6 (6)
- ○ 7 (7)
- ○ 8 (8)
- ○ 9 (9)
- ○ 10 (10)

Display This Question:

If What are the main barriers to the use of PROMs? = Lack of integration into clinical systems [Yes]

Q53 From 0 to 10 (0 being in total disagreement and 10 in total agreement), how strongly do you agree with the statement "Lack of integration into clinical systems" as a barrier to the use of PROMs in your daily clinical consultation?

- ○ 0 (0)
- ○ 1 (1)
- ○ 2 (2)
- ○ 3 (3)
- ○ 4 (4)
- ○ 5 (5)
- ○ 6 (6)
- ○ 7 (7)
- ○ 8 (8)
- ○ 9 (9)
- ○ 10 (10)

Display This Question:

If What are the main barriers to the use of PROMs? = Lack of confidence in interpreting [Yes]

Q27 From 0 to 10 (0 being in total disagreement and 10 in total agreement), how strongly do you agree with the statement "Lack of confidence in interpreting" as a barrier to the use of PROMs in your daily clinical consultation?

- ○ 0 (0)
- ○ 1 (1)
- ○ 2 (2)
- ○ 3 (3)
- ○ 4 (4)
- ○ 5 (5)
- ○ 6 (6)
- ○ 7 (7)
- ○ 8 (8)
- ○ 9 (9)
- ○ 10 (10)

Display This Question:

If What are the main barriers to the use of PROMs? = Feels uncomfortable [Yes]

Q28 From 0 to 10 (0 being in total disagreement and 10 in total agreement), how strongly do you agree with the statement "Feels uncomfortable" as a barrier to the use of PROMs in your daily clinical consultation?

- ○ 0 (0)
- ○ 1 (1)
- ○ 2 (2)
- ○ 3 (3)
- ○ 4 (4)
- ○ 5 (5)
- ○ 6 (6)
- ○ 7 (7)
- ○ 8 (8)
- ○ 9 (9)
- ○ 10 (10)

Display This Question:

If What are the main barriers to the use of PROMs? = Not available in the native language of my patients [Yes]

Q29 From 0 to 10 (0 being in total disagreement and 10 in total agreement), how strongly do you agree with the statement "Not available in the native language of my patients" as a barrier to the use of PROMs in your daily clinical consultation?

- ○ 0 (0)
- ○ 1 (1)
- ○ 2 (2)
- ○ 3 (3)
- ○ 4 (4)
- ○ 5 (5)
- ○ 6 (6)
- ○ 7 (7)
- ○ 8 (8)
- ○ 9 (9)
- ○ 10 (10)

Display This Question:

If What are the main barriers to the use of PROMs? = Not available for certain age groups [Yes]

Q30 From 0 to 10 (0 being in total disagreement and 10 in total agreement), how strongly do you agree with the statement "Not available for certain age groups" as a barrier to the use of PROMs in your daily clinical consultation?

- ○ 0 (0)
- ○ 1 (1)
- ○ 2 (2)
- ○ 3 (3)
- ○ 4 (4)
- ○ 5 (5)
- ○ 6 (6)
- ○ 7 (7)
- ○ 8 (8)
- ○ 9 (9)
- ○ 10 (10)

Display This Question:

If What are the main barriers to the use of PROMs? = Not suitable for obtaining the information I need [Yes]

Q31 From 0 to 10 (0 being in total disagreement and 10 in total agreement), how strongly do you agree with the statement "Not suitable for obtaining the information I need" as a barrier to the use of PROMs in your daily clinical consultation?

- ○ 0 (0)
- ○ 1 (1)
- ○ 2 (2)
- ○ 3 (3)
- ○ 4 (4)
- ○ 5 (5)
- ○ 6 (6)
- ○ 7 (7)
- ○ 8 (8)
- ○ 9 (9)
- ○ 10 (10)

Display This Question:

If What are the main barriers to the use of PROMs? = Too complicated to fill in [Yes]

Q32 From 0 to 10 (0 being in total disagreement and 10 in total agreement), how strongly do you agree with the statement "Too complicated to fill in" as a barrier to the use of PROMs in your daily clinical consultation?

- ○ 0 (0)
- ○ 1 (1)
- ○ 2 (2)
- ○ 3 (3)
- ○ 4 (4)
- ○ 5 (5)
- ○ 6 (6)
- ○ 7 (7)
- ○ 8 (8)
- ○ 9 (9)
- ○ 10 (10)

Display This Question:

If What are the main barriers to the use of PROMs? = Too complicated to evaluate / score [Yes]

Q33 From 0 to 10 (0 being in total disagreement and 10 in total agreement), how strongly do you agree with the statement "Too complicated to evaluate / score" as a barrier to the use of PROMs in your daily clinical consultation?

- ○ 0 (0)
- ○ 1 (1)
- ○ 2 (2)
- ○ 3 (3)
- ○ 4 (4)
- ○ 5 (5)
- ○ 6 (6)
- ○ 7 (7)
- ○ 8 (8)
- ○ 9 (9)
- ○ 10 (10)

*

Q39 How old are you (years)?

_____

*

Q4 What is your sex?

- ○ Male (1)
- ○ Female (2)

Q24 In which country do you currently practice your medical profession?
Country (5)

▼ Afghanistan (1) ... Zimbabwe (194)

Q8 Which is your current practice?

- ○ Public practice (1)
- ○ Private practice (2)
- ○ Both (3)

End of Block: Default Question Block