**Appendix 4: Characteristics of the included study populations**

| PROM | Reference | N | Age Mean (SD, range) yr | Gender % female | Disease | Disease duration mean (SD) yr | Disease severity |
|---|---|---|---|---|---|---|---|
| | | | | | **Population** | | |
| ASDD (ASDD-C) | Nelson, 2019 | 21-665 (8-32) | 33.3 (±11.7)-36 (18 to 57); (13.1 (10 to 17)-13.8 (±1.37)) | 45.7%-76% (50%-84.4%) | clinician-diagnosed primary axillary HH | HH symptomology for at least 6 months | HDSS grade 3 or 4; sweat production ≥50 mg/axilla/5min while at rest |
| DLQI | Campanati, 2003 | 41 | 25-32.5 (16 to 50) | 73.17% | focal HH (axillary, palmar, plantar) | - | - |
| DLQI | Lynch, 2020 | 75 | 37.6 (± 8.82) | 83% | axillary HH | - | - |
| DLQI | Schreiner, 2019 | 105 | 30 (±11, 16 to 64) | 69.5% | primary focal HH | - | - |
| DLQI | Skroza, 2011 | 19 | - | 36.8% | primary axillary HH | - | - |
| DLQI | Swartling, 2001 | 58 | 15 to 49 | 69.0% | primary focal HH | - | severe HH |
| DLQI | Tetteh, 2009 | 45 | 26.5 (±12.3) | 62.2% | primary palmoplantar HH (with axillary HH) | - | - |
| HDSM-Ax | Kirsch, 2018 | 58 | 18-59 | 65.6% | clinician-diagnosed axillary HH (with or without other location involvement) | age of onset: <30y | - |
| HDSM-Ax | Hobart, 2021 | 227 | 31.3 (±9.9) | 45% | axillary HH | - | HDSS grade 3 or 4 |
| HDSS | Sener, 2009 | 59 | 31.5 (±9.5) | 49.2% | primary axillary HH | various onsets | - |
| HDSS | Tetteh, 2009 | 45 | 26.5 (±12.3) | 62.2% | primary palmoplantar HH (with axillary HH) | - | - |
| HDSS | Varella, 2016 | 290 | 28.7 (±9.6, 18 to 60) | 69.0% | clinician-diagnosed HH (palmar and/or axillary) | - | - |
| HHIQ | Li, 2018 | 106 | 28.2 (±6.1, 18 to 40) | 58.5% | diagnosed primary focal HH | - | - |
| HidroQoL | Gabes, 2020 | 171 | 37.57 (±12.09, 18 to 65) | 49.1% | physician-diagnosed primary axillary HH | - | moderate-to-severe hyperhidrosis with a HDSS of 3 or 4 were included |
| HidroQoL | Kamudoni, 2015 | 595; 260 | 40.5 (±14.2, 18 to 74); 36 (±14, 17 to 74) | 81%; 75% | self-reported HH | onset of HH at or before early adult years | HDSS ≥ 2 |

| PROM | Reference | N | Age | % | HH type | | |
|---|---|---|---|---|---|---|---|
| | Schreiner, 2019 | 105 | 30 (±11, 16 to 64) | 69.5% | various forms of primary focal HH | - | - |
| HQ | Kuo, 2004 | 85 | 24.7 (±8) | 62.4% | diagnosed HH | - | - |
| HQLQ | Amir, 2000 | 48 | 25 (±8.1, 15 to 48) | 62.5% | focal HH (axillary, palmar, and plantar) | since childhood/ adolescence | - |
| | de Campos, 2016 | 403 | - | 62% | focal HH (axillary, palmar, plantar and facial) | - | - |
| | Panhofer, 2006 | 112 | 30.3 (±9.9) (women); 30.5 (±6.4) (men) | 71.4% | focal HH (axillary, palmar, and plantar) | - | - |
| HS | Keller, 2009 | 47 | - | - | palmar HH | - | - |
| | Panhofer, 2006 | 112 | 30.3 (±9.9) (women); 30.5 (±6.4) (men) | 71.4% | focal HH (axillary, palmar, and plantar) | - | - |
| IIRS | Cina, 1999 | 80 | 32 (±9) | 35% | HH | - | - |
| SCI | Wheaton, 2011 | 241 | 34.64 (±13.53, 18 to 80) | 68.9% | diagnosed primary HH | - | IIRS-H (mean, SD, range): 33.15 ±16.46, 8-91 |
| SES | Krogstad, 2005 | 20 | 26 (±9, 17 to 42) | 60% | diagnosed primary palmar HH | - | - |
| SF-36 | Schreiner, 2019 | 105 | 30 (±11, 16 to 64) | 69.5% | various forms of primary focal HH | - | - |
| | Tetteh, 2009 | 45 | 26.5 (±12.3) | 62.2% | primary palmoplantar HH (with axillary HH) | - | - |

| PROM | Reference | Instrument administration | | | | |
|---|---|---|---|---|---|---|
| | | Setting | Study type | Country | Language | Response rate (%) |
| ASDD | Nelson, 2019 | clinical trial; via electronic tablet device at home | development study (clinical trials) | US, Germany | English, German | - |
| DLQI | Campanati, 2003 | during clinical assessment | intervention study | Italy | - | - |
| | Lynch, 2020 | single-centre series; contacted, by telephone, and asked to complete the DLQI | intervention study | Ireland | English | - |
| | Schreiner, 2019 | prospective cohort study | intervention study | Germany | German | - |
| | Skroza, 2011 | at all scheduled visits (treatment and follow-ups) | intervention study | Italy | Italian | - |

| | | | | | | |
|---|---|---|---|---|---|---|
| | *Swartling, 2001* | at the department visit (before treatment and follow-up) or sent at home | intervention study | Sweden | Swedish translation | - |
| | *Tetteh, 2009* | prospective study, at clinical visit | intervention study | US | English | - |
| HDSM-Ax | *Kirsch, 2018* | by telephone interview | development study | various countries | English | - |
| | *Hobart, 2021* | at clinical site | intervention study | US | English | - |
| HDSS | *Sener, 2009* | at visit and by telephone interview | intervention study | Turkey | Turkish | - |
| | *Tetteh, 2009* | prospective study, at clinical visit | intervention study | US | English | - |
| | *Varella, 2016* | during appointments | intervention study | Brazil | Portuguese translation | - |
| HHIQ | *Li, 2018* | during appointments and by telephone interview | intervention study | US | English | - |
| HidroQoL | *Gabes, 2020* | clinical trial | validation study (clinical trial) | Germany, Austria, Poland, UK, Hungary, Sweden, Denmark | English + 7 linguistically validated versions | - |
| | *Kamudoni, 2015* | via web version | development/validation study | US, Canada, Austria, UK, other countries | language used by patients | - |
| | *Schreiner, 2019* | prospective cohort study | intervention study | Germany | German | - |
| HQ | *Kuo, 2004* | at outpatient department | development/validation study | Taiwan | - | - |
| HQLQ | *Amir, 2000* | the patients were given the questionnaire by a senior surgeon | development study | Israel | - | - |
| | *de Campos, 2016* | during assessment and by telephone interview | validation study | Brazil | - | - |
| | *Panhofer, 2006* | prospective study | intervention study | Austria | - | 94.6 |
| HS | *Keller, 2009* | at visit at research site | validation study | US | English | - |
| | *Panhofer, 2006* | prospective study | intervention study | Austria | - | 94.6 |
| IIRS | *Cina, 1999* | via e-mail | validation study | Canada | - | 35.9 |
| SCI | *Wheaton, 2011* | via e-mail | development study | US | English | 32 |
| SES | *Krogstad, 2005* | at research center | validation study | Poland | Polish | - |
| SF-36 | *Schreiner, 2019* | prospective cohort study | intervention study | Germany | German | - |
| | *Tetteh, 2009* | prospective study, at clinical visit | intervention study | US | English | - |

Abbreviations: PROM = patient-reported outcome measure, Ref. = reference, N = number of participants per study, SD = standard deviation, ASDD(-C) = Axillary Sweating Daily Diary (Child version), DLQI = Dermatology Life Quality Index, HDSM-Ax = Hyperhidrosis Disease Severity Measure-Axillary, HDSS = Hyperhidrosis Disease Severity Scale, HHIQ = Hyperhidrosis Impact Questionnaire, HidroQoL = Hyperhidrosis Quality of Life Index, HQ = Hyperhidrosis Questionnaire, HQLQ = Hyperhidrosis Quality of Life Questionnaire, HS = Hyperhidrosis Scale, IIRS = Illness Intrusiveness Rating Scale, SCI = Sweating Cognitions Inventory, SES = self-evaluation scale, SF-36 = short-form health survey (with 36 items), SD = standard deviation, HH = Hyperhidrosis.