Supplementary

Table S1 Quality-of-life Questionnaire for Evaluation of Hyperhidrosis adapted from de Campos

	BEFORE SURGERY	AFTER SURGERY
How would you rate your quality of life GENERALLY?	1 2 3 4 5	1 2 3 4 5
FUNCTIONAL/SOCIAL DOMAIN, related to the following items, how would you rate your Quality of life?		
2. Writing	1 2 3 4 5	1 2 3 4 5
3. Using electronics	1 2 3 4 5	1 2 3 4 5
4. Manual work	1 2 3 4 5	1 2 3 4 5
5. Sports	1 2 3 4 5	1 2 3 4 5
6. Hand shaking	1 2 3 4 5	1 2 3 4 5
PERSONAL DOMAIN: with partner/spouse, how would you rate your quality of life?		
7. Common interaction	1 2 3 4 5	1 2 3 4 5
8. Intimate touching	1 2 3 4 5	1 2 3 4 5
EMOTIONAL DOMAIN: how would you rate the fact that after sweating excessively?		
9. I always justified myself	1 2 3 4 5	1 2 3 4 5
10. People rejected me slightly	1 2 3 4 5	1 2 3 4 5
Under SPECIAL CIRCUMSTANCES: how would rate the quality of your life?		
11. When tense or worried	1 2 3 4 5	1 2 3 4 5
TOTAL SCORE	10 Excellent 50 Very poor	10 Excellent 50 Very poor

^{1:} Excellent 2: Good 3: Moderate 4: Poor 5: Very poor