

### Core set of domains and domain items

Domains	Obvious/proposed/additional*	Domain items	
<b>Demographics</b>	<b>Obvious</b>	Date of birth and date of enrolment into registry	
		Gender	
		Ethnicity	
		Educational status	
		Current occupation or education	
<b>AE diagnosis</b>	<b>Obvious</b>	How diagnosis AE is established	
		Use of validated diagnostic criteria	
		Date of onset AE	
<b>Past AE treatments</b>	<b>Obvious</b>	Phototherapy	
		Systemic therapy	
	<b>Proposed</b>	Topical treatments for AE	
		Day hospital care treatments for AE (outpatient)	
		Hospitalization for AE	
<b>Current AE treatments</b>	<b>Obvious</b>	Phototherapy	
		Systemic therapy	
	<b>Proposed</b>	Topical treatments	
		<b>Additional</b>	Amount of topical creams/ointments used per week
			<b>Obvious</b>
<b>Family history of AE or allergic diseases</b>	<b>Obvious</b>	Family history of AE or allergic diseases	
<b>Allergic co-morbidities</b>	<b>Obvious</b>	Asthma	
		Allergic rhinoconjunctivitis	
		Atopic eye disease	
		Eosinophilic oesophagitis	
		Food allergies	
		Contact allergies	
		<b>Other co-morbidities</b>	<b>Obvious</b>
<b>Current concomitant medication</b>	<b>Proposed</b>	Serious infections	
		Antihistamines, oral or topical	
	<b>Additional</b>	Antibiotics, oral or topical**	
Immunosuppressives for other inflammatory diseases			
<b>Baseline general AE questions</b>	<b>Additional</b>	Exposures that trigger disease flares	
		Episodes of skin infection (i.e. folliculitis, HSV, molluscum contagiosum)	

		Days lost from usual activities
<b>Baseline physical examination</b>	<b>Proposed</b>	Fitzpatrick skin type
		Skin examination
<b>Baseline physician- and patient-reported domains</b>	<b>Proposed</b>	Physician-assessed clinical signs
		Investigator/physician global assessment
		Patient-reported symptoms
		Patient global assessment
		Generic quality of life score
		Skin-specific quality of life score
		Patient-reported satisfaction with AE care received
	<b>Additional</b>	Impact of AE on the family
<b>Baseline investigations</b>	<b>Obvious</b>	Medical history (tuberculosis, HIV, hepatitis B or C)
		Full blood count
		Liver function
		Kidney profile
	<b>Proposed</b>	Evaluating TPMT level prior to azathioprine use
<b>Baseline management</b>	<b>Proposed</b>	Main reasons for choosing specific treatment (systemic or phototherapy)
		Relative contraindication(s) for selected treatment
<b>Follow-up general AE questions</b>	<b>Additional</b>	Days lost from usual activities**
		Change in diagnosis after enrolment (e.g. from AE to CTCL)
		Date of death and relation to AE
<b>Follow-up physical examination</b>	<b>Proposed</b>	Skin examination
<b>Follow-up physician- and patient-reported domains</b>	<b>Proposed</b>	Physician-assessed clinical signs
		Investigator/physician global assessment
		Patient-reported symptoms
		Patient global assessment
		Generic quality of life score
		Skin-specific quality of life score
		Reporting of disease control
		Adherence to treatment between appointments
		Patient-reported satisfaction with AE care received
	<b>Additional</b>	Impact of AE on the family
<b>Follow-up investigations</b>	<b>Obvious</b>	Safety bloods**
<b>Follow-up adverse events</b>	<b>Obvious</b>	Serious adverse events

	<b>Obvious</b>	Adverse events that cause stop or switch of therapy or change in dosage
	<b>Obvious</b>	<i>For (serious) adverse events: probability of relationship with treatment</i>
<b>Follow-up management</b>	<b>Obvious</b>	Reason for switching therapy
		Reason for discontinuation of therapy

Abbreviations: AE, atopic eczema; CTCL, cutaneous T cell lymphoma; HSV, herpes simplex virus; HIV, human immunodeficiency virus.

\* Obvious: domains and items that were considered obvious to be included in AE registries by the TREAT research group, e.g. age and gender, and were therefore not included in the eDelphi.

Proposed: domains and items proposed to register by the TREAT research group and included in the eDelphi. Additional: domains and items added by participants in round 1 of the eDelphi.

\*\* These items were merged (i.e. 'antibiotics oral' and 'antibiotics topical' to 'antibiotics, oral or topical') or added (i.e. 'days lost from usual activities' (follow-up) and 'safety bloods' (follow-up)) after the eDelphi and consensus meeting.