

Supplemental Figure 1: Time to waning effect of treatment or symptom reemergence questionnaire

1 – Referring to your current state of cervical dystonia, do you feel that the effects of BOTOX[®] for injection have started to wane?

_____ Yes _____ No

If yes, what is the symptom that tells you that your treatment with BOTOX[®] for injection is wearing off? _____

If yes, when did the effects of BOTOX[®] for injection start to wane (circle the closest range):

1 week 2 weeks 3 weeks 4 weeks more than 1 month ago.

2 – From your perspective, at which frequency would you like to receive your BOTOX[®] for injection treatments? (Choose one/Circle the closest number)

Once every:
8 weeks, 9 10 11 12 13 14 15 16 >16 wks