

Title

Evaluation of psychological well-being and social impact of combined facial and truncal acne: A multi-national, mixed-methods study

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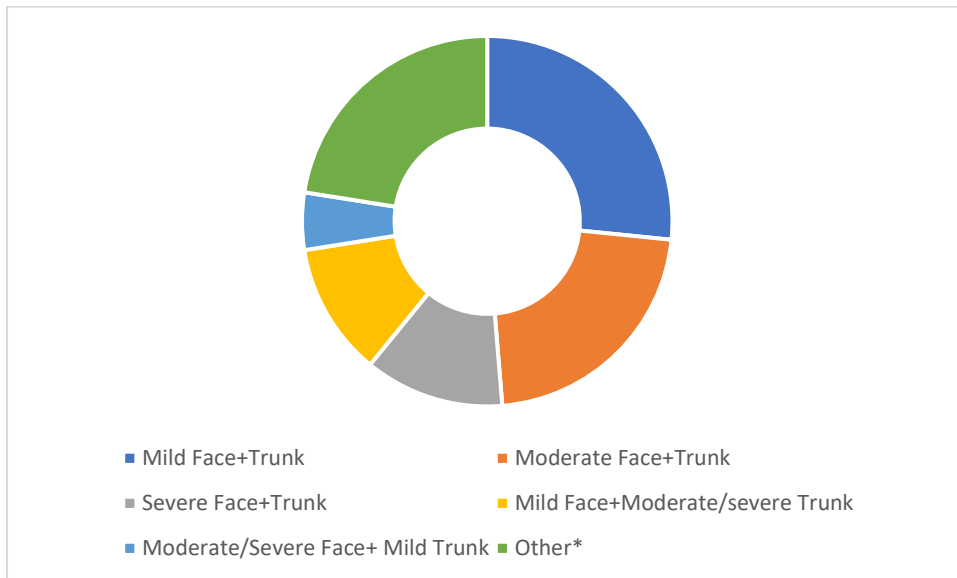
Supplementary Table 1: Characteristics of participants from the qualitative survey

Study participants, n	30
Age range, n (%)	
13 to < 25 years	21 (70.0%)
26 to < 40 years	9 (30.0%)
Sex, n (%)	
Female	17 (56.7%)
Male	13 (43.3%)
Areas affected by acne beside the face, n (%)	
Back	21 (70.0%)
Chest/ torso	13 (43.3)
Shoulders	10 (33.3%)
Neck	6 (20.0%)
Severity – self-assessment based on the Investigator's Global Assessment (IGA) of acne severity definitions, n (%)	
Severe	26 (86.7%)
Moderate	4 (13.3%)
Treatment currently prescribed, n (%)	
Topical	16 (53.3%)
Topical and systemic	8 (26.7%)
Systemic	5 (16.7%)
Do not know	1 (3.3%)

Supplementary Table 2: Characteristics of participants from the quantitative survey

Study participants, n	694
Age, mean (SEM) years	18.7 (0.55)
13 to < 16 years, n (%)	333 (48.0%)
16 to < 18 years, n (%)	119 (17.1%)
18 to < 25 years, n (%)	114 (16.5%)
25 to 40 years, n (%)	127 (18.4%)
Male, n (%)	385 (55.5%)
Relationship status, n (%)	
Married/living with partner*	465 (67.1%)
Single	194 (27.9%)
Country of residence, n (%)	
US	324 (46.6%)
Canada	33 (4.7%)
Brazil	82 (11.9%)
France	121 (17.5%)
Germany	80 (11.6%)
Italy	53 (7.7%)
Type of residence, n (%)	
Urban	412 (59.4%)
Suburban	201 (29.0%)
Rural	80 (11.6%)
Employment status, n (%)	
Employed	602 (86.7%)
Unemployed	29 (4.2%)
Student/pupil	46 (6.7%)

Supplementary Figure 1: Distribution of participants from the quantitative survey based on the severity of acne on the face, chest, and back



*Other includes different combinations of severity of acne on the chest and back within the trunk variable, e.g., mild acne on the chest + moderate acne on the back.

Burden of truncal and facial acne combined

60 min in-depth face to face discussion

DISCUSSION GUIDE – PATIENT

I. SELF-INTRODUCTION (5 min)

MODERATOR: ADAPT YOUR LANGUAGE AND QUESTIONS IF THIS IS A CHILD

1. Let's start by introducing yourself.
 - a. your age
 - b. family situation
 - c. professional status [*Moderator: adapt if child*]
 - d. hobbies
2. Where do you live?
 - a. *Probe on:*
 - i. Do you live in a sunny, cloudy, cold, rainy area?
 - ii. City or countryside?

II. ACNE HISTORY AND MANAGEMENT (20 min)

1. Could you tell me where exactly you have acne on your face /body acne today?
2. When did your acne first appear, how many years ago?
 - a. How old were you then?
 - b. Where was it located?
 - c. What worried you the most at the time?
 - d. How did you initially react?
 - e. Did you try to diminish the symptoms yourself? If yes, how? What was the result?
 - f. *IF CHILD/TEENAGER:* did you tell your parents? How did they react?
3. When was your acne formally diagnosed by the healthcare professional?
 - a. What type of healthcare professional made this diagnosis?
4. About this first visit, approximately how long was it after you acne first appeared?
 - a. *IF LONG AFTER THE FIRST SYMPTOMS:* Why did you wait to see a healthcare professional?
 - b. *IF CHILD/TEENAGER:* Did you decide to consult a healthcare professional, did you ask your parents or was it your parents idea?
 - c. What prompted you to visit a healthcare professional at this time exactly?
SPONTANEOUSLY FIRST, THEN PROMPT/
 - i. The acne got worse?
 - ii. The acne extend to other areas of the body?
 - iii. Impact of the acne on daly life?
 - iv. Something else? Please explain.
5. What did the healthcare professional say at the time? SPONTANEOUSLY FIRST
 - i. About the origins of acne? What was explained?
 - ii. About the nature of the condition? Its chronic aspect, flare ups, evolutions?
6. Was your acne on your [shoulders, chest, bust, or back] seen and acknowledged at the time as the acne on your face?
 - a. Did you spontaneously talk about this aspect of your acne or did the physician ask you first about areas other than the face that could possibly be affected?

7. What did this healthcare professional say about possible treatment?
 - a. What was explained?
8. What treatment was prescribed if any?
 - a. Was it a cream, an ointment or an oral form like a tablet or capsule?
 - b. Was this treatment intended for both your acne on your face and on your trunk [shoulders, chest, bust, or back]?
9. What other advice, if any, was given to you during this first visit to help you manage your acne?
 - a. *If not covered spontaneously, ask:*
 - i. Advice about your face cleansing routine?
 - ii. Advice about your acne on your [shoulders, chest, bust, or back]?
 - iii. Any other advice about lifestyle? Hygiene?
 - b. *If the acne on the [shoulders, chest, bust, or back] was acknowledged on the first visit, ask:* Were you given the same type of advice for your acne on your [shoulders, chest, bust, or back] ?
10. Overall, how was your first visit to this healthcare professional? How did you feel about it? Why?
 - a. To what extent was your dermatologist reassuring? Why
 - b. To what extent did s/he show empathy?
11. How many different specialists did you see for your acne management?
 - a. Please specify which specialities they are, like GP, nurse or dermatologist for instance.
12. Why did you/why didn't you change physician?
13. Was your acne on your [shoulders, chest, bust, or back] treated or managed differently at some point? Please explain why and how?
 - a. *IF NOT ALREADY CLARIFIED, ASK:* When was treatment of your truncal acne taken into account by your physician, compared to your facial acne?
14. For how long now have you been using medication prescribed by your healthcare professional to treat your acne?
 - a. Is is the same length of treatment for your acne on the face and on your [shoulders, chest, bust, or back]?
15. Beside this treatment your physician prescribed, do you use other products that can be purchased at the chemist without a prescription? What is it? For what reason do you use it?
16. Do you have a regular follow-up or do you tend to visit when you experience a flare-up or any other reason?
 - a. How frequent is it?
 - b. What is usually checked or asked to you during your follow-up visits with the dermatologist?
 - c. Do you usually go for both the acne on your face? For your acne on your [shoulders, chest, bust, or back] ? Or both?
 - d. During a typical visit, does your physician look at the acne on your [shoulders, chest, bust, or back] as much as the one on your face?
 - e. Do you talk about/ Does your physician ask about the emotional impact your acne is having on your everyday life ? Why/ why not? IF YES: What do you say? What is discussed then
17. How satisfied are you currently with the way your acne on your face and on your [shoulders, chest, bust, or back] is managed? Why? Why not?
 - a. Please rate your satisfaction level on a 5-point scale where 1 means not at all satisfied and 5 means totally satisfied. MODERATOR TO WRITE ON COMPLETION SHEET 1
18. What would you say are your unmet needs?
 - a. Why are these important to you?
19. How would you define your relationship with your current treating physician?
 - a. What do you wish they would do that they currently don't?

III. CURRENT SITUATION AND BURDEN OF COMBINED ACNE (20 min)

20. LETTER TO MY CONDITION DISCUSSION – We asked you to complete a “*letter to my condition*” before this interview, thank you for having taken the time to do it, do you want to tell me how was it?
- How did you feel writing to your acne?
 - Was it an easy or a difficult process? What is the main message?
21. How would you describe yourself physically to someone who you never met but whom you are going to meet soon?
22. What do you think stands out in your overall appearance, looks?
23. SENTENCE COMPLETION – We are going to do a little game. I am going to give you the beginning of a sentence and you will complete it. No right or wrong answers, no need to think too hard, your spontaneous, honest answer is the only thing we care about MODERATOR: PLEASE READ ONE SENTENCE AT A TIME, GIVING SUFFICIENT TIME TO THE PARTICIPANT TO COMPLETE THE SENTENCE.
- The thing with having acne also on [shoulders, chest, bust, or back] is...*
 - Unlike people having acne only on the face, because I have acne on my [shoulders, chest, bust, or back] too, I have to...*
24. To what extent would you say also having acne on your [shoulders, chest, bust, or back] is impacting in your life?
- How differently would you describe it compared to people affected only on the face?
25. Please indicate on a 5-point scale where 1 means ‘not at all impacting’, and 5 means ‘extremely impacting’, how much of an impact facial acne and [shoulders, chest, bust, or back] acne has overall on your quality of life. MODERATOR PLEASE REFER AND WRITE THE ANSWER ON THE COMPLETION SHEET 2
26. To what extent do you treat your facial acne differently compared to the acne on your shoulders, chest/bust or back?
- Any difference in the skincare routine?
 - Please describe you daily routine for your acne on the face, and for your acne on your [shoulders, chest, bust, or back]
27. Overall, which aspect of the acne is the most concerning, worrying for you? *SPONTANEOUSLY, THEN ASK:*
- The location? (face, shoulders, chest/bust/back?) Why?
 - The possibility of developing scars in the future?
 - Some specific uncomfortable situations, which ones?
 - What if anything, does having acne on your face and [shoulders, chest, bust, or back] prevent you from doing?
28. What area in your life would you say is the most impacted by acne? *SPONTANEOUS THEN PROBE AND COVER IN DEPTH ALL THE AREAS IMPACTED:*
- Professionally/ at school PLEASE ADAPT ACCORDINGLY? Please explain how.
 - Personally (family, spouses/partners)? Please explain how.
 - Socially (friends, coworkers)? Please explain how.
 - Other? Please explain how.
29. Let’s now rate this impact on a 5-point scale. Please indicate which areas of your life are the most impacted by your acne. Again I will ask you to differentiate your acne on the face from your acne on your [shoulders, chest, bust, or back]. MODERATOR, PLEASE REFER AND COMPLETE THE COMPLETION SHEET 3

30. Could you recall any events where your acne made you uncomfortable or changed the way you would have reacted otherwise? *Cover in-depth*
- What have you learned from this event?
 - How much did this event change the way you act/react ?

IV. WRAP-UP (5 min)

31. What is the most difficult thing to cope with having acne on the face and on [shoulders, chest, bust, or back]?
- Why?
 - If relevant:* How would you say you are coping with it?
32. What would you like to see change (if anything) about the management of your acne on your face and on [shoulders, chest, bust, or back] ?
33. What would you say to the dermatologists treating acne for people like you to improve their management in the future?
34. Is there anything else you would like to add?

THANK & CLOSE

COMPLETION SHEET 1

Please indicate your satisfaction level of your current acne treatment on a 5-point scale where 1 means '*not at all satisfied*', and 5 means '*extremely satisfied*' .

Acne on the face – Treatment satisfaction				
Not at all satisfied				Extremely satisfied
1	2	3	4	5

Acne on [shoulders, chest, bust, or back]– Treatment satisfaction				
Not at all satisfied				Extremely satisfied
1	2	3	4	5

COMPLETION SHEET 2

Please indicate on a 5-point scale where 1 means '*not at all impacting*', and 5 means '*extremely impacting*' how much does the acne impact on your quality of life. Please differentiate acne on you face form acne on your [back, shoulders, chest, bust....]
Please circle the correct answer.

Acne	IMPACT				
	Not at all impacting				Extremely impacting
On the face	1	2	3	4	5
On the _____ <i>Specify</i>	1	2	3	4	5

COMPLETION SHEET 3

Please indicate in the following grid how much each of the areas mentioned is impacted by your acne on the face and by your acne on your [back, shoulders, chest, bust...], using a 5-point scale where 1 means “not at all impacted” and 5 “extremely impacted”.

Feel free to add an area of impact that you consider is missing, I'll add it at the bottom of the grid and you can asse its level of impact.

Areas of impact	Type of acne	Not at all impacted					Extremely impacted
		1	2	3	4	5	
Family life	On the face	1	2	3	4	5	
	On _____	1	2	3	4	5	
Social life	On the face	1	2	3	4	5	
	On _____	1	2	3	4	5	
Mood	On the face	1	2	3	4	5	
	On _____	1	2	3	4	5	
Self-esteem	On the face	1	2	3	4	5	
	On _____	1	2	3	4	5	
Type of leisure	On the face	1	2	3	4	5	
	On _____	1	2	3	4	5	
Type of style clothing/ haircut	On the face	1	2	3	4	5	
	On _____	1	2	3	4	5	
Hygiene habits	On the face	1	2	3	4	5	
	On _____	1	2	3	4	5	
Finances / expenses	On the face	1	2	3	4	5	
	On _____	1	2	3	4	5	
Emotions	On the face	1	2	3	4	5	
	On _____	1	2	3	4	5	
Work / studies	On the face	1	2	3	4	5	
	On _____	1	2	3	4	5	
Daily organization	On the face	1	2	3	4	5	
	On _____	1	2	3	4	5	
Sleeping habits	On the face	1	2	3	4	5	
	On _____	1	2	3	4	5	
Eating habits	On the face	1	2	3	4	5	
	On _____	1	2	3	4	5	

QUANTITATIVE PATIENT QUESTIONNAIRE

PART 1: SCREENING CRITERIA

Before we begin, we would like to ask you a few questions to check that your profile matches the profile required for this survey.

NEW WEB PAGE

PROG: DO NOT SHOW

S0. COUNTRY

1. US
2. Canada
3. Brazil
4. Germany
5. France
6. Italy

NEW WEB PAGE

S1. You are...

Only one possible answer

PROG: SINGLE ANSWER

1. Male
2. Female

NEW WEB PAGE

S2. What is your date of birth?

/_/_/___/___/___/___/
M M Y Y Y Y

[MONTH = MIN:1 – MAX:12]

[YEAR= MIN: 1900 – MAX: 2019]

**[PROG: CREATE “AGE_ADULT” VARIABLE: DATE OF TODAY – S2]
IF AGE_ADULT IS LOWER THAN 18 → SCREENOUT**

NEW WEB PAGE

S3. Please specify which is the first letter of your first name.

/_/_/ [OE] LIMIT TO ONE CHARACTER

NEW WEB PAGE

S4. How many children aged between 13 and 18 years old, who are currently living in the household, do you have?

[_]_| children aged between 13 and 18 years old living in the household

[MIN: 0 – MAX: 20]

IF S4=0 AND AGE_ADULT>40 → SCREENOUT

NEW WEB PAGE

PROG: SHOW S5 IF S4>0 OTHER GO TO S6

S5. Please specify for [SHOW IF S4=1: your child / SHOW IF S4 > 1: each of your children] aged between 13 years and less than 18 years old currently living in the household

		S5a. Date of Birth MONTH: MIN= 1/ MAX = 12 YEAR: MIN = 2001 / MAX = 2006 THE DATE MUST NOT BE AFTER THE CURRENT DATE AGE_CHILD MUST BE ≥ 13 YEARS AGE_CHILD MUST BE < 18 YEARS	S5b. Gender SINGLE ANSWER	S5c. First letter of the first name of this child LIMIT TO ONE CHARACTER
1	1 st child	/__//__//__// M M Y Y Y Y	1. Male 2. Female	/__/[OE]
2	SHOW IF S4 > 1 2 nd child	/__//__//__// M M Y Y Y Y	1. Male 2. Female	/__/[OE]
3	SHOW IF S4 > 2 3 rd child	/__//__//__// M M Y Y Y Y	1. Male 2. Female	/__/[OE]
4	SHOW IF S4 > 3 4 th child	/__//__//__// M M Y Y Y Y	1. Male 2. Female	/__/[OE]
5	SHOW IF S4 > 4 5 th child	/__//__//__// M M Y Y Y Y	1. Male 2. Female	/__/[OE]
6	SHOW IF S4 > 5 6 th child	/__//__//__// M M Y Y Y Y	1. Male 2. Female	/__/[OE]
7	SHOW IF S4 > 6 7 th child	/__//__//__// M M Y Y Y Y	1 Male 2 Female	/__/[OE]
8	SHOW IF S4 > 7 8 th child	/__//__//__// M M Y Y Y Y	1 Male 2 Female	/__/[OE]
9	SHOW IF S4 > 8 9 th child	/__//__//__// M M Y Y Y Y	1. Male 2. Female	/__/[OE]
10	SHOW IF S4 > 9 10 th child	/__//__//__// M M Y Y Y Y	1. Male 2. Female	/__/[OE]
11	...			

CREATE A HIDDEN VARIABLE FOR EACH CHILD

AGE_CHILD = DATE OF TODAY -S5.a

NEW WEB PAGE

S6. Please select the region you live in.

Only one answer possible

SINGLE ANSWER

PROG: SHOW THE REGIONS IN ALPHABETIC ORDER

	US S0=1
	Northeast
1	Connecticut
2	Maine
3	Massachusetts
4	New Hampshire
5	New Jersey
6	New York
7	Pennsylvania
8	Rhode Island
9	Vermont
	Midwest
10	Illinois
11	Indiana
12	Iowa
13	Kansas
14	Michigan
15	Minnesota
16	Missouri
17	Nebraska
18	North Dakota
19	Ohio
20	South Dakota
21	Wisconsin
	South
22	Alabama
23	Arkansas
24	Delaware
25	DC
26	Florida
27	Georgia
28	Kentucky
29	Louisiana
30	Maryland
31	Mississippi
32	North Carolina
33	Oklahoma
34	South Carolina
35	Tennessee

36	Texas
37	Virginia
38	West Virginia
	West
39	Alaska
40	Arizona
41	California
42	Colorado
43	Hawaii
44	Idaho
45	Montana
46	Nevada
47	New Mexico
48	Oregon
49	Utah
50	Washington
51	Wyoming

	CANADA S0=2
	Atlantic
1	<i>Newfoundland and Labrador</i>
2	<i>New Brunswick</i>
3	<i>Nova Scotia</i>
4	<i>Prince Edward Island</i>
	Prairies
5	<i>Manitoba</i>
6	<i>Saskatchewan</i>
7	<i>Alberta</i>
	Central
8	<i>Quebec</i>
9	<i>Ontario</i>
	West Coast
10	<i>British Columbia</i>
	North
11	<i>Nunavut</i>
12	<i>Northwest Territories</i>
13	<i>Yukon Territory</i>

	BRAZIL S0=3
	Nord
1	Acre (AC)
2	Amazonas (AM)
3	Amapá (AP)
4	Pará (PA)

5	Roraima (RR)
6	Tocantins (TO)
7	Rondônia (RO)
Nord-Est	
8	Bahia (BA)
9	Maranhão (MA)
10	Ceará (CE)
11	Piauí (PI)
12	Rio Grande do Norte (RN)
13	Alagoas (AL)
14	Paraíba (PB)
15	Sergipe (SE)
16	Pernambuco (PE)
Centre	
17	Mato Grosso do Sul (MS)
18	Mato Grosso (MT)
19	Distrito Federal
20	Goiás (GO)
Sud-Est	
21	São Paulo (SP)
22	Espírito Santo (ES)
23	Minas Gerais (MG)
24	Rio de Janeiro (RJ)
Sud	
25	Rio Grande do Sul (RS)
26	Paraná (PR)
27	Santa Catarina (SC)

GERMANY S0=4	
Gebiet I	
1	Brême
2	Hambourg
3	Basse-Saxe
4	Schleswig-Holstein
Gebiet II & IIIa	
5	Hesse
6	Rhénanie-du-Nord-Westphalie
7	Rhénanie-Palatinat
8	Sarre
Gebiet IIIb & IV	
9	Bade-Wurtemberg
10	Bavière
Gebiet V, VI & VII	
11	Berlin
12	Brandebourg

13	Mecklembourg-Poméranie-Occidentale
14	Saxe
15	Saxe-Anhalt
16	Thuringe

	FRANCE S0=5
1	Auvergne-Rhône-Alpes
2	Bourgogne-Franche-Comté
3	Bretagne
4	Centre-Val de Loire
5	Corse
6	Grand Est
7	Hauts-de-France
8	Île-de-France
9	Normandie
10	Nouvelle-Aquitaine
11	Occitanie
12	Pays de la Loire
13	Provence-Alpes-Côte d'Azur

	ITALY S0=6
	Nord-Ovest
1	<i>Piemonte</i>
2	<i>Valle d'Aosta</i>
3	<i>Liguria</i>
4	<i>Lombardia</i>
	Nord-Est
5	<i>Provincia Autonoma di Bolzano/Bozen</i>
6	<i>Provincia Autonoma di Trento</i>
7	<i>Veneto</i>
8	<i>Friuli-Venezia Giulia</i>
9	<i>Emilia-Romagna</i>
	Centro (IT)
10	<i>Toscana</i>
11	<i>Umbria</i>
12	<i>Marche</i>
13	<i>Lazio</i>
	Sud
14	<i>Abruzzo</i>
15	<i>Molise</i>
16	<i>Campania</i>
17	<i>Puglia</i>
18	<i>Basilicata</i>
19	<i>Calabria</i>
	Isole

20	Sicilia
21	Sardegna

NEW WEB PAGE

S7. Which best describes your current residence?

Only one possible answer

SINGLE ANSWER

- 1 Urban (city)
- 2 Suburban
- 3 Rural

NEW WEB PAGE

S8. What is your marital status?

Only one answer possible

PROG: SINGLE ANSWER

1. Married / living with partner
2. Single
3. Divorced / separated
4. Widowed

NEW WEB PAGE

S9. What is your current working situation?

Only one answer possible

PROG: SINGLE ANSWER

1. Employed
2. Self-employed
3. On sick leave
4. Unemployed
5. Retired
6. Student / Pupil
7. Other

NEW WEB PAGE

S10. What is the highest degree or level of schooling that you have completed?

Only one answer possible

PROG: SINGLE ANSWER

PROG: SHOW FOR THE US

1. None/Primary School/Secondary School
2. High School
3. Undergraduate
4. Post-graduate
5. Other

PROG: SHOW FOR CANADA

1. No certificate, diploma or degree
2. High school diploma
3. Apprenticeship/trades certificate
4. College diploma
5. University below bachelor
6. Bachelor degree or higher

PROG: SHOW FOR FRANCE, GERMANY AND ITALY

1. Less than primary, primary and lower secondary education
2. Upper secondary and post-secondary non-tertiary education
3. Tertiary education
4. Other

PROG: SHOW FOR BRAZIL

1. Illiterate / Incomplete primary (Illiterate / Up to 3rd grade / Up to 3rd grade 1st grade)
2. Primary School / Incomplete Junior (Up to Grade 4 / Grade 4)
3. Completed High School / Completed High School (Complete Elementary / 1st Grade)
4. High School / Incomplete Superior (Full Secondary / 2nd Grade)
5. Graduated
6. Postgraduate studies
7. Master degree
8. Doctorate degree
9. Other

S11.

FOR FRANCE, US AND CANADA SHOW: Approximately how much was your total household income in 2018 from all sources, including wages, salaries, tips, interest, child support, investment income, retirement (including Social Security) and alimony?

FOR BRAZIL, GERMANY AND ITALY SHOW: Approximately how much was your total household income last month from all sources, including wages, salaries, tips, interest, child support, investment income, retirement (including Social Security) and alimony?

Only one answer possible

PROG: SINGLE ANSWER

PROG : SHOW FOR FRANCE

1. Moins de 10 000 €
2. De 10 000 à moins de 15 000 €
3. De 15 000 à moins de 30 000 €
4. De 30 000 à moins de 45 000 €
5. De 45 000 à moins de 60 000 €
6. De 60 000 à moins de 75 000 €
7. 75 000 € et plus
8. Je ne souhaite pas répondre

PROG : SHOW FOR US

1. Less than \$25,000
2. \$25,000 to less than \$40,000
3. \$40,000 to less than \$50,000
4. \$50,000 to less than \$75,000
5. \$75,000 to less than \$100,000
6. \$100,000 to less than \$150,000
7. \$150,000 or more
8. Prefer not to state

PROG : SHOW FOR CANADA

1. Less than \$20,000
2. \$20,000 - \$39,999
3. \$40,000- \$74,999
4. \$75,000 or more
5. Prefer not to state

PROG : SHOW FOR GERMANY

1. Bis unter 1.000 Euro
2. 1.000 bis unter 2.000 Euro
3. 2.000 bis unter 3.000 Euro
4. 3.000 bis unter 4.000 Euro
5. 4.000 Euro und mehr
6. Prefer not to state

PROG : SHOW FOR ITALY

1. Fino a 1000 €
2. 1.000 € - 1.500 €
3. 1.500 € - 2.000 €
4. 2.000 € - 2.500 €
5. 2.500 € - 3.000 €
6. 3.000 € - 3.500 €
7. 3.500 € - 4.000 €
8. 4.000€ - 5000
9. Oltre 5.000€
10. Non desidero rispondere a questa domanda

PROG : SHOW FOR BRAZIL

1. Less than R \$ 500
2. From R \$ 501 to R \$ 1,000
3. From R \$ 1,001 to R \$ 2,000
4. From R \$ 2,001 to R \$ 4,500
5. From R \$ 4,501 to R \$ 10,000
6. More than R \$ 10,000
7. Prefer not to state

NEW WEB PAGE

THE FOLLOWING QUESTIONS SHOULD BE ASKED TO THE PANELIST OR ONE OF THE CHILDREN DESCRIBED IN S5 WHICHEVER IS CHOSEN BY THE ALGORITHM BELOW [ALL COUNTRIES]

- OPTION 1: IF $S4 = 0$, SELECT THE PANELIST**
- OPTION 2: IF $S4 > 0$ AND $AGE_ADULT > 40$, USE THE SELECTION ALGORITHM BELOW ONLY FOR THE CHILDREN DESCRIBED IN S5**
- OPTION 3: IF $S4 > 0$ AND $AGE_ADULT \leq 40$, USE THE SELECTION ALGORITHM DESCRIBED BELOW FOR PANELIST AND CHILD/CHILDREN DESCRIBED IN S5**

ALGORITHM (FOR OPTION 2 & 3):

OPTION 2: CHOOSE THE CHILD (S5a) WITH THE CLOSEST COMING BIRTHDAY

OPTION 3: CHOOSE THE PARENT (S2) OR CHILD (S5a) WITH THE CLOSEST COMING BIRTHDAY

- IF QUOTA FULL → CHOOSE THE FOLLOWING ONE (THIS ACTION CAN BE REPEATED IF THE NEXT ONE IS ALSO QUOTA FULL)**
- IF THE SELECTION TARGETS TWO INDIVIDUALS WITH THE SAME BIRTH DATE, PLEASE CHOOSE THE ONE WITH THE FIRST LETTER IN THE ALPHABET (S3 and S5c)**
- IF THE SELECTION TARGETS TWO INDIVIDUALS WITH THE SAME BIRTH DATE AND WITH THE SAME FIRST LETTER OF THE ALPHABET, PLEASE CHOOSE ONE OF THEM RANDOMLY**

CHECK QUOTAS

PROG: CREATE THE FOLLOWING VARIABLES FOR THE PERSON SELECTED BY THE ALGORITHM

- GENDER_ALGO: GENDER OF THE RESPONDENT SELECTED

- AGE_ALGO: AGE OF THE RESPONDENT SELECTED

- FIRST LETTER_ALGO: FIRST LETTER OF THE FIRST NAME OF THE RESPONDENT SELECTED

PROG: CREATE THE FOLLOWING TARGETS VARIBALES:

TARGET 1: THE PANELIST SELECTED

TARGET 2: ONE OF THE CHILDREN OF THE PANELIST IS SELECTED

NEW WEB PAGE

[SHOW ONLY FOR TARGET 2] The following questions should be answered by your child born on **[SHOW ANSWER IN S5a]** with **[SHOW ANSWER IN S5c]** as first letter of his/her first name. On the next screen we will present him/her the survey.

You can, of course, stay with your child but please do not comment or interpret any question to avoid interfering with your child's responses while completing the study questionnaire.

S12. Do you agree to pass the control to your child?

PROG: SINGLE ANSWER

1. I agree to pass the control to my child **CONTINUE**
2. I do not agree to pass the control to my child **TERMINATE**

INFORMED CONSENT

[SHOW ONLY FOR TARGET 2] You have been selected to participate in this survey. We are asking you to answer some questions of this survey on your own.

Participation in this study is voluntary. You may refuse to participate in this study and this decision will not be held against you in any way. After reading the following, if you still wish to participate, please select, "I agree to participate" in the question below. You will then be taken to the survey. If you do not want to participate, select "I do not agree to participate".

Your answers will be absolutely confidential. No identifying information about you, such as your name or email address, will be revealed to anyone.

At the end of the study, the information you provide will be analyzed together with information from other respondents.

S13. Do you voluntarily agree to participate in this study? PROG: SINGLE ANSWER

1. I agree to participate **CONTINUE**
2. I do not agree to participate **TERMINATE**

NEW WEB PAGE

ASK ALL

S14. Here is a list of conditions. Please carefully read the list below and select all the conditions you have ever suffered from. Please select all that apply.

Several answers possible.

PROG: MULTIPLE ANSWERS

PROG: RANDOMIZATION OF ITEMS

1. Psoriasis
2. Seborrheic dermatitis
3. Diabetes
4. Rosacea
5. Eczema
6. Dry Eye Syndrome
7. Acne
8. Cardiac insufficiency
9. Fungal nail infection
10. HIV
11. Erythema
12. Lupus dermatitis
13. None of these **[EXCLUSIVE]**

**IF CODE 7 IS NOT SELECTED → SHORT COMPLETES AND TERMINATE AFTER S15
IF 5 OR MORE CODES SELECTED → THANK AND TERMINATE**

NEW WEB PAGE

S15. Amongst the conditions you have ever suffered from, which of them have been diagnosed by a physician?

Several answers possible

PROG: MULTIPLE ANSWERS

PROG: SHOW THE LIST OF ITEMS SELECTED IN S14

IF CODE 7 FROM S14 IS NOT SELECTED IN S15 → SHORT COMPLETES AND TERMINATE HERE

NEW WEB PAGE

S16. What is the specialty of the physician who diagnosed your acne?

Only one answer possible

PROG: SINGLE ANSWER

1. A dermatologist
2. A general practitioner / Family practitioner
3. A paediatrician
4. A Physician's Assistant (PA) **[PROG: US ONLY]**
5. A Nurse Practitioner (NP) **[PROG: US ONLY]**
6. An Internist
7. Another physician (please specify) **[OPEN ENDED]**
8. None of these

IF CODE 1 OR 2 OR 3 OR 4 OR 5 OR 6 NOT SELECTED → SHORT COMPLETES

NEW WEB PAGE

S17. In the past 12 months, which of the following have you seen in relation to your acne?

Several answers possible

PROG: MULTIPLE ANSWERS

1. A dermatologist
2. A general practitioner / Family practitioner
3. A paediatrician
4. A Physician's Assistant (PA) **[PROG: US ONLY]**
5. A Nurse Practitioner (NP) **[PROG: US ONLY]**
6. An Internist
7. Another physician (please specify) **[OPEN ENDED]**
8. Another physician (please specify) **[OPEN ENDED]**
9. Another physician (please specify) **[OPEN ENDED]**
10. I have not seen any physician for my acne in the past 12 months **[EXCLUSIVE]**

IF CODES 1 OR 2 OR 3 OR 4 OR 5 OR 6 ARE NOT SELECTED → SHORT COMPLETES

NEW WEB PAGE

PROG: ASK ALL

S18A. Have you been prescribed a treatment for your acne in the past 12 months by a physician?

Only one answer possible

PROG: SINGLE ANSWER

- 1. Yes
- 2. No **IF CODE 2 SELECTED → SHORT COMPLETES**

NEW WEB PAGE

PROG: ASK IF S18A=1

S18Bis. What type of treatment were you prescribed?

Only one answer possible

PROG: SINGLE ANSWER

- 1. I was prescribed a **topical** treatment(s) such as creams or ointments that you apply directly to your acne
- 2. I was prescribed an **oral** treatment(s) such as pills that you swallow
- 3. I was prescribed **both** a topical and an oral treatments(s)

NEW WEB PAGE

PROG: ASK IF S18A=1

S18. Amongst the treatments below, which ones have you taken in the past 12 months that were prescribed by a physician for your acne?

Several answers possible

PROG: MULTIPLE ANSWERS PER COLUMN

FOR EACH COLUMN SHOW A DROP-DOWN LIST WITH THE TREATMENTS FROM THE TREATMENT LIST AND ALSO ADD AN OPTION OTHER

IF THE RESPONDENT SELECTS THE OTHER OPTION (AND ONLY THEN) SHOW AN OE FIELD WHERE THEY CAN TYPE THEIR ANSWER. WHILE THEY TYPE AUTOMATICALLY IDENTIFY ALREADY EXISTING TREATMENTS FROM THE PREDEFINED LIST

IF THE RESPONDENT FILLS IN THE OTHER FIELD SHOW A NEW OE FIELD IF THEY WISH TO ADD ANOTHER TREATMENT

ALLOW THE RESPONDENT TO CONTINUE (I.E. DO NOT QUALIFY THEM AS SHORT COMPLETE) EVEN IF THEY HAVE ONLY ENTERED THEMSELVES ANOTHER TREATMENT NOT FROM THE PREDEFINED LIST

SEND THE KANTAR HEALTH TEAM A DAILY EXPORT WITH ALL OTHER TREATMENTS FILLED IN BY RESPONDENTS

		S18.1 Topical treatments SHOW IF S18B=1 OR 3	S18.2 Oral treatments SHOW IF S18B=2 OR 3
1	Treatment 1 (please specify)	[OPEN ENDED]	[OPEN ENDED]
2	Treatment 2 (please specify)	[OPEN ENDED]	[OPEN ENDED]
3	Treatment 3 (please specify)	[OPEN ENDED]	[OPEN ENDED]
4	Treatment 4 (please specify)	[OPEN ENDED]	[OPEN ENDED]
5	Treatment 5 (please specify)	[OPEN ENDED]	[OPEN ENDED]

6	Other		
---	-------	--	--

NEW WEB PAGE

ASK IF GENDER_ALGO =2

S18.B In the past 12 months, have you taken the birth control pill or another form of hormonal treatment that was prescribed to you by your doctor?

Only one answer possible

PROG: SINGLE ANSWER

4. Yes
5. No
6. I do not know

NEW WEB PAGE

S19. Any time in the past 12 months, which part(s) of your body has/have been affected with acne?

Several answers possible

PROG: MULTIPLE ANSWERS

1. Face
2. Shoulders
3. Chest
4. Back
5. Arms, not including shoulders
6. Neck
7. Other, please specify: **[OPEN ENDED]**

IF CODE 1 IS NOT SELECTED → SHORT COMPLETES

IF S19 = 1 AND (2 AND/OR 5 AND/OR 7) AND NOT (3 AND/OR 4) → SHORT COMPLETES

PROG: CREATE 2 GROUPS

1. FACIAL GROUP = FACIAL ONLY: S19 = 1 AND (NOT: 2 OR 3 OR 4 OR 5 OR 7)






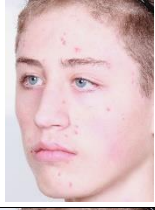




2. TRUNCAL GROUP = FACIAL + TRUNCAL: S19 = 1 AND (3 OR 4)

NEW WEB PAGE

ASK S20 IF S19 = 1

S20. Using the table and pictures below please rate your worst ever acne on your face within the past 12 months?

PROG: SINGLE ANSWER

Code	Grade	Description	SHOW IF GENDER_ALGO =2	SHOW IF GENDER_ALGO =1
1	0	No active lesions. Residual pigmentation (brown or dark spots) and redness may be seen		
2	1	Almost no acne lesions. A few scattered blackheads or whiteheads (open or closed comedones respectively) and very few acne bumps (papules)		
3	2	Easily recognizable: less than half of the face is involved. A few blackheads or whiteheads (open or closed comedones respectively) and a few red acne bumps (papules) and zits (pustules)		
4	3	More than half of the face is involved. Many red acne bumps (papules) and zits (pustules), many blackheads and whiteheads (open or closed comedones respectively). One larger deeper cystic acne lesion (nodule) may be present.		
5	4	Entire face is involved. Covered with many red acne bumps (papules) and zits (pustules), black or whiteheads (open or closed comedones respectively) and rare deeper cystic acne lesions (nodules).		
6	5	Highly inflammatory acne. Covering the face with presence of larger deeper cystic acne lesions (nodules).	Even worse than grade 4	Even worse than grade 4






IF CODE 1 OR 2 OR 3 ARE SELECTED → SHORT COMPLETES

NEW WEB PAGE

ASK S21 IF S19 = 3

S21. Using the table and pictures below please rate your worst ever acne in your chest within the past 12 months?

PROG: SINGLE ANSWER






Code	Grade	Description	
1	0	No active lesions. Residual pigmentation (brown or dark spots) and redness may be seen	
2	1	Almost no acne lesions. A few scattered blackheads or whiteheads (open or closed comedones respectively) and very few acne bumps (papules)	
3	2	Easily recognizable: less than half of the chest is involved. A few blackheads or whiteheads (open or closed comedones respectively) and a few red acne bumps (papules) and zits (pustules)	
4	3	More than half of the chest is involved. Many red acne bumps (papules) and zits (pustules), many blackheads and whiteheads (open or closed comedones respectively). One larger deeper cystic acne lesion (nodule) may be present.	
5	4	Entire chest is involved. Covered with many red acne bumps (papules) and zits (pustules), black or whiteheads (open or closed comedones respectively) and rare deeper cystic acne lesions (nodules).	
6	5	Highly inflammatory acne. Covering the chest with presence of larger deeper cystic acne lesions (nodules).	Even worse than grade 4

NEW WEB PAGE

ASK S22 IF S19 = 4

S22. Using the table and pictures below please rate your worst ever acne in your back within the past 12 months?

PROG: SINGLE ANSWER

Code	Grade	Description	
1	0	No active lesions. Residual pigmentation (brown or dark spots) and redness may be seen	
2	1	Almost no acne lesions. A few scattered blackheads or whiteheads (open or closed comedones respectively) and very few acne bumps (papules)	
3	2	Easily recognizable: less than half of the back is involved. A few blackheads or whiteheads (open or closed comedones respectively) and a few red acne bumps (papules) and zits (pustules)	
4	3	More than half of the back is involved. Many red acne bumps (papules) and zits (pustules), many blackheads and whiteheads (open or closed comedones respectively). One larger deeper cystic acne lesion (nodule) may be present.	
5	4	Entire back is involved. Covered with many red acne bumps (papules) and zits (pustules), black or whiteheads (open or closed comedones respectively) and rare deeper cystic acne lesions (nodules).	
6	5	Highly inflammatory acne. Covering the back with presence of larger deeper cystic acne lesions (nodules).	Even worse than grade 4 4

IF TRUNCAL GROUP AND (S19=3 AND S19=4) AND (CODE 1 OR 2 OR 3 IN S21 AND (CODE 1 OR 2 OR 3 IN S22) → SHORT COMPLETES

IF TRUNCAL GROUP AND (S19=3 AND S19 =NOT 4) AND (CODE 1 OR 2 OR 3 IN S21 IS SELECTED) → SHORT COMPLETES











IF TRUNCAL GROUP AND (S19=4 AND S19=NOT 3) AND (CODE 1 OR 2 OR 3 IN S22) → SHORT COMPLETES

IF FACIAL GROUP AND S19 = 1 AND (NOT: 2 OR 3 OR 4 OR 5) AND (CODE 1 OR 2 OR 3 S20)→ SHORT COMPLETES

NEW WEB PAGE

ASK S23 IF S19 = 1

**S23. Using the table and pictures below please rate your current acne on your face?
PROG: SINGLE ANSWER**

Code	Grade	Description	SHOW IF GENDER_ALGO =2	SHOW IF GENDER_ALGO =1
1	0	No active lesions. Residual pigmentation (brown or dark spots) and redness may be seen		
2	1	Almost no acne lesions. A few scattered blackheads or whiteheads (open or closed comedones respectively) and very few acne bumps (papules)		
3	2	Easily recognizable: less than half of the face is involved. A few blackheads or whiteheads (open or closed comedones respectively) and a few red acne bumps (papules) and zits (pustules)		
4	3	More than half of the face is involved. Many red acne bumps (papules) and zits (pustules), many blackheads and whiteheads (open or closed comedones respectively). One larger deeper cystic acne lesion (nodule) may be present.		
5	4	Entire face is involved. Covered with many red acne bumps (papules) and zits (pustules), black or whiteheads (open or closed comedones respectively) and rare deeper cystic acne lesions (nodules).		
6	5	Highly inflammatory acne. Covering the face with presence of larger deeper cystic acne lesions (nodules).	Even worse than grade 4	Even worse than grade 4






IF CODE 1 OR 2 ARE SELECTED → SHORT COMPLETES

NEW WEB PAGE

ASK S24 IF S19 = 3

**S24. Using the table and pictures below please rate your current acne in your chest?
PROG: SINGLE ANSWER**

Code	Grade	Description






1	0	No active lesions. Residual pigmentation (brown or dark spots) and redness may be seen	
2	1	Almost no acne lesions. A few scattered blackheads or whiteheads (open or closed comedones respectively) and very few acne bumps (papules)	
3	2	Easily recognizable: less than half of the chest is involved. A few blackheads or whiteheads (open or closed comedones respectively) and a few red acne bumps (papules) and zits (pustules)	
4	3	More than half of the chest is involved. Many red acne bumps (papules) and zits (pustules), many blackheads and whiteheads (open or closed comedones respectively). One larger deeper cystic acne lesion (nodule) may be present.	
5	4	Entire chest is involved. Covered with many red acne bumps (papules) and zits (pustules), black or whiteheads (open or closed comedones respectively) and rare deeper cystic acne lesions (nodules).	
6	5	Highly inflammatory acne. Covering the chest with presence of larger deeper cystic acne lesions (nodules).	Even worse than grade 4

NEW WEB PAGE

ASK S25 IF S19 = 4

S25. Using the table and pictures below please rate your current acne in your back?

PROG: SINGLE ANSWER

Code	Grade	Description	
1	0	No active lesions. Residual pigmentation (brown or dark spots) and redness may be seen	
2	1	Almost no acne lesions. A few scattered blackheads or whiteheads (open or closed comedones respectively) and very few acne bumps (papules)	
3	2	Easily recognizable: less than half of the back is involved. A few blackheads or whiteheads (open or closed comedones respectively) and a few red acne bumps (papules) and zits (pustules)	
4	3	More than half of the back is involved. Many red acne bumps (papules) and zits (pustules), many blackheads and whiteheads (open or closed comedones respectively). One larger deeper cystic acne lesion (nodule) may be present.	
5	4	Entire back is involved. Covered with many red acne bumps (papules) and zits (pustules), black or whiteheads (open or closed comedones respectively) and rare deeper cystic acne lesions (nodules).	
6	5	Highly inflammatory acne. Covering the back with presence of larger deeper cystic acne lesions (nodules).	Even worse than grade 4 4

IF TRUNCAL GROUP AND (S19=3 AND S19=4) AND (CODE 1 OR 2 IN S24) AND (CODE 1 OR 2 IN S25) → SHORT COMPLETES

IF TRUNCAL GROUP AND (S19=3 AND S19=NOT 4) AND (CODE 1 OR 2 IN S24 IS SELECTED) → SHORT COMPLETES

IF TRUNCAL GROUP AND (S19=4 AND S19=NOT 3) AND (CODE 1 OR 2 IN S25) → SHORT COMPLETES

IF FACIAL GROUP AND S19 = 1 AND (NOT: 2 OR 3 OR 4 OR 5) AND (CODE 1 OR 2 S23) → SHORT COMPLETES

**PROG: CHECK THE QUOTAS (50% OF FACIAL AND 50% OF TRUNCAL)
IF QUOTA FULL AT THIS POINT → SHORT COMPLETES**

PROG: THE SHORT COMPLETES MUST TERMINATE HERE

PART 2: COMORBIDITIES AND SKIN CARE

NEW WEB PAGE

Q1. On average, how long do you spend on your skin care routine each day in total?

By skin care routine we mean any of the following: washing your face [SHOW ONLY FOR TRUNCAL GROUP: [IF S19 = 3 SHOW: chest / IF S19 = 4 SHOW: /back] or use of any cosmetic product (moisturizer, exfoliating products, make-up remover, dark spots correctors, anti-aging products, sunscreen, anti-redness/calming products, anti-acne/blemish products, foundation/powder or any other type of make-up etc.)

If you don't have a daily skin care routine, please enter 0.

Q1.1 Skin care routine on your face	[SHOW ONLY FOR TRUNCAL GROUP] Q1.2 Skin care routine in your [IF S19 = 3 SHOW: chest / IF S19 = 4 SHOW: back]
Duration in minutes: /_/_/_/_/ MIN: 0 – MAX: 999	Duration in minutes: /_/_/_/_/ MIN: 0 – MAX: 999

PROG: IF BOTH Q1.1 AND Q1.2= 0 GO DIRECTLY TO Q4

NEW WEB PAGE

Q2. Would you say you have a specific skin care routine due to your acne (i.e. a certain skin care routine which is unique for your acne including any of the following: cleansers, moisturizing cream, masks, exfoliant creams, soft peelings, make up, etc that you use for your acne)?

Only one answer possible

PROG: SINGLE ANSWER

[SHOW ONLY IF Q1.1>0] Q2.1 Acne on your face	[SHOW ONLY FOR TRUNCAL GROUP] [SHOW ONLY IF Q1.2>0] Q2.2 Acne on your [IF S19 = 3 SHOW: chest / IF S19 = 4 SHOW: /back]
1. Yes	1. Yes
2. No	2. No
[SHOW IF Q2.1=1] Q2.1.1 Duration of <u>specific</u> skin care in minutes per day: /_/_/_/_/ MIN: 0 – MAX: 999	[SHOW IF Q2.2=1] Q2.2.1 Duration of <u>specific</u> skin care in minutes per day: /_/_/_/_/ MIN: 0 – MAX: 999

NEW WEB PAGE

ASK Q3 IF CODE 1 WAS SELECTED IN Q2.1 AND/OR Q2.2

Q3. Please, read the following statements and indicate to what extent you agree or disagree with each of them when it comes to your specific skin care routine regarding acne

Only one possible answer

PROG: SINGLE ANSWER

PROG: RATE FROM:

1. Strongly disagree
2. Disagree
3. Somewhat disagree
4. Somewhat agree
5. Agree
6. Strongly agree

PROG: RANDOMIZATION OF ITEMS

	Your acne skin care routine is...	[SHOW ONLY IF Q2.1=1] Q3.1 Acne on your face	[SHOW ONLY IF Q2.2=1] [SHOW ONLY FOR TRUNCAL GROUP] Q3.2 Acne on your [IF S19 = 3 SHOW: chest / IF S19 = 4 SHOW: back]
1	Easy/Straightforward		
2	Boring		
3	Time-consuming		
4	Complex/difficult		
5	Constraining/Restricting		
6	Messy		
7	Mandatory		
8	Soothing		
9	Needs to be adapted from time to time		
10	Costly		
11	It has side effects		
12	Frustrating		
13	Manageable		

NEW WEB PAGE

Q4. Has a member of your immediate family ever had acne? Your immediate family refers to your parents, siblings [SHOW ONLY FOR TARGET 1: and children] only, not your spouse or partner.

Several answers possible

PROG: MULTIPLE ANSWERS

1. Yes, your mother
2. Yes, your father
3. Yes, your sister
4. Yes, your brother
5. Yes, your children **[SHOW ONLY FOR TARGET 1]**
6. Yes, another member of your immediate family
7. No **[EXCLUSIVE]**
8. I do not know **[EXCLUSIVE]**

PART 3: DISEASE CHARACTERISTICS

PROG: SHOW TO ALL

In the following parts, we will ask you some questions in relation to the acne on your face [**PROG: SHOW FOR TRUNCAL GROUP:** and on your [**IF S19 = 3 SHOW:** chest / **IF S19 = 4 SHOW:** /back]. Please do not consider acne scars when answering this section.

PROG: SHOW FOR TRUNCAL GROUP Some questions will relate to your acne, meaning that, when answering any of these questions you should consider your acne anywhere in your body.

PROG: FOR TRUNCAL GROUP, PLEASE RANDOMIZE BLOCK 1 AND BLOCK 2

NEW WEB PAGE

START OF BLOCK1 (Facial acne questions)

SHOW FOR ALL

Next, we will ask you about your symptoms of your **facial acne only**. Please do not consider acne scars when answering questions in this section.

NEW WEB PAGE

Q5. Approximately, at what age did you first notice your facial acne?

/_/_/ years old

RANGE: 0 – AGE_ALGO

1. I do not remember

NEW WEB PAGE

Q6. What did you first notice about your facial acne? Please select from the list below of acne symptoms/signs those that you first noticed in your face

Several answers possible

PROG: MULTIPLE ANSWERS

1. Blackheads (open plugged pores/comedones) and/or whiteheads (closed plugged pores)
THIS SYMPTOM TEXT SHOULD APPEAR ON A SINGLE LINE



2. Papules (red, tender, raised bumps that may be small or large)



3. Pimples or pustules (red, inflamed, with a white head, or papules with pus at their tips)



4. Nodules (Large, solid, painful lumps beneath the surface of the skin)



5. Cystic lesions (painful, pus-filled lumps beneath the surface of the skin)



6. Post-inflammatory hyperpigmentation: dark, discoloured spots left behind after an acne blemish has healed
7. Pain in any of the type of lesions listed above
8. I don't remember

NEW WEB PAGE

Q7. Could you estimate the time between the appearance of your first symptoms/signs of facial acne (i.e. when you first noticed your facial acne) and the first time you consulted a physician about it? You can answer the questions in days, OR months OR years.

PROG: ONLY ONE ANSWER BETWEEN DAYS, MONTHS OR YEARS

Time between first symptoms and physician consultation:

/_/_/_/_/ days **[EXCLUSIVE] [MIN:1- MAX:999]**

/_/_/_/_/ months **[EXCLUSIVE] [MIN:1- MAX:999]**

/_/_/_/_/ years **[EXCLUSIVE] [MIN:1 - MAX: AGE_ALGO-Q5]**

1. I do not remember

NEW WEB PAGE

Q8. At what age were you diagnosed with facial acne by a physician?

/_/_/ years old

[MIN: Q5 – MAX: AGE_ALGO]

1. I do not remember

NEW WEB PAGE

Q9. Which symptoms / signs of facial acne have you ever experienced?

Several answers possible

PROG: MULTIPLE ANSWERS

SHOW AN ERROR MESSAGE IF SYMPTOMS SELECTED IN Q6 ARE NOT SELECTED IN Q9

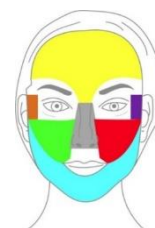
NEW WEB PAGE

Q10. Please specify which area(s) of your face have ever been affected by acne.

Several answers possible

PROG: MULTIPLE ANSWERS

1. Forehead (yellow)
2. Right temple (orange)
3. Left temple (purple)
4. Right cheek (green)
5. Left cheek (red)
6. Mandibular areas (turquoise)
7. Nose (grey)
8. Eyes
9. Other (please specify) **[OPEN ENDED]**



NEW WEB PAGE

Q11. In general, would you say that your symptoms/signs of acne on your face... Please do not consider acne scars when answering this question

Only one answer possible

PROG: SINGLE ANSWER

1. Appear only when you have an acne breakout/flare
2. Are nearly always present and worsen when you have an acne breakout/flare
3. Are nearly always present and you do not experience breakout/flare (i.e. are almost consistently the same over time)

NEW WEB PAGE

PROG: SHOW FOR EVERY RESPONSE TICKED IN Q9

**Q12. In the past 12 months, have you experienced [INSERT RESPONSE IN Q9] on your face?
SHOW PHOTO FROM Q6 NEXT TO EACH SYMPTOM**

Only one answer possible

PROG: SINGLE ANSWER

1. Never
2. Episodically
3. Only during flares/breakouts **[SHOW ONLY Q11 = 1 OR 2]**
4. Permanently

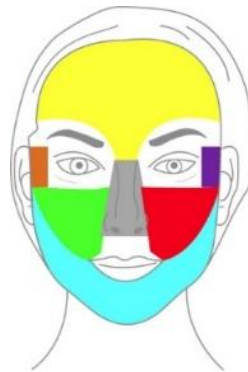
**PROG: CREATE A VARIABLE: SYMPTOMS ON THE FACE THE PAST 12 MONTHS
WITH EACH SYMPTOM TICKED IN Q9 AND Q12 DIFFERENT FROM 1**

NEW WEB PAGE

Q13. In the past 12 months, please specify which area(s) of your face have been affected by your acne.

Several answers possible

PROG: MULTIPLE ANSWERS



NEW WEB PAGE

PROG: SHOW FOR EVERY RESPONSE FROM THE VARIABLE SYMPTOMS ON THE FACE IN THE PAST 12 MONTHS

Q14. On a scale from 0 to 10, how would you describe each of the symptoms/signs of facial acne you have experienced in the last 12 months? Please do not consider acne scars when answering this question

SCALE FROM 0 TO 10

EACH ITEMS FROM THE VARIABLE SYMPTOMS ON THE FACE IN THE PAST 12 MONTHS

SHOW PHOTO FROM Q6 NEXT TO EACH SYMPTOM

Not manageable at all

Extremely easy to manage

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

NEW WEB PAGE

Q15. In general, would you say that your facial acne has been under control in the past 12 months?

Please do not consider acne scars when answering this question

Only one possible answer

PROG: SINGLE ANSWER

1. Yes, totally
2. Yes partially
3. Not at all

NEW WEB PAGE

Q16. What activities/behaviours did/do you avoid because of your facial acne?

Please think of all changes / adaptations you may have made since the diagnosis of your facial acne.

Several answers possible

PROG: MULTIPLE ANSWERS

PROG: RANDOMIZATION OF ITEMS

You avoid/try avoiding ...

1. Going to the swimming pool, beach or sauna
2. Going in public without make-up
3. Video chatting
4. Having your photo taken
5. Joining and/or staying on social media
6. Eating/drinking certain foods/beverages
7. Exposing yourself to the sun
8. Doing physical exercise, sport
9. Going out with people / doing social activities
10. Dating or having romantic/intimate relationships
11. Visiting relatives
12. Adopting a given hairstyle that may makes your acne more visible
13. Travelling
14. Participating in certain extracurricular activities at school, university, etc
15. Shopping
16. Choosing a given career path
17. Shaving or not shaving **[ASK ONLY IF GENDER_ALGO=1]**
18. Wearing clothes that make your acne scars more visible
19. Applying to job positions that require visual public contact **[ASK ONLY TO TARGET 1]**
20. Others (please specify) **OPEN ENDED**
21. You never avoid any activities/behaviours **[EXCLUSIVE]**

NEW WEB PAGE

Q17. How much do you adjust your daily activities or behaviour because of facial acne?

PROG: USE GRID MATRIX NUMBERS TEXT OPTION

SCALE FROM 0 TO 10

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

0=You do not adjust your daily activities or behaviour because of your <u>facial acne</u>		10=You do not extremely adjust your daily activities or behaviour because of your <u>facial acne</u>
---	--	---

END OF BLOCK1 (Facial questions)

NEW WEB PAGE

START OF BLOCK 2 (Truncal group questions)

PROG: SHOW FOR TRUNCAL GROUP

In the following section we will ask you some questions in relation to the acne on your **[IF S19 = 3 SHOW: chest / IF S19 = 4 SHOW: back]** only.

Please do not consider acne scars when answering questions in this section.

NEW WEB PAGE

Q18. At what age did you first notice acne on your **[IF S19 = 3 SHOW: chest / IF S19 = 4 SHOW: back]**?

/_/_/ years old

RANGE: 0 – AGE_ALGO

1. I do not remember

NEW WEB PAGE

Q19. What were the first symptoms / signs of your acne on your **[IF S19 = 3 SHOW: chest / IF S19 = 4 SHOW: back]**?

Several answers possible

PROG: MULTIPLE ANSWERS

PROG: SHOW THE SAME LIST OF ANSWER AS Q6 WITH PHOTOS INCLUDED

99 I do not know

NEW WEB PAGE

Q20. Have you ever talked to a physician about your acne on your **[IF S19 = 3 SHOW: chest / IF S19 = 4 SHOW: back]**?

Only one answer possible

PROG: SINGLE ANSWER

1. Yes
2. No

NEW WEB PAGE

ASK Q21 IF Q20 = 1

Q21. Who initiated the first conversation with a physician about your acne on your **[IF S19 = 3 SHOW: chest / IF S19 = 4 SHOW: back]**?

Only one answer possible

PROG: SINGLE ANSWER

1. Yourself. You were the first one to tell the physician that you had truncal acne
2. Your parents were first to tell the physician about my truncal acne
3. The physician was first to ask if you had truncal acne
4. Other, please specify **[OPEN ENDED]**

NEW WEB PAGE

ASK Q22 IF Q20 = 1

Q22. Could you estimate the time between the appearance of your first symptoms/signs of acne on your **[IF S19 = 3 SHOW: chest / IF S19 = 4 SHOW: back]** and the first time you talked to / consulted a physician about it? You can answer by using the following time units: days, weeks or years.

PROG: ONLY ONE ANSWER BETWEEN DAYS, MONTHS OR YEARS

Time between first symptoms and physician consultation:

/_/_/_/_/ days [EXCLUSIVE] [MIN:1- MAX:999]

/_/_/_/_/ months [EXCLUSIVE] [MIN:1- MAX:999]

/_/_/_/_/ years [EXCLUSIVE] [MIN:1 – MAX: AGE_ALGO-Q18]

- 1. I do not remember

NEW WEB PAGE

ASK Q23 IF Q20 = 1

Q23. Approximately, at what age were you diagnosed by a physician for your acne on your [IF S19 = 3 SHOW: chest / IF S19 = 4 SHOW: back]?

/_/_/_/ years old

RANGE: Q18 to AGE_ALGO

- 1. I do not remember

NEW WEB PAGE

Q24. Which symptoms / signs of acne on your [IF S19 = 3 SHOW: chest / IF S19 = 4 SHOW: back] have you ever experienced?

Several answers possible

PROG: MULTIPLE ANSWERS

PROG: SHOW THE SAME LIST OF ANSWER AS Q6

SHOW AN ERROR MESSAGE IF SYMPTOMS SELECTED IN Q19 ARE NOT SELECTED IN Q24

NEW WEB PAGE

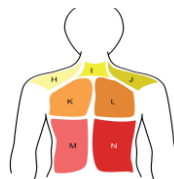
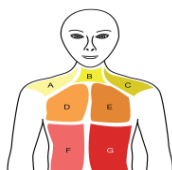
Q25. Please specify which area(s) of your [IF S19 = 3 SHOW: chest / IF S19 = 4 SHOW: back] have ever been affected by your acne.

Several answers possible

PROG: MULTIPLE ANSWERS

PROG: SHOW IF S19 = 3

PROG: SHOW IF S19 = 4



1 = Right front shoulders (A)

2= Front neck (B)

3= Left front shoulder (C)

4= Right upper chest (D)

Q26. 5= Left upper chest (E)

6= Right lower chest (F)

7= Left lower chest (G)

98 I do not know

8= Right back shoulders (J)

9= Back neck (I)

10= Left back shoulder (H)

11= Right upper back (L)

12= Left upper back (K)

13= Right lower back (N)

14= Left lower back (M)

99 I do not know

Only

PROG: SINGLE ANSWER

- 1. Appear only when you have an acne breakout/flare
- 2. Are nearly always present and worsen when you have an acne breakout/flare
- 3. Are nearly always present and you do not experience breakout/flare (i.e. are almost consistently the same over time)

IOW: chest /

NEW WEB PAGE

PROG: SHOW FOR EVERY RESPONSE TICKED IN Q24

Q27. Any time in the past 12 months, have you experienced [INSERT RESPONSE IN Q24] on your [IF S19 = 3 SHOW: chest / IF S19 = 4 SHOW: back? SHOW PHOTO FROM Q6 NEXT TO EACH SYMPTOM

Only one answer possible

PROG: SINGLE ANSWER

1. Never
2. Episodically
3. Only during flares/breakouts **[SHOW ONLY IF Q26 = 1 OR 2]**
4. Permanently

PROG: CREATE A VARIABLE: SYMPTOMS/SIGNS IN THE TRUNK THE PAST 12 MONTHS WITH EACH SYMPTOM TICKED IN Q24 AND IF Q27 DIFFERENT FROM 1

NEW WEB PAGE

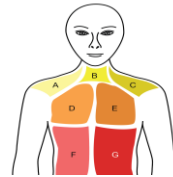
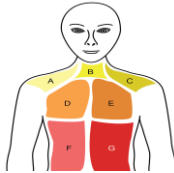
Q28. Any time in the past 12 months, please specify which area(s) of your [IF S19 = 3 SHOW: chest / IF S19 = 4 SHOW: back] have been affected by your acne?

Several answers possible

PROG: MULTIPLE ANSWERS

PROG:SHOW IF S19 = 3

PROG: SHOW IF S19 = 4



- 1 = Right front shoulders (A)
- 2= Front neck (B)
- 3= Left front shoulder (C)
- 4= Right upper chest (D)
- 5= Left upper chest (E)
- P** 6= Right lower chest (F)
- T** 7= Left lower chest (G)
- Q** 998 I do not know

- 8= Right back shoulders (J)
- 9= Back neck (I)
- 10= Left back shoulder (H)
- 11= Right upper back (L)
- 12= Left upper back (K)
- 13= Right lower back (N)
- 14= Left lower back (M)
- 999 I do not know

NK IN

IF S19
Please

do not consider acne scars when answering this section.

SHOW PHOTO FROM Q6 NEXT TO EACH SYMPTOM

SCALE FROM 0 TO 10

EACH ITEMS FROM THE VARIABLE SYMPTOMS IN THE TRUNK IN THE PAST 12 MONTHS

Not manageable at all Extremely easy to manage
 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10

NEW WEB PAGE

Q30. Generally speaking, would you say that your acne on your [**IF S19 = 3 SHOW: chest / IF S19 = 4 SHOW: back**] has been under control in the past 12 months? Please do not consider acne scars when answering this section.

Only one possible answer

PROG: SINGLE ANSWER

1. Yes, totally
2. Yes partially
3. Not at all

NEW WEB PAGE

Q31. What activities/behaviours did/do you avoid because of your acne on your [IF S19 = 3 SHOW: chest / IF S19 = 4 SHOW: back?

Please think of all changes / adaptations you may have made since the 1st symptoms of your acne on your [IF S19 = 3 SHOW: chest / IF S19 = 4 SHOW: back.

PROG: SEVERAL ANSWERS POSSIBLE

PROG: MULTIPLE ANSWERS

PROG: RANDOMIZATION OF ITEMS

You avoid/try avoiding ...

1. Going to the swimming pool, beach or sauna
2. Going in public without make-up
3. Video chatting
4. Having your photo taken
5. Joining and/or staying on social media
6. Eating/drinking certain foods/beverages
7. Exposing yourself to the sun
8. Doing physical exercise, sport
9. Going out with people / doing social activities
10. Dating or having romantic/intimate relationships
11. Visiting relatives
12. Adopting a given hairstyle that may makes your acne more visible
13. Travelling
14. Participating in certain extracurricular activities at school, university, etc
15. Shopping
16. Choosing a given career path
17. Shaving or not shaving **[ASK ONLY IF GENDER_ALGO=1]**
18. Wearing clothes that make your acne scars more visible
19. Applying to job positions that require visual public contact **[ASK ONLY TO TARGET 1]**
20. Others (please specify) **OPEN ENDED**
21. You never avoid any activities/behaviours **[EXCLUSIVE]**

NEW WEB PAGE

Q32. How much do you adjust your daily activities or behaviour because of acne on your [IF S19 = 3 SHOW: chest / IF S19 = 4 SHOW: back]?

PROG: USE GRID MATRIX NUMBERS TEXT OPTION

SCALE FROM 0 TO 10

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

0=You do not adjust your daily activities or behaviour because of acne on your [IF S19 = 3 SHOW: chest / IF S19 = 4 SHOW: back]		10= You extremely adjust your daily activities or behaviour because of acne on your [IF S19 = 3 SHOW: chest / IF S19 = 4 SHOW: back]
---	--	---

END OF BLOCK 2 (Truncal questions)

Part 4: TREATMENTS

NEW WEB PAGE

On the next questions, we will be focusing on the treatment(s) for your acne within the past 12 months.

NEW WEB PAGE

Q33. For each of the following treatments that you have taken for your facial [**SHOW ONLY IF TRUNCAL GROUP: and/or truncal**] acne within the past 12 months, please indicate if it is still on-going or if it has ended.

PROG: SHOW ONLY THE TREATMENTS SELECTED IN S18

	Q34.1. Treatments	Q34.2 Do you use/used this treatment for...	Q34.3. Is this treatment...
1		1. Your facial acne	SHOW IF Q34.2 = 1 1. On-going, used routinely (daily or most days) 2. On-going, used occasionally (as and when required) 3. Ended within last 12 months, no longer using.
		2. SHOW ONLY IF TRUNCAL GROUP Your acne on your [IF S19 = 3 SHOW: chest / IF S19 = 4 SHOW: back]	SHOW IF Q34.2 = 2 1. On-going, used routinely (daily or most days) 2. On-going, used occasionally (as and when required) 3. Ended within last 12 months, no longer using.
2	...	3. SHOW ONLY IF TRUNCAL GROUP Both facial and truncal acne	SHOW IF Q34.2 = 3 1. On-going, used routinely (daily or most days) 2. On-going, used occasionally (as and when required) 3. Ended within last 12 months, no longer using.
2			

NEW WEB PAGE

SHOW FOR EACH TREATMENT SELECTED IN S18

Q34. On a scale from 0 to 10, how would rate your satisfaction towards your [INSERT TREATMENT NAME IN S18 IF Q34.3=1] for your...

PROG: SHOW ONLY IF Q34.2=1 OR Q34.2=3 Q35.1 Acne on your face	Not at all satisfied 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10 Very satisfied
PROG: SHOW ONLY IF Q34.2=2 OR Q34.2=3 Q35.2 Acne on your [IF S19 = 3 SHOW: chest / IF S19 = 4 SHOW: back]	Not at all satisfied 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10 Very satisfied

NEW WEB PAGE

SHOW FOR EACH TREATMENT SELECTED IN S18 I

Q35. On a scale from 0 to 10, overall, how effective do you find [INSERT TREATMENT NAME IN S18 IF Q34.3=1] on your symptoms/signs of acne?

PROG: SHOW A SCALE FROM 0 TO 10

PROG: SHOW ONLY IF Q34.2=1 OR Q34.2=3 Q36.1 Acne on your face	Not at all effective Effective 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10 Extremely effective
PROG: SHOW ONLY IF Q34.2 =2 OR Q34.2=3 Q36.2 Acne on your [IF S19 = 3 SHOW: chest / IF S19 = 4 SHOW: back]	Not at all effective Extremely effective 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10

NEW WEB PAGE

**ASK Q37 IF Q34.3 = 1 FOR AT LEAST ONE TREATMENT
SHOW FOR EACH TREATMENT WITH Q34.3 = 1**

Q36. For a variety of reasons, it is possible that a person does not take 100% of his/her treatments as prescribed by the physician. On the scale below, 0% means you never took your treatment, 50% means that you took it about half as often as prescribed, 100% means that you took it completely as prescribed. What percentage of the prescribed dose of your treatment did you take in past few weeks/months for your...

PROG: SHOW A SCALE FROM 0% TO 100%

PROG: SHOW ONLY Q34.2=1 Q37.1 Acne on your face	Treatment not taken at all 0%-----10--- -20---30---40---50---60---70-- -80--- -90-----100% All treatments taken as prescribed
PROG: SHOW ONLY IF Q34.2=2 Q37.2 Acne on your [IF S19 = 3 SHOW: chest / IF S19 = 4 SHOW: back]	Treatment not taken at all 0%-----10--- -20---30---40---50---60---70-- -80--- -90-----100% All treatments taken as prescribed
PROG: SHOW ONLY IF Q34.2=3 Q37.3 Acne on your face and trunk	Treatment not taken at all 0%-----10--- -20---30---40---50---60---70-- -80--- -90-----100% All treatments taken as prescribed

I am confident about my physician's ability to effectively manage my acne on my [IF S19 = 3 SHOW:
chest / IF S19 = 4 SHOW: back]

PROG: SHOW A SCALE FROM 0 TO 10

Not at all

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

Very much

PART 7: QUALITY OF LIFE

NEW WEB PAGE

Q41. On a scale from 0 to 10, how would you rate the level of impact ACNE has had on your quality of life over the last week? Please do not consider acne scars when answering this question.

0 means 'no impact' and 10 means 'very high impact'

SCALE FROM 0 TO 10

No impact
0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10
Very high impact

NEW WEB PAGE

PROG: SHOW ONLY IF TRUNCAL GROUP

Q42. On a scale from 0 to 10, how would you rate the level of impact that acne on your face and on your [IF S19 = 3 SHOW: chest / IF S19 = 4 SHOW: back] has had on your quality of life over the last week? Please do not consider acne scars when answering this question.

0 means 'no impact' and 10 means 'very high impact'

SCALE FROM 0 TO 10

Q43.1 Acne on your face	No impact 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10 Very high impact
[SHOW ONLY FOR TRUNCAL] Q43.2 Acne on your [IF S19 = 3 SHOW: chest / IF S19 = 4 SHOW: back]	No impact 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10 Very high impact

NEW WEB PAGE

DERMATOLOGY LIFE QUALITY INDEX (DLQI)

NEW WEB PAGE

On the next screens you will be asked to answer a series of questions that are part of a validated scales questionnaire, meaning that they have been developed to be most efficient and effective for use in research and clinical settings, in this case, to assess how much your acne affects you.

Please do not consider acne scars when answering questions in this section.

NEW WEB PAGE

ASK Q44 TO Q54 IF AGE_ALGO >=16

The aim of this questionnaire is to measure how much your skin problem has affected you OVER THE LAST WEEK. Please tick ✓ one box for each question.

PN: TO INCLUDE AT THE BOTTOM OF THE PAGE FOR EACH QUESTION OF THIS SECTION:

© Dermatology Life Quality Index. A Y Finlay, G K Khan, April 1992

NEW WEB PAGE

Q43. Over the last week, how itchy, sore, painful or stinging has your skin been?

PROG: SINGLE ANSWER

1. Very much
2. A lot
3. A little
4. Not at all

NEW WEB PAGE

Q44. Over the last week, how **embarrassed** or **self-conscious** have you been because of your skin?

PROG: SINGLE ANSWER

1. Very much
2. A lot
3. A little
4. Not at all

NEW WEB PAGE

Q45. Over the last week, how much has your skin interfered with you going **shopping** or looking after your **home** or **garden**?

PROG: SINGLE ANSWER

1. Very much
2. A lot
3. A little
4. Not at all
5. Not relevant

NEW WEB PAGE

Q46. Over the last week, how much has your skin influenced the **clothes** you wear?

PROG: SINGLE ANSWER

1. Very much
2. A lot
3. A little
4. Not at all
5. Not relevant

NEW WEB PAGE

Q47. Over the last week, how much has your skin affected any **social** or **leisure** activities?

PROG: SINGLE ANSWER

1. Very much
2. A lot
3. A little
4. Not at all
5. Not relevant

NEW WEB PAGE

Q48. Over the last week, how much has your skin made it difficult for you to do any **sport**?

PROG: SINGLE ANSWER

1. Very much
2. A lot
3. A little
4. Not at all
5. Not relevant

NEW WEB PAGE

Q49. Over the last week, has your skin prevented you from **working** or **studying**?

PROG: SINGLE ANSWER

1. Yes
2. No
3. Not relevant

NEW WEB PAGE

ASK Q51 IF Q50= 2

Q50. Over the last week how much has your skin been a problem at **work** or **studying**?

PROG: SINGLE ANSWER

1. A lot
2. A little
3. Not at all

NEW WEB PAGE

Q51. Over the last week, how much has your skin created problems with your **partner** or any of your **close friends** or **relatives**?

PROG: SINGLE ANSWER

1. Very much
2. A lot
3. A little
4. Not at all
5. Not relevant

NEW WEB PAGE

Q52. Over the last week, how much has your skin caused any **sexual difficulties**?

PROG: SINGLE ANSWER

1. Very much
2. A lot
3. A little
4. Not at all
5. Not relevant

PROG: LET THE RESPONDENT CONTINUE THE SURVEY BY CLICKING THE NEXT BUTTON EVEN IF THEY DIDN'T CHOOSE AN ANSWER AT Q53

NEW WEB PAGE

Q53. Over the last week, how much of a problem has the **treatment** for your skin been, for example by making your home messy, or by taking up time?

PROG: SINGLE ANSWER

1. Very much
2. A lot
3. A little
4. Not at all
5. Not relevant

NEW WEB PAGE

CHILDREN'S DERMATOLOGY LIFE QUALITY INDEX (CDLQI)

NEW WEB PAGE

On the next screens you will be asked to answer a series of questions that are part of a validated scales questionnaire, meaning that they have been developed to be most efficient and effective for use in research and clinical settings, in this case, to assess how much your acne affects you.

Please do not consider acne scars when answering questions in this section.

NEW WEB PAGE

ASK Q55 TO Q66 IF AGE_ALGO<16

The aim of this questionnaire is to measure how much your skin problem has affected you OVER THE LAST WEEK. Please tick ✓ one box for each question.

PN: TO INCLUDE AT THE BOTTOM OF THE PAGE FOR EACH QUESTION OF THIS SECTION:

© Children's Dermatology Life Quality Index. M S Lewis-Jones, A Y Finlay, May 1993.

NEW WEB PAGE

Q54. Over the last week, how **itchy**, "**scratchy**", **sore** or **painful** has your skin been?

SINGLE ANSWER

1. Very much
2. Quite a lot
3. Only a little
4. Not at all

5. NEW WEB PAGE

Q55. Over the last week, how **embarrassed** or **self conscious**, **upset** or **sad** have you been because of your skin?

SINGLE ANSWER

1. Very much
2. Quite a lot
3. Only a little
4. Not at all

NEW WEB PAGE

Q56. Over the last week, how much has your skin affected your **friendships**?

SINGLE ANSWER

1. Very much
2. Quite a lot
3. Only a little

4. Not at all

NEW WEB PAGE

Q57. Over the last week, how much have you changed or worn **different** or **special clothes/shoes** because of your skin?

SINGLE ANSWER

1. Very much
2. Quite a lot
3. Only a little
4. Not at all

NEW WEB PAGE

Q58. Over the last week, how much has your skin trouble affected **going out, playing, or doing hobbies**?

SINGLE ANSWER

1. Very much
2. Quite a lot
3. Only a little
4. Not at all

NEW WEB PAGE

Q59. Over the last week, how much have you avoided **swimming** or **other sports** because of your skin trouble?

SINGLE ANSWER

1. Very much
2. Quite a lot
3. Only a little
4. Not at all

NEW WEB PAGE

Q60. Last week, was it ...

SINGLE ANSWER

1. **School time**
2. **Holiday time**

SHOW Q62 IF Q61 = 1

Q61. **If school time:** Over the last week, how much did your skin problem affect your **school work**?

SINGLE ANSWER

1. Prevented school
2. Very much
3. Quite a lot
4. Only a little
5. Not at all

SHOW Q63 IF Q61= 2

Q62. **If holiday time:** How much over the last week, has your skin problem interfered with your enjoyment of the **holiday**?

SINGLE ANSWER

1. Very much
2. Quite a lot
3. Only a little
4. Not at all

NEW WEB PAGE

Q63. Over the last week, how much trouble have you had because of your skin with other people **calling you names, teasing, bullying, asking questions** or **avoiding you**?

SINGLE ANSWER

1. Very much
2. Quite a lot
3. Only a little
4. Not at all

NEW WEB PAGE

Q64. Over the last week, how much has your **sleep** been affected by your skin problem?

SINGLE ANSWER

1. Very much
2. Quite a lot
3. Only a little
4. Not at all

NEW WEB PAGE

Q65. Over the last week, how much of a problem has the **treatment** for your skin been?

SINGLE ANSWER

1. Very much
2. Quite a lot
3. Only a little
4. Not at all

NEW WEB PAGE

COMPAQ Measure (Long Form)

Q66. The aim of this questionnaire is to measure how much your acne skin problem has affected you **OVER THE LAST WEEK**. Please tick ✓ one box for each question.

PN: TO INCLUDE AT THE BOTTOM OF THE PAGE FOR EACH QUESTION OF THIS SECTION:
© GALDERMA

We define acne as pimples, zits, or breakouts. We do **not** mean holes, dark spots, or red spots left by acne. Please do not consider acne scars when answering questions in this section.

Thinking about the last week, please answer the following questions about acne on your **face [SHOW IF TRUNCAL GROUP: and on your [IF S19 = 3 SHOW: chest / IF S19 = 4 SHOW: back]** using the following scale:

0 1 2 3 4 5 6 7 8
Never Rarely Sometimes Often All the time

Items split by domain	Response Choices									
	0	1	2	3	4	5	6	7	8	
A. Psychological/Emotional										
Because of my acne...										
1. I feel depressed, sad, or upset.										
2. I feel embarrassed.										
3. I feel self-conscious.										
4. I feel less confident.										
B. Social (Judgment from others)										
Because of my acne...										
5. I feel that people stare at me.										
6. I feel like people judge me.										
7. People treat me differently.										
8. People think less of me.										
C. Social Interactions										
Because of my acne...										
9. I avoid social interactions.										
10. I spend less time with my friends.										
11. I am concerned about meeting new people.										
12. I am uncomfortable showing affection to others.										
D. Treatment Concerns										
Because of my acne...										
13. I spend a lot time taking care of my skin (at home remedies, treatments, cleansing).										
14. I spend time looking at my skin.										
15. I am concerned that my skin will never be clear.										
16. I am concerned about side effects from treatment.										
E. Physical Symptoms										
Because of my acne...										
17. My skin feels bumpy or uneven.										
18. My skin feels dirty.										
19. My skin is red.										
20. My skin causes me discomfort or pain.										

PART 8: BEHAVIORS AND ATTITUDES

And now we would like to ask you some questions regarding your attitudes towards acne.

NEW WEB PAGE

Q67. Please read the following statements and indicate to what extent you agree or disagree with each them when it comes to your acne.

Only one answer per row

PROG: SINGLE ANSWER PER ROW

PROG: RANDOMIZATIONS OF ITEMS

		Strongly disagree	Some what disagree	Neither agree, nor disagree	Some what agree	Strongly agree	Not relevant/doesn't apply
1	It is something one is ashamed of						
2	It is a serious condition						
3	Is not taken seriously by my doctor/ My physician does not understand the true impact of my acne						
4	It holds me back from doing things I'd like to do						
5	I can't control or do anything about it.						
6	I would do anything necessary to reduce the possibility of scarring due to my acne						
7	People make negative comments about my skin						
8	I feel /felt embarrassed to talk about my acne with friends and/or close relatives						
9	I am embarrassed to talk about my acne with physicians						
10	Because of my acne I have been bullied, verbally (i.e. called names) and/or physically abused						
11	I have lost interest in my appearance						
12	I would like to know more about it						
13	My acne does not allow others to see me for who I am						
14	My physician(s) do(es) not involve me in decisions about my treatment						
15	I am not bothered by my acne as a lot of my friends also have acne						
16	I worry about getting scars because of my acne						
17	I avoid undressing in front of my spouse/partner/friends/relatives because of my truncal acne [SHOW ONLY TO TRUNCAL GROUP]						
18	I feel I have to hide my acne in public (e.g. by using creams and makeup products, changing my hair and/or clothing style, etc.)						
19	Because of my acne I receive(d) what I regard as unfair treatment at school [SHOW ONLY TO TARGET 1: and/or at work]						
20	I feel unattractive because of my facial acne						
21	I feel unattractive because of my truncal acne [ASK ONLY TO TRUNCAL GROUP]						
22	I feel/felt isolated because of my acne						
23	ASK IF TARGET 1: I missed a work opportunity and/or a work promotion because of my acne						
24	My acne affects(ed) negatively my school performance						
25	ASK ONLY TO TARGET 1 My acne affects(ed) negatively my work performance						
26	Continuous and impractical treatment regimens for my acne interfere with my daily life						
27	I care more about the emotional impact of my acne today than about the potential long-term impact of treatment (e.g. antibiotic resistance, etc)						

28	I would not want my child to have acne						
29	Even a small improvement in my facial acne would be worthwhile						
30	Even a small improvement in my truncal acne would be worthwhile						
31	I feel others consider my truncal acne as a lack of hygiene [ASK ONLY TO TRUNCAL GROUP]						

NEW WEB PAGE

Q68. Which of the following do you most associate with how you feel about your acne? Please select the 5 answers that best describe your feelings towards your acne. You can select up to 5 answers.

PROG: MULTIPLE ANSWERS

PROG: RANDOMISATION OF ITEMS

PROG: ALLOW UP TO 5 ANSWERS

1. Frustrated
2. Bothered
3. Angry
4. Stressed
5. Low self-esteem
6. Uncomfortable
7. Sad
8. Fearful / afraid of social life
9. Insecure
10. Ashamed
11. Powerless
12. Rejected
13. Defeated
14. Isolated
15. Exhausted
16. Depressed
17. Embarrassed
18. Guilty
19. Low confidence
20. Fed up
21. Despaired
22. Lonely
23. Ugly
24. Anxious
25. Resigned

NEW WEB PAGE

ASK Q70 IF MORE THAN ONE ANSWER IS SELECTED IN Q69

Q69. Among these **[NUMBER OF RESPONSES IN Q68]** feelings that you associate with how you feel about acne, which one do you associate with the most?

Only one answer possible.

PROG: SINGLE ANSWER

PROG: SHOW ITEMS SELECTED IN Q69

NEW WEB PAGE

Q70. Which of the remaining do you least associate with how you feel about your acne? Please select the 5 answers that least describe your feelings towards your acne.

You can select up to 5 answers.

PROG: MULTIPLE ANSWERS
PROG: ALLOW UP TO 5 ANSWERS
PROG: RANDOMISATION OF ITEMS
PROG: IN Q71 SHOW ITEMS FROM Q69 NOT SELECTED IN Q69

NEW WEB PAGE

ASK Q72 IF MORE THAN ONE ANSWER IS SELECTED IN Q71
Q71. Among these [NUMBER OF RESPONSES IN Q71] feelings that you least associate with how you feel about acne, which one do you associate the least?
Only one answer possible.
PROG: SINGLE ANSWER
PROG: SHOW ITEMS SELECTED IN Q70

NEW WEB PAGE

Q72. Regarding your acne, do you think about it ~~them~~ a lot and wish you could think about it less?

Q73.1 Acne on your face	<i>Only one answer possible.</i> PROG: SINGLE ANSWER 1. Yes 2. No
[SHOW ONLY FOR TRUNCAL GROUP] Q73.2 Acne on your [IF S19 = 3 SHOW: chest / IF S19 = 4 SHOW: back]	<i>Only one answer possible.</i> PROG: SINGLE ANSWER 1. Yes 2. No

NEW WEB PAGE

Q73. How much time do you spend thinking about your ~~atrophic~~ acne scars per day on average? (add up all the time you spend)

Q74.1 Acne on your face	<i>Only one answer possible.</i> PROG: SINGLE ANSWER 1. Less than 1 hour a day 2. Between 1 and 3 hours a day 3. More than 3 hours a day
[SHOW ONLY FOR TRUNCAL GROUP] Q74.2 Acne on your [IF S19 = 3 SHOW: chest / IF S19 = 4 SHOW: back]	<i>Only one answer possible.</i> PROG: SINGLE ANSWER 1. Less than 1 hour a day 2. Between 1 and 3 hours a day 3. More than 3 hours a day

PART 9: GALDERMA TYPING TOOL FOR PATIENT SEGMENTATION

NEW WEB PAGE

Q74. Please indicate how strongly you agree or disagree with each of the following statements

Only one answer possible

PROG: SINGLE ANSWER

PROG: RATE FROM:

- 1 Strongly disagree
- 2 Disagree
- 3 Somewhat disagree
- 4 Somewhat agree
- 5 Strongly agree

PROG: ITEMS THAT NEED TO BE RATED

PROG: RANDOMISATION OF ITEMS

- 1 I am not bothered by my acne as a lot of my friends also have acne
- 2 My acne does not allow others to see me for who I am
- 3 I feel restricted in the types of activities I can do because of my acne (e.g. I do not go to the beach or swim because of the acne on my back or chest)
- 4 A long-lasting effective acne treatment is the most important to me/my parents
- 5 I select the acne treatment that is the most affordable to me/ my parents
- 6 I/my parents will pay as much as needed to treat my acne properly
- 7 I/my parents always seek out an acne-specialist (e.g. dermatologist)
- 8 I feel I only need to treat my acne when there is a flare up, rather than everyday

PART 10: TRADE OFF ANALYSIS

NEW WEB PAGE

SHOW FOR TARGET 2 Thank you for answering these questions. Your participation to this questionnaire is now over.

To finish this survey, we will need your parent to answer the last questions. Two minutes will be needed to end this questionnaire.

NEW WEB PAGE

Q75. On average, how much money do you spend each month on medication to treat [**SHOW FOR TARGET 1: your acne / SHOW FOR TARGET 2: the acne of your child**]

Please only take into account the medications not reimbursed by your public or private health insurance, and also specific makeup, cosmetic products.

Only one answer possible

PROG: OPEN ENDED

/ _ / _ / _ / _ / [**US AND CANADA \$ FRA GER ITA € , BRA R\$**] each month

PROG: MIN 0 MAX 9999

NEW WEB PAGE

Q76. How much money would you be willing to pay overall to achieve a sustainable (but not complete) cure for [**SHOW FOR TARGET 1: your acne / SHOW FOR TARGET 2: the acne of your child**]?

Only one answer possible

PROG: OPEN ENDED

/ _ / _ / _ / _ / [**US AND CANADA \$ FRA GER ITA € , BRA R\$**]

PROG: MIN 0 MAX 9999

NEW WEB PAGE

Q77. How much money would you be willing to pay in a single payment to achieve a complete cure for [**SHOW FOR TARGET 1: your acne / SHOW FOR TARGET 2: the acne of your child**]?

Only one answer possible

PROG: OPEN ENDED

/ _ / _ / _ / _ / [**US AND CANADA \$ FRA GER ITA € , BRA R\$**]

PROG: MIN VALUE IN Q77 MAX 9999

ALLOW RESPONDENT TO GO BACK TO Q77 AND REVISE THEIR ANSWER

PROG: SHOW FOR TARGET 1

Q78. How much of your lifetime would you be willing to give up to cure your acne (get your face completely clear)?

Only one answer possible.

PROG: SINGLE ANSWER

1. No time
2. 1 month
3. 6 months
4. 1 year
5. 2 years
6. 5 years
7. 10 years
8. More, I would give up: /_/_/ years **[MIN: 11 / MAX: 99]**
9. None of the above, I would give up: /_/_/ years **[MIN: 1 / MAX: 99]**