Questionnaire for acne patients

一. Personal information

1. Age:_____

2. Gender: □male □female

3. Education: □junior high school and below □high school □undergraduate □undergraduate and above

4. Profession: □on-the-job □unemployed □student

5. Place of residence: □city □rural

二. Symptoms and signs

1. Course of disease: □<1year □[1year, 3years) □[3years, 5years) □≥5years

2. Age of onset:_____

3. Skin lesions

(1) Acne (small "blackheads" on the surface of the skin due to clogged pores): □have not □have, 1-10 □main, >10, main part_____

(2) Papules: □have not □have, 1-10 □main, >10, main part_____

(3) Cyst: □have not □have, 1-10 □main, >10, main part_____

(4) Nodule: □have not □have, 1-10 □main, >10, main part_____

(5) Pustules (sterile or infected): □have not □have, 1-10 □main, >10, main part_____□accompanying pain or tenderness

(6) Pigmentation (changes from the normal color of the skin, darkening or lightening): □have not □have, 1-10 □main, >10, main part_____

(7) Scarring (point depression, hyperplasia, surgical scars): □have not □have, 1-10 □main, >10, main part_____

(8) Red blood: □have not □have, 1-10 □main, >10, main part_____

(9) Flushing: □have not □have □serious

(10) Itching: □have not □have □serious

4. Affected skin surface area: □<10% □10-50% □>50%

5. One or more symptoms associated with the development of acne (e.g., fatigue, feeling hot, headache): □have not □have □serious

6. Sleep disorder: □have not □difficulty falling asleep □cannot sleep □poor sleep quality

7. Pain: □have not □have □serious

8. Recurrence frequency: □monthly episodes □annual attack □irregular

9. Disease process: □no significant changes □get better □deterioration

10. Precaution: □have not □have_____

三. Level of concern about appearance

1. Appearance self-assessment: □good □general □not good □sucks

2. Physician's assessment of acne severity (patients do not need to answer this question): □mild □moderate □serious

四. Treatment experience

1. Treatment time: □<1year □[1year, 3years) □[3years, 5years) □≥5years
2. Seeking medical services: □regular hospital □beauty salon □healthcare practitioner □other ways
3. Current treatment effect: □no effect □have a certain effect □good results
4. Have you used over-the-counter self-treatment (e.g., self-squeezing acne and pimples, buying health and beauty products): □no □yes
5. Whether the treatment can be completed according to the doctor's instructions: □no □yes
6. Satisfaction with treatment: □access to treatment is adequately resourced □get professional support from medical staff □satisfaction with doctor's disease knowledge
7. Does the cost of treatment affect your choice on treatment options: □no □yes
8. Whether the cost of treatment affects your compliance: □no □yes
9. Have you experienced adverse effects of treatment (e.g., bleeding, infection, scarring): □no □yes
10. Have you experienced adverse drug reactions (gastrointestinal reactions, fever, muscle aches, allergies): □no □yes

五. Impact on Mental Health

1. Impact on individual reputation: □no □yes (e.g., being ridiculed or having insulting nickname)
2. Influence the acceptance of public, or away from others due to tension: □no □yes
3. Impact on intimacy (companion or family): □reducing contacts and demands for fear of rejection □neglect of family □family members are lack of understanding of the disease
4. Satisfaction of social roles as companion, parents, family, friends, or workmates: □dissatisfying (□companion □parents □children □friends □workmates)
   □satisfying (□companion □parents □family □friends □workmates)
5. Have went through psychological problems: □have the following thoughts (□depression □indifferent □lonely □suicide) □no relevant thoughts
6. Have went through the following negative emotions: □powerlessness □embarrassment □self-abasement □irritability □anxiety □tension □fatigue, physical fatigue sometimes goes with mental fatigue
7. Impact on study or work ability: □no □yes
8. Impact on the type of study or work: □no □yes
9. Impact on work or study time: □no □yes
10. Impact on cognitive ability: □no □yes
11. Impact on attention (work, study or leisure): □no □yes
12. Do you think you can cope with this disease: □no □yes

六. Impact on the Daily Life

1. Impact on the career: □no □yes
2. Economic burden related to disease (including doctors appointment, operation, medication): □1000 yuan per year □1001-10000 yuan per year □>10000 yuan per year
3. Disease-related time loss: □no □yes
4. Impact on the leisure and entertainment (e.g., sport, manual activity, play musical instrument, hiking or outdoor activity): □no □yes
5. Impact on clothing choice (e.g., chose clothing that not irritate the skin and can cover skin lesions): □no □yes

Free List

1. What is the first word that comes to your mind when someone mentions acne and treatment and why is the first reaction the word?

Semi-structured interview (try to guide interviewee to talk more about their own experiences and express their opinions)

1. Please describe how acne affects your life (social interaction, study, work, psychology, career)

(1) Has it affected social interaction? (Ask interviewees for example, such as reducing outdoor activities including traveling, shopping, sports, and amativeness)

(2) Has it affected the relationship with the family? (Ask interviewees for example, such as arguments over family ridicule)

(3) Have you ever been insecure on important occasions due to acne? (Ask interviewees for example, such as “I can’t wear makeup because of acne, but I have to do it on some occasions”)

2. Please describe your acne treatment experience in dermatology

(1) Have you ever had a treatment experience or a doctor that made you feel depressed or pessimistic about acne treatment?

(2) Have you ever had a treatment experience or a doctor that gave you confidence in acne treatment?

3. How is the relationship with the attending physician?

(1) Have there been any doctors you particularly trust or distrust?

(2) If there were, how did this feeling come about?

(3) Has this relationship affected your therapeutic effect?

4. Have you used any of the following medications?

(1) Retinoic acid for external use

(2) Oral antibiotics (e.g., doxycycline, roxithromycin, clarithromycin)

(3) Oral retinoic

(4) Combinations of above

5. Anticipation for the effect of acne treatment (what problem do you want to solve most: list 2 or 3)

(1) Blackhead

(2) Pimple

(3) Pockmark

(4) Acne scar

(5) Face red streaks

(6) Flush

(7) Never recurrence

(8) Long remission

(9) _____