



Participant's initials:

Participant's study identifier:

## SAFA Follow-up Questionnaire – Participant

### Date of Questionnaire

- 1 What was the date you completed this questionnaire? (e.g. 01/JAN/2019)

D	D	/	M	M	M	/	Y	Y	Y	Y
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### Acne Medication Use

- 1 Since stopping the study tablets, have you been taking any other medication by mouth for your acne? If you ticked 'no', please skip to question 3.

Yes ☐ No ☐

- 2 If yes, please tick which medication by mouth you have been taking for your acne since stopping the study tablets. If you have taken a treatment for less than 1 week, please enter 1 in the 'if used, for how many weeks?' box.

	Please tick if used	If used, for how many weeks?
Roaccutane (isotretinoin)	<input type="checkbox"/>	<input type="text"/>
Antibiotics*	<input type="checkbox"/>	<input type="text"/>
Hormonal treatment†	<input type="checkbox"/>	<input type="text"/>
Spironolactone obtained outside of the study	<input type="checkbox"/>	<input type="text"/>
Other (please specify below)	<input type="checkbox"/>	<input type="text"/>

\* Antibiotics commonly used to treat acne include oxytetracycline, tetracycline, lymecycline, doxycycline, erythromycin and trimethoprim.

† Such as hormonal contraception like the Mirena coil or other intrauterine contraceptive device; a contraceptive implant under the skin in your upper arm; co-cyprindiol (Dianette); or other hormonal treatment that regulates your periods



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- 3 Since stopping taking the study tablets, have you used any topical treatments (creams/lotions/gels) for your acne? If you ticked 'no', please skip to question 5.

Yes ☐ No ☐

- 4 Since stopping taking the study tablets, which topical treatments (creams/lotions/gels) have you been using for your acne? Please tick all that apply. If you have used a treatment for less than 1 week, please enter 1 in the 'if used, for how many weeks?' box.

	Please tick if used	If used, for how many weeks?
a. Benzoyl peroxide (includes PanOxyl, Brevoxyl, Acnecide)	<input type="checkbox"/>	<input type="text"/>
b. Azelaic acid (Skinoren)	<input type="checkbox"/>	<input type="text"/>
c. Topical adapalene (includes Differin)	<input type="checkbox"/>	<input type="text"/>
d. Nicotinamide	<input type="checkbox"/>	<input type="text"/>
e. Antibiotics (includes Dalacin T, Zindaclin, Zineryt)	<input type="checkbox"/>	<input type="text"/>
f. Combination (includes Duac, Epiduo, Isotrexin, Aknemycin plus, Treclin)	<input type="checkbox"/>	<input type="text"/>
g. Not sure	<input type="checkbox"/>	<input type="text"/>
h. Other (please specify below)	<input type="checkbox"/>	<input type="text"/>

- 5 Since stopping the study tablets, did you ask your own doctor to prescribe spironolactone?

Yes ☐ No ☐

If you ticked 'yes', please describe your experience below. If you ticked 'no', please skip to question 6.

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- 6 During the Covid-19 pandemic, did you have difficulties accessing services or medication for acne?

Yes ☐ No ☐

If you ticked 'yes', please describe your experience below.

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## Periods

1 Do you have irregular menstrual bleeding (such as an irregular cycle or bleeding between periods)?

Yes ☐ No ☐ Do not have periods ☐

## Self Assessment

1 How would you describe the acne on your face at the moment?

- |   |  |                          |
|---|--|--------------------------|
| 0 | Clear; no blackheads or whiteheads, no red bumps   | <input type="checkbox"/> |
| 1 | Almost clear; very few blackheads or whiteheads, no more than one small red bump   | <input type="checkbox"/> |
| 2 | Mild; worse than 1, some blackheads or whiteheads, no more than a few red bumps  | <input type="checkbox"/> |
| 3 | Moderate; worse than 2, up to many blackheads or whiteheads and some red bumps, but no more than one small bump under the skin | <input type="checkbox"/> |
| 4 | Severe; worse than 3, up to many blackheads or whiteheads and red bumps, but no more than a few bumps under the skin           | <input type="checkbox"/> |

2 Do you have flares or breakouts in your acne before or during your period?

- |                     |                          |
|---------------------|--------------------------|
| Yes                 | <input type="checkbox"/> |
| No                  | <input type="checkbox"/> |
| Not sure            | <input type="checkbox"/> |
| Do not have periods | <input type="checkbox"/> |

3 Do you have a photograph of your acne taken at your first clinic visit?

Yes ☐ No ☐

If you do not have a photograph, please still answer question 4 using your best judgement.

4 Using the photograph taken at your first visit (if you have it), how do you think your acne today compares to your acne then?

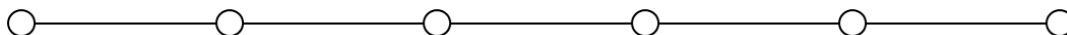
Worse	No improvement	Slight improvement	Moderate improvement	Excellent improvement	Completely cleared
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## Services received

These questions are about your health and care needs. Since stopping the study tablets what publically provided services (i.e. those you do not have to pay for out of your own pocket) have you received because of your acne?

*If you are unsure, please put in your best estimate.*

### Community-based NHS services

1. Since stopping the study tablets, have you seen any community-based health professionals (e.g. GP, practice nurse, dietician etc) because of your acne?

☐ Yes

If 'yes' how many visits since stopping taking the study tablets: \_\_\_\_\_

☐ No

### Hospital-based services

2. Since stopping taking the study tablets, have you visited a hospital as an outpatient because of your acne or side effects from treatment for your acne?

☐ Yes

If 'yes', how many visits since stopping taking the study tablets: \_\_\_\_\_

☐ No

3. Did you attend Accident and Emergency Services since stopping taking the study tablets because of your acne or side effects from treatment for your acne?

☐ Yes

If 'Yes', how many visits since stopping taking the study tablets: \_\_\_\_\_

☐ No

4. Since stopping taking the study tablets, have you been admitted to hospital as an inpatient as a result of your acne or side effects from treatment for your acne?

☐ Yes

If 'yes', how many nights have you spent as an inpatient since stopping taking the study tablets: \_\_\_\_\_

☐ No



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## Costs incurred by yourself or family

These questions are about the costs incurred by you and your family/friends because of your acne.

5. Since stopping taking the study tablets, have you or your family/friends incurred any other costs because of your acne?

☐ Yes

If 'yes', how much have you spent since stopping taking the study tablets: £ \_\_\_\_\_

☐ No

6. Since stopping taking the study tablets, has your acne had an impact on your primary occupation?

☐ Yes

If 'yes', please describe the impact:


☐ No

Thank you for completing this questionnaire.