



Participant's initials:

Participant's study identifier:

SAFA 6 week Questionnaire – Participant

Periods

1 Do you have irregular menstrual bleeding (the time between your periods varies in length, or bleeding between periods)?

Yes No Do not have periods

2 If yes, do you think this is related to the study medicine?

Yes No

Self Assessment

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

0 Clear; no blackheads or whiteheads, no red bumps

1 Almost clear; very few blackheads or whiteheads, no more than one small red bump

2 Mild; worse than 1, some blackheads or whiteheads, no more than a few red bumps

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

4 Severe; worse than 3, up to many blackheads or whiteheads and red bumps, but no more than a few bumps under the skin

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

Yes

No

Not sure

Do not have periods

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

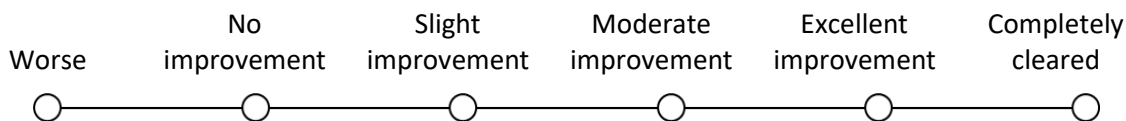
Yes No

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?

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Acne Medication Use

1 In the last 6 weeks have you changed the topical treatments (creams/lotions/gels) you are using for your acne?

Yes No Not using topical treatments

2 Which topical treatments (creams/lotions/gels) are you using for your acne? (please tick all that apply)

a. Benzoyl peroxide (brand names include PanOxyl, Brevoxyl, Acnecide)

b. Azelaic acid (Skinoren)

c. Topical adapalene (brand names include Differin)

d. Nicotinamide

e. Antibiotic (brand names include Dalacin T, Zindaclin, Zineryt)

f. Combination (brand names include Duac, Epiduo, Isotrexin, Aknemycin plus, Treclin)

g. Not sure

h. Other, please give details

3 If you have been prescribed topical treatments for your acne, how often do you use them?

Not at all

Less than once a day

Once a day

Twice a day

More than twice a day

Not been prescribed topical treatments

4 Have you taken any oral medication (medication taken by mouth) for your acne in the last 6 weeks? If yes, please state which medication.



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Yes No

Services received

These questions are about your health and care needs. In the **last 6 weeks** 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.

Question 1: Community-based NHS services

1a. In the **last 6 weeks** have you seen any community-based health professionals (e.g. GP, practice nurse, dietician etc) because of your acne?

Yes No, if 'No' please go to question 2

Have you seen any of the following health professionals in the **last 6 weeks**? If 'Yes', please tell us how many times. There is space for you to name other professionals you have seen via the NHS and how many time you have visited them. If you did not see any other professionals please tick 'No' in the "Other" rows.

General Practitioner No yes If yes, how many times? _____

Practice nurse No Yes If yes, how many times? _____

Health care assistant No Yes If yes, how many times? _____

NHS Walk in centre No Yes If yes, how many times? _____

Community dermatology service No Yes If yes, how many times? _____

Other, please specify: _____ No Yes If yes, how many times? _____

Other, please specify: _____ No Yes If yes, how many times? _____

Other, please specify: _____ No Yes If yes, how many times? _____

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Question 2: Medication

2. In the **last 6 weeks** have you been **prescribed** any medications because of your acne? (Please include anything that you feel is related to your acne, for example if you take anti-depressants and your depression is mainly because of your acne you would include this).

Yes

No, if 'No' please go to question 3a

If 'Yes', please give the name of the medication, the strength, and size of the item.

Name of medication (item)	Strength	Unit	Number of items	Type of item (e.g. pack, bottle, tube, etc)	Number in item	Size of item
Example 1: Epiduo Gel	2.5	%	2	tubes	12	grams per tube
Example 2: Tetracyclin	250	mg	1	pack	28	tablets per pack

Question 3: Hospital-based services

3a. In the **last 6 weeks** have you visited a hospital as an outpatient because of your acne or side effects from treatment for your acne?

Yes

No, if 'No' please go to question 3b

If 'Yes', for **each outpatient visit** you had at the hospital as a result of your acne, please tell us which health professional you saw and how many times. Please enter '0' if you did not visit the health professional or in 'Other' if there were no other visits.

Please do not include visits with any professionals that took place outside of the hospital. These should be included in question 1 above. Please do not include visits made as part of this study in your answers below.



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Health professional you saw <i>(If unknown, please write the department in which you saw them)</i>	Number of outpatient visits
<i>Example: Dermatology nurse</i>	2 visits
Dermatologist	visits
Dermatology nurse	visits
Other, please specify:	visits
Other, please specify:	visits
Other, please specify:	visits

3b. Did you attend Accident and Emergency Services in the **last 6 weeks** because of your acne or side effects from treatment for your acne?

Yes

No, if 'No' please go to question 3c

If 'Yes', how many visits in the last 6 weeks: _____

3c. In the **last 6 weeks**, have you been admitted to hospital as an inpatient as a result of your acne or side effects from treatment for your acne?

Yes

No, if 'No' please go to question 4

If 'Yes', for **each inpatient** visit you have had, please tell us the type of ward you were admitted to and for how many nights.

Please include any day case procedures

Visit number	The type of department or ward or reason for admission	Duration of each stay (number of nights)
<i>Example</i>	<i>Dermatology</i>	2 nights
1		nights
2		nights

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Question 4: Other services

4. In the **last 6 weeks** have you received any other publically provided services because of your acne?

Yes

No, if 'No' please go to question 5a

If 'Yes', please give details including type and how many times received:

Details of service	Type of service	Number of times received

Costs incurred by yourself or family

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

Question 5: Personal Costs

5a. In the **last 6 weeks** have you or your family/friends incurred any other costs because of your acne? Please do not include visits made as part of this study in your answers below.

Yes

No, if 'No' please go to question 5b

If 'Yes', please give the details below and the approximate cost of items purchased as a result of your acne.

Item	Number of items or visits	Overall cost
<i>Example: Homeopath</i>	<i>2 visits</i>	<i>£80 (2 x £40)</i>
Complementary therapists		
Non-prescribed medication		
Travel costs to health care appointments		
Parking costs at health care appointments		
Cosmetic and skin care products		
Other, please specify:		
Other, please specify:		



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I have increased the hours I undertake my primary occupation each week No Yes

If yes, how many hours per week did you used to undertake?

How many hours per week do you undertake now?

How long ago did this change:

_____ weeks _____ days _____ hours

I have completely stopped my primary occupation and will not be going back to it No Yes

How long ago did this change:

_____ weeks _____ days _____ hours

I have changed my role within my primary occupation No Yes

If yes, what was your old role title:

What is your new role title:

How long ago did this change:

_____ weeks _____ days _____ hours

5c. Have you had a family member or friend who has had to take time off paid work to accompany you to health care appointments related to your acne?

Yes No, if 'No' please go to question 5d

If yes, how much leave have they had to take in the last 6 weeks to accompany you to appointments related to your acne?

_____ hours

5d. **Support outside of official services** (For example, charity support groups such as The Acne and Rosacea Association, helplines etc)

In the **last 6 weeks**, have you received support or attended support groups?

Yes No





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If 'Yes', please list what support you have accessed and state whether you incurred any costs as a result (e.g. membership fee, participation fee, telephone cost etc)

Type of Support	Cost Incurred (£)
	£
	£
	£

Thank you for completing this questionnaire.