

Table SII. Critical appraisal of health-related quality of life (HRQoL) studies in rosacea patients

Author	Size of study sample	Grading of severity	Subtypes mentioned	Comparison ^a	HRQoL Instrument ^b	Study design	Level of evidence ^c
Aksoy et al., 2010 (2)	>200	Present	Present	–	DLQI ++	Cohort	II
Baldwin et al., 2010 (3)	>200	Present	Present	–	RosaQoL +++	Non-RCT	II
Bamford et al., 2012 (4)	20–50	Present	Absent	–	RosaQoL +++	RCT	III
Böhm et al., 2013 (5)	51–200	Present	Absent	–	DLQI ++	Survey	II
Fleischer & Suephy, 2005 (6)	>200	Present	Absent	–	RosaQoL +++	Non-RCT	II
Hiltscher et al., 2001 (7)	20–50	Absent	Present	–	DLQI ++	Case series	III
Kini et al., 2010 (8)	51–200	Absent	Present	–	RosaQoL +++	Cross-sectional	II
Langenbruch et al., 2011 (9)	>200	Present	Absent	+	DLQI ++	Cross-sectional	II
Menezes et al., 2009 (10)	20–50	Absent	Present	–	DLQI ++	Non-RCT	III
Salamon et al., 2008 (11)	20–50	Absent	Present	+	SF-36 +	Cross-sectional	III
Shim & Abdullah, 2013 (12)	20–50	Absent	Present	–	DLQI ++	Non-RCT	III
Weissenbacher et al., 2007 (13)	20–50	Present	Present	–	DLQI ++	RCT	III

^a–: absent; +: to controls with other skin diseases or healthy persons. ^b+: generic instrument; ++: dermatology specific instrument; +++: rosacea-specific instrument. ^cStudy design and Level of evidence adapted from the National Institute for Clinical Excellence (NICE): Guideline Development Methods, 2005: Levels of evidence for studies of the accuracy of diagnostic tests.

DLQI: Dermatology Life Questionnaire Index; RosaQoL: Rosacea Quality of Life Index.