

Appendix S1

Hidradenitis Suppurativa Quality of Life Questionnaire (HSQoL-24)

The objective of this questionnaire is to determine how much your skin condition has affected your life DURING THE LAST 4 WEEKS. Please mark you answers with a X. Thank you.

HSQoL-24		Never	Rarely	Sometimes	Often	Always
1	My skin condition affects my state of mind.					
2	My skin condition is worse with stress.					
3	I have resigned myself to living with my skin condition.					
4	I am concerned about the lack of effectiveness of the treatment.					
5	I feel alone or isolated because of my skin condition.					
6	Information on my skin condition helps me to accept it.					
7	My skin condition has led me to think about committing suicide.					
8	I am concerned that one of my children could have my skin condition.					
9	I am concerned about the bad smell caused by my skin condition.					
10	I avoid talking about my skin condition.					
11	I am concerned about being rejected because of my skin condition.					
12	I feel embarrassed by my skin condition.					
13	I am concerned about the cost of treatment.					
14	My skin condition makes it hard for me to carry out my work.					
15	I am concerned about losing my employment because of my skin condition.					
16	My skin condition affects my personal relationships.					
17	My family are my best support with respect to my skin condition.					
18	I am concerned about having to give up certain activities because of my skin condition.					
19	My skin condition is a problem with respect to my intimate relationships.					
20	Water (bathing, showering) aggravates my skin lesions.					
21	My skin condition affects my sleep.					
22	I have a positive opinion about the initiatives taken by professionals to improve my skin condition.					
23	Keeping up with treatments and check-ups for my skin condition is sometimes difficult.					
24	I am concerned about the adverse effects of the treatments for my skin condition.					

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