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 Table SI. Fils Santé Jeune questionnaire about the perception of the impact of truncal acne on the daily and quality of life of adolescents and young adults

4. Are you living? Are you living? Are you? Are you?	1.	Do you have acne on your trunk		Yes, please continue the questionnaire
2.       Your Gender?       Female         3.       Your year of birth?       In an urban/suburban area         4.       Are you living?       In an urban/suburban area         4.       Are you living?       Atteountry side         5.       Are you?       Attending a college         5.       Are you?       Attending a high school         5.       Are you?       Attending a university         Employed       Unemployed         Father       Yes         No       Mother         9000000000000000000000000000000000000	(chest, ba	ck, both)?		No, you may stop the questionnaire
3.       Your year of birth?         4.       Are you living?       In an urban/suburban area         4.       Are you living?       Attending a college         5.       Are you?       Attending a university         5.       Are you?       Employed         Unemployed       Unemployed         6.       Was there any acne history in your family (several answers possible)?       No         7.       How do you consider the severity of your truncal acne?       Mild	2	Vour Condor?		Male
4.       Are you living?       In an urban/suburban area         4.       Are you living?       At country side         5.       Are you?       Attending a college         5.       Are you?       Attending a university         Employed       Unemployed         Unemployed       Ves         No       Mother         9000 family (several answers possible)?       Father         Yes       No         Brother       Yes         No       Sister         Yes       No         Sister       Yes         No       No         No       No         Sister       Yes         No       No         No       No         Sister       Yes         No       No         Sister       Sister <td< td=""><td>2.</td><td>Your Gender?</td><td></td><td>Female</td></td<>	2.	Your Gender?		Female
4. Are you living? At country side At country side Attending a college Attending a high school Attending a university Employed Unemployed Unemployed Father Yes No Mother Yes No Brother Yes No Brother Yes No Sister Yes No Sister Yes No Sister Yes No Moderate Severe	3.	Your year of birth?		
At country side         At country side         Attending a college         Attending a high school         5.       Are you?         Employed         Unemployed         Ves         No         Mother         Yes         No         Brother         Yes         No         Brother         Yes         No         Sister         Yes         No         Sister         Yes         No         Moderate         Severity of your truncal acne?	1	Are you living?		In an urban/suburban area
5. Are you? 5. Ar	т.			At country side
5. Are you?       Attending a university         Employed       Employed         Unemployed       Father         Father       Yes         No       Mother         Yes       No         6. Was there any acne history in your family (several answers possible)?       No         Brother       Yes         Sister       Yes         Yes       No         Brother       Yes         No       No         Brother       Yes         No       No         Brother       Yes         No       No         Sister       Yes         No       No         Sister       Yes         No       No         Sister       Yes         No       No         Sister       Yes         No       No         Stater       Yes         No       No         Sister       Yes         No       No         Stater       Yes         No       No         Stater       Yes         No       Yes         No       Yes				Attending a college
EmployedImage: Description of source of so				Attending a high school
Image: construct of the severity of your truncal acne?FatherFatherYesNoNoYesNoNoYesSteterYesYesNoSisterYesYesNoYesNoMotherYesMotherYesMotherYesModerateNoSisterYesModerateNoSevereSevere	5.	Are you?		Attending a university
FatherFatherYesNoMotherYesYesSeverity of your truncal acne?FatherYesNoNoYesNoYesNoSisterYesNoNoSevereNoSevere				Employed
<ul> <li>Yes</li> <li>No</li> <li>Mother</li> <li>Yes</li> <li>Yes</li> <li>No</li> <li>Storther</li> <li>Yes</li> <li>No</li> <li>Storther</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>Moderate</li> <li>Severe</li> </ul>				Unemployed
6. Was there any acne history in your family (several answers possible)? 6. Was there any acne history in your family (several answers possible)? Hore Hore Hore Hore Hore Hore Hore Hore			Father	
6. Was there any acne history in your family (several answers possible)? 4. Ves Brother 4. Ves 4. Ves 4. Ves 5. Ves 5. Ves 4.				Yes
6. Was there any acne history in your family (several answers possible)?				No
6. Was there any acne history in your family (several answers possible)? Brother Yes No Sister Yes No 7. How do you consider the severity of your truncal acne? En Severe			Mother	
your family (several answers possible)? Brother Yes No Sister Yes No 7. How do you consider the severity of your truncal acne? Brother				Yes
Yes No Sister Yes No No 7. How do you consider the severity of your truncal acne? Yes No Mild Moderate Severe	6.	Was there any acne history in		No
No Sister Yes No No 7. How do you consider the severity of your truncal acne? No Severe	your fam	ily (several answers possible)?	Brother	
Sister Yes No 7. How do you consider the severity of your truncal acne? Sister				Yes
Yes No 7. How do you consider the severity of your truncal acne? Severe				No
No       7.     How do you consider the severity of your truncal acne?   Mild Severe			Sister	
7.     How do you consider the severity of your truncal acne?     Mild				Yes
7.How do you consider the severity of your truncal acne?Moderate Severe				No
severity of your truncal acne? Severe				Mild
	7.	How do you consider the		Moderate
Very severe	severity of your truncal acne?			Severe
				Very severe

	Yes, in the past		
8. Do you have acne on your face?	Yes, currently		
	No, never		
	Mild		
9. If you have acne on your face,	Moderate		
how do you consider its severity?	Severe		
now do you consider its sevenity?			
	Very severe		
	General practioner		
	Dermatologist		
10. Where do you seek for	Pharmacist		
information to treat your truncal acne (several	Family member		
answers possible)?	Social network		
	Internet		
	Not informed		
	High-sugar nutrition		
	High-fat nutrition		
	Dairy products		
	Cannabis consumption		
	Anxiolytics/antidepressants		
11	Alcohol		
11. What, in your opinion causes	Tobacco		
your truncal acne?	Cosmetic products/skin care products		
	(including essential oils)		
	Whey proteins		
	Lack of sleep		
	Stress		
	Do not know		
	Menstruation		
12. If you are a female, do you	Contraceptive pill		
believe that your truncal acne worsens by	Implant		
(several responses possible)?	Do not know		

13.	My parents agree to pay for the	Yes			
treatment of my truncal acne?		No			
14.	Do you think every day of	Yes			
truncal acne?		No			
15.	How often do you think of your	Sometimes			
truncal acne		Often			
		All the time			
	How does your truncal acne ur quality of life?	No impact			
16		Small impact			
16.		Moderate impact			
impuets you		Heavy impact			
		Very heavy impact			

Due to your truncal acne,		Very often	Often	Someti	Rarely	Never	Not applicab
1. You feel embarrassed in your	Always						
sexual relationship?							
2. You feel embarrassed during							
sports, at the beach or swimming pool?							
3. You choose your clothes (T-							
shirts etc)?							
4. Your friends make							
comments?							
5. You feel angry?							
6. You feel discouraged?							
7. You feel uncomfortable?							
8. You feel a loss of confidence							
9. You are worried about your							
future?							
10. You avoid to be taken on							
photos?							