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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

1.	Do you have acne on your trunk (chest, back, both)?	<input type="checkbox"/>	Yes, please continue the questionnaire
		<input type="checkbox"/>	No, you may stop the questionnaire
2.	Your Gender?	<input type="checkbox"/>	Male
		<input type="checkbox"/>	Female
3.	Your year of birth?		
4.	Are you living?	<input type="checkbox"/>	In an urban/suburban area
		<input type="checkbox"/>	At country side
5.	Are you?	<input type="checkbox"/>	Attending a college
		<input type="checkbox"/>	Attending a high school
		<input type="checkbox"/>	Attending a university
		<input type="checkbox"/>	Employed
		<input type="checkbox"/>	Unemployed
6.	Was there any acne history in your family (several answers possible)?		Father
		<input type="checkbox"/>	Yes
		<input type="checkbox"/>	No
			Mother
		<input type="checkbox"/>	Yes
		<input type="checkbox"/>	No
			Brother
		<input type="checkbox"/>	Yes
		<input type="checkbox"/>	No
			Sister
		<input type="checkbox"/>	Yes
		<input type="checkbox"/>	No
7.	How do you consider the severity of your truncal acne?	<input type="checkbox"/>	Mild
		<input type="checkbox"/>	Moderate
		<input type="checkbox"/>	Severe
		<input type="checkbox"/>	Very severe

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

13. My parents agree to pay for the treatment of my truncal acne?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
14. Do you think every day of truncal acne?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
15. How often do you think of your truncal acne?	<input type="checkbox"/>	Sometimes
	<input type="checkbox"/>	Often
	<input type="checkbox"/>	All the time
16. How does your truncal acne impacts your quality of life?	<input type="checkbox"/>	No impact
	<input type="checkbox"/>	Small impact
	<input type="checkbox"/>	Moderate impact
	<input type="checkbox"/>	Heavy impact
	<input type="checkbox"/>	Very heavy impact

Due to your truncal acne,	Always	Very often	Often	Sometimes	Rarely	Never	Not applicable
1. You feel embarrassed in your 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?							