

GALDERMA

ACNE ASSESSMENT

Patient name: _____

Patient age: _____

Date of visit 1: _____

Date of visit 2: _____

Questions to complete during the patient's examination

BACKGROUND INFORMATION

At what age did the patient start experiencing acne?

How long has the patient experienced acne or the inflammation associated with acne?

Does the patient have a family history of acne and/or acne scarring?

☐ Acne. Please indicate who: _____

☐ Acne scarring. Please indicate who: _____

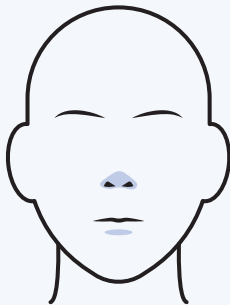
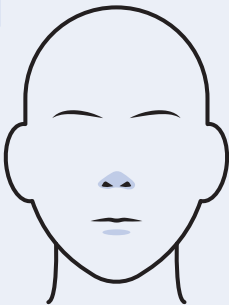
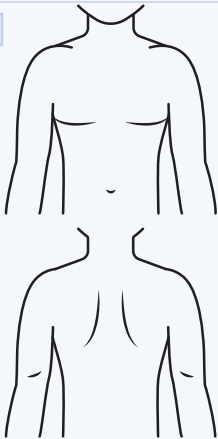
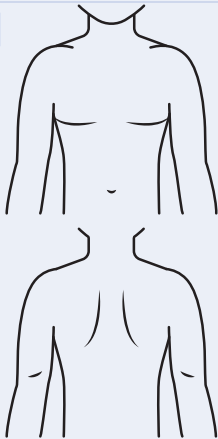
Does the patient manipulate their acne in any way (e.g., picking, squeezing, etc.)?

☐ Manipulates acne. Please indicate to what extent: _____

ACNE PRESENTATION

Where does the patient experience acne lesions?

Please use the diagrams below to circle or mark the areas where the patient experiences acne. Use Pen feature under COMMENT to indicate lesion location.

	Visit 1	Visit 2
Face	<input type="checkbox"/> 	<input type="checkbox"/> 
Trunk	<input type="checkbox"/> 	<input type="checkbox"/> 

ACNE PRESENTATION CONT.

What types of lesions does the patient present with?



	Lesion type	Visit 1		Visit 2	
		Present	#	Present	#
	Open comedones (blackheads)	<input type="checkbox"/>		<input type="checkbox"/>	
	Closed comedones (whiteheads)	<input type="checkbox"/>		<input type="checkbox"/>	
	Papules	<input type="checkbox"/>		<input type="checkbox"/>	
	Pustules	<input type="checkbox"/>		<input type="checkbox"/>	
	Nodules/cysts	<input type="checkbox"/>		<input type="checkbox"/>	

Images taken from Thiboutot DM, et al. (2018); Asai Y, et al. (2016); and Williams HC, et al. (2012).^{1,3}

What is the severity of the acne?

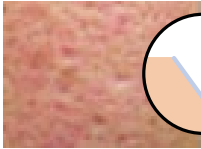




	Acne severity ^{1,3,4}	Visit 1	Visit 2
	Almost clear: A few dispersed comedones and one or more papules or pustules.	<input type="checkbox"/>	<input type="checkbox"/>
	Mild: Some comedones and a few papules and pustules.	<input type="checkbox"/>	<input type="checkbox"/>
	Moderate: Many comedones, with several inflammatory papules and pustules. Primarily superficial.	<input type="checkbox"/>	<input type="checkbox"/>

ACNE PRESENTATION CONT.

	Acne severity ^{1,3,4}	Visit 1	Visit 2
	Severe: Numerous comedones, with many deep, inflammatory papules and pustules, and no more than a few nodules.	<input type="checkbox"/>	<input type="checkbox"/>
	Very severe: Numerous deep, inflammatory papules, pustules, nodules, and cysts. Covers larger areas and leads to scarring.	<input type="checkbox"/>	<input type="checkbox"/>

Images taken from Thiboutot DM, et al. (2018); Asai Y, et al. (2016); and Williams HC, et al. (2012).¹⁻³

Does the patient present with scarring or hyperpigmentation?

	Scar type	Visit 1	Visit 2
Atrophic scarring			
	Ice pick scars	<input type="checkbox"/>	<input type="checkbox"/>
	Rolling scars	<input type="checkbox"/>	<input type="checkbox"/>
	Boxcar scars	<input type="checkbox"/>	<input type="checkbox"/>
Hypertrophic scarring			
	Keloid scarring	<input type="checkbox"/>	<input type="checkbox"/>
Other			
	Hyperpigmentation	<input type="checkbox"/>	<input type="checkbox"/>

Images taken from Hession MT, et al. (2015)⁵ and DermNet NZ (2021).⁶

Notes: _____

SIGNS AND SYMPTOMS OF ACNE

How does the patient describe their skin?

	Visit 1	Visit 2
Normal	<input type="checkbox"/>	<input type="checkbox"/>
Dry	<input type="checkbox"/>	<input type="checkbox"/>
Oily	<input type="checkbox"/>	<input type="checkbox"/>
Combination	<input type="checkbox"/>	<input type="checkbox"/>
Sensitive	<input type="checkbox"/>	<input type="checkbox"/>

How does acne make the patient's skin feel?

	Visit 1	Visit 2
Dry	<input type="checkbox"/>	<input type="checkbox"/>
Crusted	<input type="checkbox"/>	<input type="checkbox"/>
Oily	<input type="checkbox"/>	<input type="checkbox"/>
Painful	<input type="checkbox"/>	<input type="checkbox"/>
Tender/sore	<input type="checkbox"/>	<input type="checkbox"/>
Itchy	<input type="checkbox"/>	<input type="checkbox"/>
Hot	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

IMPACT OF ACNE

Visit 1	Visit 2
How has acne caused the patient to feel? <ul style="list-style-type: none"> <input type="checkbox"/> Frustrated <input type="checkbox"/> Embarrassed <input type="checkbox"/> Upset <input type="checkbox"/> Depressed <input type="checkbox"/> Anxious <input type="checkbox"/> Other: _____ 	Has the way acne made the patient feel changed since their last visit?
How has acne impacted the patient's daily life? <ul style="list-style-type: none"> <input type="checkbox"/> Participation in social activities <input type="checkbox"/> Ability to meet new people <input type="checkbox"/> Relationships with others <input type="checkbox"/> Ability to wear certain types of clothing (e.g., swimsuits, tank tops, etc.) <input type="checkbox"/> Other: _____ 	Has the way acne impacted the patient's daily life changed since their last visit?

TREATMENT HISTORY

What is the patient's current skincare regimen?

Skincare product	Product name and frequency of use
<input type="checkbox"/> Sunscreen	
<input type="checkbox"/> Cleanser	
<input type="checkbox"/> Moisturizer	
<input type="checkbox"/> Cosmetics	
<input type="checkbox"/> Over-the-counter acne treatments	
<input type="checkbox"/> Other: _____	

Has the patient tried prescription treatments for acne in the past?

Acne prescription	Prescription name, duration of use, and response
<input type="checkbox"/> Topical antibiotics	
<input type="checkbox"/> Oral antibiotics	
<input type="checkbox"/> Topical retinoids	
<input type="checkbox"/> Topical fixed-dose combinations	
<input type="checkbox"/> Oral retinoids	
<input type="checkbox"/> Benzoyl peroxide	
<input type="checkbox"/> Anti-inflammatory therapies (e.g., azelaic acid, salicylic acid, etc.)	
<input type="checkbox"/> Hormonal therapies	
<input type="checkbox"/> Other: _____	

TREATMENT PLAN AND NEXT STEPS

What is your prescribed treatment regimen for the patient?

Visit 1				
	Duration of use	Dosing frequency	Treatment area	Additional notes
Prescribed product(s)				
		<input type="checkbox"/> Daily <input type="checkbox"/> Every other day <input type="checkbox"/> Twice a week <input type="checkbox"/> Thrice a week <input type="checkbox"/> Other: _____	<input type="checkbox"/> Face <input type="checkbox"/> Trunk	
		<input type="checkbox"/> Daily <input type="checkbox"/> Every other day <input type="checkbox"/> Twice a week <input type="checkbox"/> Thrice a week <input type="checkbox"/> Other: _____	<input type="checkbox"/> Face <input type="checkbox"/> Trunk	
Recommended cleanser				
		<input type="checkbox"/> Daily AM and PM <input type="checkbox"/> Other: _____	<input type="checkbox"/> Face <input type="checkbox"/> Trunk	
Recommended moisturizer				
		<input type="checkbox"/> Daily AM and PM <input type="checkbox"/> Other: _____	<input type="checkbox"/> Face <input type="checkbox"/> Trunk	
Recommended sunscreen				
		<input type="checkbox"/> Daily AM <input type="checkbox"/> Other: _____	<input type="checkbox"/> Face <input type="checkbox"/> Trunk	
Follow-up date:				

Counselling tips:

- ☐ **Avoid combining treatment with over-the-counter acne products.** This will also help to minimize any irritation.
- ☐ **Treat the entire area affected by acne when using a topical medication.** Do not spot treat.

- ☐ **Do not pop, pick, or squeeze acne.** This can discolour and scar the skin, as well as cause the bacteria to spread, leading to more acne.
- ☐ **Keep using the acne treatment as prescribed, even if the acne has started to improve.** This will help prevent new acne from forming.

TREATMENT PLAN AND NEXT STEPS CONT.

Visit 2

Has the patient followed the prescribed treatment regimen?

- ☐ Yes.
☐ No. Why? _____

Has the patient noticed an improvement due to the prescribed product(s)?

Has the patient experienced any challenges, irritation, or side effects from treatment?

- ☐ Yes. Please use the section below to outline any recommendations provided to mitigate these effects.
☐ No.

Recommendations to mitigate effects:

- ☐ Increase the frequency of moisturizer application
☐ Decrease the frequency of prescription product application/use
☐ Decrease the amount of prescription product applied
☐ Wash the prescription product off a few hours after application
☐ Other: _____

Is the patient continuing with the same regimen from visit 1?

- ☐ Yes. How long will the patient continue this regimen? _____
☐ No. Please use the section below to outline the new regimen.

New treatment regimen:

	Duration of use	Dosing frequency	Treatment area	Additional notes
Prescribed product(s)				
		<input type="checkbox"/> Daily <input type="checkbox"/> Every other day <input type="checkbox"/> Twice a week <input type="checkbox"/> Thrice a week <input type="checkbox"/> Other: _____	<input type="checkbox"/> Face <input type="checkbox"/> Trunk	
		<input type="checkbox"/> Daily <input type="checkbox"/> Every other day <input type="checkbox"/> Twice a week <input type="checkbox"/> Thrice a week <input type="checkbox"/> Other: _____	<input type="checkbox"/> Face <input type="checkbox"/> Trunk	
Referral to dermatologist recommended	<input type="checkbox"/> Yes <input type="checkbox"/> No	Referral name:	Referral date:	

Additional notes: _____

References:

1. Thiboutot DM, et al. Practical management of acne for clinicians: An international consensus from the Global Alliance to Improve Outcomes in Acne. *J Am Acad Dermatol*. 2018;78(2 Suppl 1):S1-S23.e21. 2. Williams HC, et al. Acne vulgaris. *Lancet*. 2012;379(9813):361-372. 3. Asai Y, et al. Management of acne: Canadian clinical practice guideline. *Canadian Medical Association Journal*. 2016;188(2):118-126. 4. Tan JK, et al. Development and validation of a comprehensive acne severity scale. *J Cutan Med Surg*. 2007;11(6):211-216. 5. Hession MT, et al. Atrophic acne scarring: A review of treatment options. *J Clin Aesthet Dermatol*. 2015;8(1):50-58. 6. DermNet NZ. Images. 2021. Available at: <https://dermnetnz.org/image-library/>