BRITISH ASSOCIATION OF DERMATOLOGISTS
HEALTHY SKIN FOR ALL

ISOTRETINOIN FOR ACNE - SIDE EFFECTS QUESTIONNAIRE

Adapted with kind permission from King's College Hospital NHS Foundation Trust

Please complete the questionnaire to help us check for any possible side effects of the isotretinoin you are taking. Please give as much detail as possible. The questionnaire will be kept securely as part of your medical records.

SINCE YOUR LAST APPOINTMENT, HAVE YOU EXPERIENCED ANY OF THE FOLLOWING?	YES	NO	IF YES, PLEASE PROVIDE FURTHER DETAILS, INCLUDING THE SEVERITY
Flaring or worsening of acne	☐	☐	
Dry lips/skin/eyes/genital areas/nose, or nosebleeds	☐	☐	
Sensitivity to the sun or sunburn	☐	☐	
Aches and pains in muscles/joints	☐	☐	
Anxiety, depression, irritability, fatigue, poor concentration, suicidal thoughts or other mental health problems *(You may be asked to complete mental health questionnaires such as PHQ-9, PHQ-A, GAD-2 or GAD-7)*	☐	☐	
Have you experienced any problems with sexual function?	☐	☐	
Headaches	☐	☐	
Vision concerns/reduced night vision	☐	☐	
Hair thinning	☐	☐	
Nausea/diarrhoea/blood in your stool (poo)	☐	☐	
Any other possible side effects	☐	☐	
Have you started any new medications?	☐	☐	