**Material and Methods**

*Study Population*

A polling institute (HC Conseil, Paris, France) conducted an online survey within Metropolitan France between April and August 2017; the survey included 5,000 men and women (aged 15 years and older). This representative sample of the general population was selected using a stratified random sampling method from a database of over 1 million Internet users who have agreed to participate in panel surveys. Fixed quotas of individuals fulfilling predefined socio-demographic criteria were recruited. Drawing on national population data, these quotas were based on the following factors: gender, age, socio-professional status, and regional distribution (among 9 regions), thereby ensuring an accurate representation of the French population.

*Survey*

The survey included questions about socio-demographic data (gender, age, occupation/social class, area of residence), behavioural questions (tobacco use and tattoos), pre-existing skin conditions (acne, contact eczema, atopic eczema, rosacea, psoriasis, vitiligo), and BP (anatomic location, age at first BP, hesitation before BP, regrets after BP, motivations for getting BP, and self-report of cutaneous side effects after BP). Ear lobe piercings were not included in this study. Here, “intimate” piercings included nipple and genital piercings.

*Quality of life*

Quality of life (QoL) was evaluated using a self-reported questionnaire, the 12-Item Short Form Health Survey (SF-12®) [11], which is a multipurpose short form survey with 12 questions, all selected from the SF-36 Health Survey. The questions are combined, scored, and weighted to create two scales that provide glimpses into mental and physical functioning and overall health-related QoL. It provides a generic measure, regardless of any specific age or disease group. It has been developed to provide a shorter but valid alternative to the SF-36, which many health researchers consider to be too long to administer to studies with large samples. The SF-12 is weighted and summed to provide easily interpretable scales for physical and mental health. The physical and mental health composite scores are computed using the scores of 12 questions and range from 0 to 100, where a zero score indicates the lowest level of health measured by the scales, and 100 indicates the highest level of health [11].

*Statistical Analysis*

In this descriptive study, the characteristics of subjects reporting BPs were compared to those of subjects without BPs. Quantitative variables were expressed as means and standard deviations. Qualitative variables were expressed as frequencies and percentages. Between-group comparisons were performed using the Wilcoxon test in the case of quantitative variables; for categorical variables, intergroup comparisons were performed with the χ2 test. The level of significance was set at 5%. Data were analysed using SPSS Statistics 22 (IBM). Multivariate analyses with linear regression were performed to establish possible associations between lower QoL scores and age, gender, tobacco use, any skin disease, and the presence of tattoos or BPs.