**Materials and Methods**

*Study Objective*

This retrospective study was formally approved by the ethics committee of the Tianjin Medical University General Hospital. The data of herpes zoster (HZ) patients admitted to the Department of Dermatology from January 2017 to December 2017 were collected. Subjects were required to meet the following inclusion criteria: (i) diagnosis of HZ for both men and women, (ii) over 14 years of age, (iii) complete major medical records which include general data (gender and age) and clinical data (length of stay, pathogenesis, initial symptoms and first diagnosis, involved nerves, clinical classifications, pain grading, outcome), and (iv) follow-up of 3 months after discharge.

*Definition of Postherpetic Neuralgia*

The basic definition of postherpetic neuralgia (PHN) used in this study is pain persisting for more than 3 months after a diagnosis of HZ. Pain was defined as including spontaneous pain, hyperalgesia, and paresthesia.

*Potential Risk Factors for PHN Involved in This Study*

Potential factors leading to PHN were collected and summarized as follows: gender, age, involved nerves, side of the body on which HZ occurred, clinical classification of HZ, degree of pain, initial symptoms, glucocorticoid use, and interval from onset to antiviral therapy. Verbal rating scales were used to quantify the pain degree of HZ patients: (i) grade 1 = completely painless, (ii) grade 2 = mild pain, tolerable, undisturbed daily life and sleep, (iii) grade 3 = moderate pain, obviously intolerable, undisturbed daily life but can affect sleep, requires the use of analgesics, and (iv) grade 4 = severe pain, intolerable, severely disturbed daily life and sleep, can be accompanied by autonomic nerve disorder or passive posture, must use analgesics [15]. Clinical classifications of HZ include general clinical classifications and special clinical classifications. General clinical classifications are divided into vulgaris type, forme fruste, hemorrhagic type, bullous type, and disseminated type according to the type of skin lesion. The last four of these lesion types are more serious. Special clinical classifications are divided into trigeminal nerve zoster, herpes zoster oticus, motor paralysis, and visceral zoster according to the site of the skin lesion and the involved nerve.

*Data Analysis*

All clinical data were statistically analyzed using IBM SPSS v23.0 statistical software (IBM Corporation, USA), and the measurement data were represented by mean ± standard deviation. According to the occurrence of PHN, the patients were divided into a PHN group and a non-PHN group. The comparison of mean values between different groups was performed using ANOVA, and the χ2 test or Fisher's exact probability method was used to compare the rates between counting data sets. The rank-sum test was used to compare the rates among the rank data sets and Spearman’s rank correlation coefficient was adopted for correlation analysis. The Bonferroni method was used to correct the significance level before pairwise comparison with the χ2 test in the same data set. Finally, logistic regression was used to analyze the influencing factors. A *p* value of <0.05 was considered statistically significant for all analysis methods.