**Patients and Methods**

*Patients and Design*

We conducted a cross-sectional study by means of a crowd-sourced online questionnaire. Participants were recruited from March 1 to April 1, 2018. The Spanish hidradenitis suppurativa patients’ association (ASENDHI) spread the questionnaire and invited people with hidradenitis suppurativa (HS) to participate in the study [3].

Selection criterion was self-referred diagnosis of HS. Participants were aware of the questionnaire anonymity and of the use of their data for research purposes. The study was approved by the Hospital Universitario San Cecilio ethics committee and is in accordance with the Helsinki Declaration.

*Questionnaire*

The questionnaire was developed with Google Forms® suite. Sociodemographic data, biometric parameters, use of medication for other comorbidities and several characteristics of the disease, such as age of onset, time under medical attention or affected areas, were collected. Disease severity was assessed by patients’ self-reported Hurley stage, since patients with HS are capable of self-assessing their Hurley stage with a good correlation with physician assessment [25].

Disease activity was assessed by patients’ global assessment, including 5 categories (inactive, very low, low, mild and severe) [26], and intensity of symptoms by numeric rating scales [27]. These scales show the subjective impact of the disease on patients, with equal or greater importance than objective scales.

Sexual dysfunction (SD) was evaluated using two tools: (1) the Female Sexual Function Index-6 (FSFI-6), a validated questionnaire that explores the 6 domains of female sexual function (desire, excitation, lubrication, orgasm, global satisfaction and pain), each one with a single question; a score of 19 or less indicates SD with 96.1% of sensitivity and 90.9% of specificity; (2) the International Index of Erectile Function-5 (IIEF-5), a validated questionnaire with 5 questions about erectile function (ED); a score of 21 or less indicates ED with 98% of sensitivity and 88% of specificity.

*Statistical Analysis*

Statistical analyses were performed using the IBM software Statistical Package for Social Sciences version 23.0 (SPSS Inc., Chicago, IL, USA). Descriptive statistics were used to explore the characteristics of the sample. Continuous variables were expressed as means and standard deviation. For qualitative variables, absolute and relative frequencies were estimated.

The main outcome of interest, SD, was binary codified as either SD (FSFI-6 ≤19 for women and IIEF-5 ≤21 for men) or no SD (FSFI-6 >19 for women and IIEF-5 >21 for men). To explore factors associated with SD, logistic regression was used for continuous variables, and the χ2 test or, when necessary, the Fisher exact test were used for qualitative variables. Statistical significance was considered if *p* values were less than 0.05.