**Methods**

This was a cross-sectional survey study with data entered by people with HS using online surveys. Data were collected from March 20 to June 8, 2018. Data were collected and managed using Research Electronic Data Capture (REDCap) tools hosted at Penn State College of Medicine [8]. This study received IRB approval at Penn State Hershey Medical Center.

*Participants*

Participants were recruited from multiple sources, including ResearchMatch, Facebook groups, sub-Reddit groups, and the Penn State Department of Dermatology. ResearchMatch is an online portal supported by Vanderbilt University and allows researchers to invite people with particular medical conditions to participate in studies. All participants, regardless of recruitment method, were eligible if they could (1) read in English, (2) were 18 years of age or older, and (3) had HS based on two screening questions [9]. The 2-question screening for HS had a reported sensitivity of 90% and specificity of 97% [9].

*Survey Instrument*

Twelve demographic questions were included to characterize the sample. To support the validity of items about dietary alteration, survey development began with a review of 9 online HS community discussions about foods that were decreased or eliminated from intake. Specific foods and food groups were recorded, then survey questions were developed based on the data. Ten foods, substances, or food groups (including tobacco smoking and alcohol) were included in the survey. Participants were asked if the item’s intake was decreased, excluded, or unchanged. Participants self-reported consumption frequency before and after the dietary alteration ranging from never to >6 times per day. Participants also self-reported any associated change in their HS on a 7-point Likert scale from much better to much worse with an option for no change. The survey was piloted prior to dissemination.

*Statistical Analysis*

The most complete and recent survey (if taken more than once) was taken as the respondent’s final response. Descriptive statistics were performed on demographic variables. Means and standard deviations were calculated for continuous variables, and frequencies and percentages were calculated for ordinal variables. Frequencies were calculated for each food that changed. Logistic regression models were used to determine which food changes correlated with reported HS improvement (improved vs. no change/worse). Correlation matrices were constructed to identify patterns in the reduction/elimination of various food items. Statistical analysis was conducted using SAS version 9.4.