Vitiligo is a chronic autoimmune disease characterized by the destruction of melanocytes, resulting in white or pale patches of skin. Rates of moderate to severe depressive symptoms were significantly higher in patients with darker skin types (ie, Fitzpatrick skin phototypes IV–VI) compared with those of phototypes I–III. The daily life activities of patients were affected by their vitiligo, with significantly higher rates of hiding vitiligo (43.2% vs 38.3% in patients with vitiligo; OPA 51.1%, palmar hidrosis 56.8%, or arthropathy 57.8%), shaving levels with others (44.3% vs 46.5%), and bathing with others (44.3% vs 46.5%). Anxiety and depression have been reported in up to 67.9% and 62.3% of patients, respectively. More patients reported Fitzpatrick skin phototypes I–III (fairer skin types, 59.2%) than IV–VI (darker skin types, 38.1%) because of their vitiligo (P <0.05 vs United Kingdom, Spain, Italy, and Japan; <0.05 vs Japan). "I dip into my savings to treat my vitiligo," "I dread first meetings because of my vitiligo," "I think I'd be farther along in my career if I did not have vitiligo," and "I worry about my job prospects because of my vitiligo" were significantly more frequent among patients with phototypes IV–VI than among those with phototypes I–III (P <0.05 vs United Kingdom, Spain, Italy, Canada, Japan, and China; <0.05 vs Japan). More than half of the patients (54.6%) were male, agreeing that "no one understands what it's like to live with vitiligo;" 43.8% believed they would be farther along in their careers if they did not have vitiligo; and 44.3% reported telling themselves that "life would be very different without vitiligo." Patients with darker skin types (ie, Fitzpatrick skin phototypes IV–VI) were more likely to report negative statements related to their vitiligo, such as "I think I'm less than I could be because of my vitiligo," "I feel I'm not as attractive because of my vitiligo," and "I think that people are less interested in me because of my vitiligo" (P <0.05 vs United Kingdom, Spain, Italy, China, and Japan; <0.05 vs Japan). Table 1 provides a summary of responses including demographics, confirming personal vitiligo, and providing consent before completing the 26-item survey. Patients were recruited using a general population sampling approach. More than half of the patients (54.6%) were male. The majority of patients (46.6%) agreed that "no one understands what it's like to live with vitiligo;" 43.8% believed they would be farther along in their careers if they did not have vitiligo; and 44.3% reported telling themselves that "life would be very different without vitiligo." Patients with darker skin types (ie, Fitzpatrick skin phototypes IV–VI) were more likely to report negative statements related to their vitiligo, such as "I think I’m less than I could be because of my vitiligo," "I feel I’m not as attractive because of my vitiligo," and "I think that people are less interested in me because of my vitiligo" (P <0.05 vs United Kingdom, Spain, Italy, China, and Japan; <0.05 vs Japan). The extent of vitiligo was assessed using the validated Self Assessment Vitiligo Impact Patient scale (VIPs, Vitiligo Impact Patient scale). The score was calculated as validated with some attributes only applying to fairer or darker skin types.