Hidradenitis Suppurativa Questionnaire

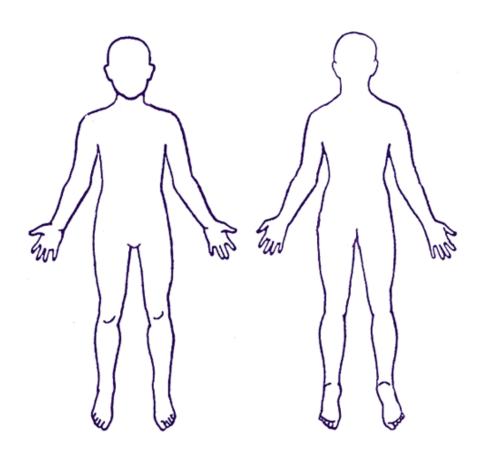
How long have	you had HS / recurrent nod	lules?		Age it began?
What flares yo	ur HS?			
	ly history of HS? 🗆 Yes 🗆 I			
		•		nt and P for past treatment): amcinolone, other
─────☐ Hormone th	erapy: Spironolactone, birth	n control pills		
□ Antiobiotic P	ills (circle): Doxycycline, Mir	nocycline, other - $_$		
□ Diabetes me	dications: Ozempic/GLP-1's	, Metformin, other		
□ Biologic inje	ctions (circle): Humira, Cose	ntyx, Bimzelx, othe	r	
□ Surgery for H	S or drainage of lesions			
Other Current	Medications:			
Do you smoke? Stress Level: r Cause Sleep: hours p Is your Exercise: Do you have an Acne Women Only: Any current IU	Weight Weight Weight Pres	ever smoked? 7 8 9 10 ions per night: e (i.e. 10 pm to 7 ammes per week: mes per week: betes	unbearable n every day)? _ dur dur dur etes □ Insul	ration each time: ration each time: ration each time: lin resistance
Do you have u	nwanted facial hair?			
	e: regular irregular			
Does your HS f	lare depending on your cycl	e?	-	
	nks per week: Sodas pholic beverages per week:		Other sweet	tened drinks
Current diet:	☐ Typical American Diet	□ Primarily F	ast Food	□ Low Fat Diet
	□ Low Carb / Keto Diet□ Other:	□ Vegetarian	/ Vegan	□ Mediterranean Diet

Typical Meals	(Please list	ALL food	consumed	and PLEA	ASE be honest)
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Breakfast:											
Lunch:											
Dinner:											
Snacks:											
How much does HS affect you emotionally?	Not bothered	1 2	3	4	5	6	7	8	9	10	unbearable
How frustrated are you with your HS experier	nce? Not bother	ed 1	. 2	3	4	5	6	7	8	9	10 unbearable
How much does HS affect your daily activities	? Not bothere	d 1	2	3	4	5	6	7	8	9	10 unbearable

Today, your HS is: □ calmed down □ better than usual □ same as usual □ worse than usual □ out of control

Please mark all the areas where you currently have HS or recurrent boils:



Patient name	Signature	Date	
	8	= 3.15	