Hidradenitis Suppurativa Questionnaire

How long have you had HS / recurrent nodules? _____ Age it began? _____

What flares your HS? _____

Is there a family history of HS? □ Yes □ No

Prior / Current Treatments (please write out specific names; put C for current and P for past treatment):

□ Topical medications (circle): clindamycin, mupirocin, benzoyl peroxide, triamcinolone, other -_____

_____

□ Hormone therapy: Spironolactone, birth control pills - _____

□ Antiobiotic Pills (circle): Doxycycline, Minocycline, other - _____

_____

□ Diabetes medications: Ozempic/GLP-1's, Metformin, other - _____

□ Biologic injections (circle): Humira, Cosentyx, Bimzelx, other - _____

□ Surgery for HS or drainage of lesions _____

□ Natural Supplements or OTC treatments - _____

_____

Other Current Medications: _____

_____

_____

Current Health:

Height _____ Weight _____

Do you smoke? □ Yes □ No Have you ever smoked? □ Yes □ No Are you around smokers? □ Yes □ No

Stress Level: none 1 2 3 4 5 6 7 8 9 10 unbearable

Cause of stress_____

Sleep: hours per night:_____ Interruptions per night: _____

Is your sleep on a regular schedule (i.e. 10 pm to 7 am every day)? _____

Exercise: Strength training times per week: _____ duration each time: _____

Flexibility times per week: _____ duration each time: _____

Cardiovascular times per week: _____ duration each time: _____

Do you have any of the following? □ Diabetes □ Prediabetes □ Insulin resistance □ PCOS

□ Acne □ Heart disease □ Depression or history of depression □ Needle phobia

Women Only:

Any current IUD's or other contraception (brand)? _____

Do you have unwanted facial hair? _____

Menstrual cycle: regular irregular absent, due to _____

Does your HS flare depending on your cycle? _____

Number of drinks per week: _____ Sodas _____ Juice _____Other sweetened drinks

Number of alcoholic beverages per week: _____

Current diet: □ Typical American Diet □ Primarily Fast Food □ Low Fat Diet

□ Low Carb / Keto Diet □ Vegetarian / Vegan □ Mediterranean Diet

□ Other: _____

Typical Meals (Please list ALL food consumed and PLEASE be honest):

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

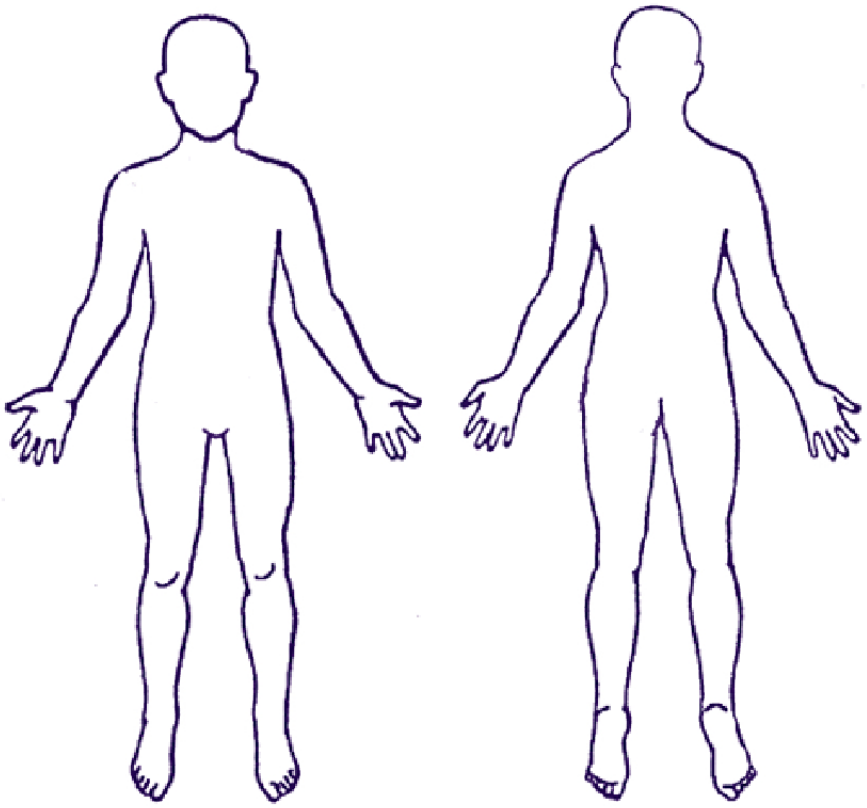
How much does HS affect you emotionally? Not bothered 1 2 3 4 5 6 7 8 9 10 unbearable

How frustrated are you with your HS experience? Not bothered 1 2 3 4 5 6 7 8 9 10 unbearable

How much does HS affect your daily activities? Not bothered 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 _____