

Practice Label Here

Hyperhidrosis History Questionnaire

YOUR NAME: _____

REFERRING HEALTHCARE PROVIDER (if applicable): _____

Think about your sweating that is NOT associated with exercise, stress or heat and please complete this questionnaire. Your responses will give you and your healthcare team a starting point as you work together to develop an appropriate, individualized sweat-management plan.

1.) How old were you when your sweating first started to feel excessive, unduly burdensome and/or uncontrollable?

2.) In what area(s) of your body do you experience excessive sweating? Check all that apply.

	Left	Right
Underarms		
Hands/Palms		
Feet/Soles		
Face/Head		
Groin		
Under Breasts		
Other:		
Other:		

3.) When do you mostly experience this?

- When awake When asleep

4.) How long have you had excessive sweating symptoms? _____ years _____ months

5.) How often do you experience sweating episodes?

- Daily Weekly Monthly

6.) Do any family members also experience this?

- Yes No Don't know/Not sure

7.) Does your sweating in any way influence your decisions or get in the way of your life?

- Yes No

7a.) If Yes, please share an example with us* _____

7b.) If we were able to help you manage your sweating successfully, how would that impact your life or daily living?*

**Use the back of this sheet if more space is needed.*

8.) What, if anything, have you tried using to manage or treat your sweating? Include over-the-counter products, prescriptions, devices, procedures, supplements, hygiene products, natural therapies, etc.

General Description

Name or Brand, if known

Regimen

Are you currently using this? Yes No

Approximate start and end dates

How satisfied are/were you?

Not at all satisfied			Neither satisfied nor dissatisfied				Extremely satisfied			
0	1	2	3	4	5	6	7	8	9	10

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9.) Anything else you'd like to share? _____

We are proudly registered with the International Hyperhidrosis Society, the leading global, independent nonprofit organization dedicated to hyperhidrosis research, education, care, and awareness. Visit their website SweatHelp.org for comprehensive information, education and resources. Specifically, we suggest you review the page "Preparing for Your Appointment" to further empower you to collaborate in your care (SweatHelp.org/Prepare).