Florida Center for Pediatric Dermatology
FLORIDA HOSPITAL MEDICAL GROUP

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ACNE PATIENT QUESTIONNAIRE

Patient name: _____

Date: _____

1. a. **How long have you had acne?** _____
   b. Location of acne: ☐ Face ☐ Back ☐ Chest ☐ Other _____
   c. *Females Only:* Do you have regular monthly periods?
      ☐ Yes ☐ No
   d. Do you break out worse during or around your period?
      ☐ Yes ☐ No
   e. If Yes, circle how bad your breakouts around your periods are:
      ☐ mild ☐ moderate ☐ severe
   f. Are you on any form of birth control right now? ☐ No ☐ Yes - indicate which one below:
      ☐ Birth control pills ☐ IUD ☐ Nuvaring ☐ Other _____

2. **What non-prescription, over-the-counter products are you using now for your acne?** This includes cleansers and moisturizers.
   Example: Benzoyl peroxide face wash/cream/gel, Proactive, Salicylic acid product, etc.
   _____
   _____

3. **What prescription products have you used now and in the past? Did they work? Did you have any side effects like dry skin or allergic reactions? Please provide details below.**
   ☐ Differin, Adapalene, Epiduo
   ☐ Clindamycin lotion/cream/solution/scrub
   ☐ Retina, tretinoin, Retina micro, Atralin, Ziana
   ☐ Tazorac
   ☐ Duac, Benzaclin, Acanya
   ☐ Doxycycline, minocycline
   ☐ Spironolactone
   ☐ Birth control pills
   ☐ Isotretinoin, Accutane (if so, when? _____)
   ☐ Other _____

4. **Check the skin type you have:**
   ☐ Very oily ☐ Oily ☐ Normal ☐ Dry
   ☐ Very dry ☐ Sensitive ☐ Combination
   If sensitive, what is your skin sensitive to? _____

5. **On a scale of 1-10, how would you rate the amount of stress your acne causes you (10 being extremely stressful)?**
   ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

6. **Are there any particular acne treatments that you are interested in discussing today?**
   ☐ Topical treatments ☐ Accutane/Isotretinoin ☐ Antibiotics
   ☐ Scar treatment/lightening ☐ Hormonal Treatments ☐ Other

7. **Please check any of the following acne related concerns you would like to discuss today:**
   ☐ Acne scars ☐ Discoloration ☐ Painful acne cysts ☐ Oily Skin ☐ Blackheads

8. **I will need to achieve a minimum _____ % improvement to consider any acne treatment a success.**
   ☐ 30% ☐ 40% ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90% ☐ 100%

9. **Anyone in the family with acne?** _____