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? Dries skin or allergic reactions? Please provide details below.
   □ Differin, Adapalene, Epiduo □ Doxycycline, minocycline
   □ Clindamycin lotion/cream/solution/scrub □ Spironolactone
   □ Retina, tretinoin, Retina micro, Atralin, Ziana □ Birth control pills
   □ Tazorac □ Isotretinoin, Accutane (if so, when? ___________)
   □ Duac, Benzaclin, Acanya □ 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 ex-
   tremely 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? ____________________________