



AK Care
375 Howden Blvd. Unit 2
Brampton, ON L6S 4L6

info@ak.care
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Questionnaire

Quality of life disturbances due to hyperhidrosis

1. General remarks

Family name _____ First Name _____
Date of birth _____
Mailing address _____
Telephone No. _____ E-mail _____
Occupation _____ Sex M / F
Height(cm) _____ Weight(kg) _____
Chronic conditions _____ Allergies _____
Medications _____

2. Duration

2.1. Since when do you have over sweating? _____
2.2. Since when are you disturbed from over sweating? _____

3. Grade the amount of perspiration in the following parts of the body (please answer all sites)

	(Right)				(Left)			
a. Hands	1	2	3	4	1	2	3	4
b. Armpits (underarms)	1	2	3	4	1	2	3	4
c. Face / head	1	2	3	4	1	2	3	4
d. Scalp	1	2	3	4				
e. Chest	1	2	3	4	1	2	3	4
f. Back	1	2	3	4	1	2	3	4



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h. Buttocks	1	2	3	4	1	2	3	4
i. Thighs	1	2	3	4	1	2	3	4
j. Legs	1	2	3	4	1	2	3	4
k. Feet	1	2	3	4	1	2	3	4

4. What treatment have you received in the past? Grade the effect you had from each of them.

Drysol (Aluminum Chloride)	Yes / No	1	2	3	4
Iontophoresis	Yes / No	1	2	3	4
Injection nerve blocks	Yes / No	1	2	3	4
Botulinum toxin injection	Yes / No	1	2	3	4
Other _____	Yes / No	1	2	3	4

Give any further verbal information about these treatments. If they were effective, for how long were they effective?

Name: _____ Signature & Date: _____