



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

[info@ak.care](mailto:info@ak.care)  
 647 622 7325

## 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?

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Name: \_\_\_\_\_ Signature & Date: \_\_\_\_\_