

DOCTOR CONVERSATION STARTER

Get help navigating your skin condition by answering a few of these questions. Talking about your symptoms—and the impact they’re having on your life—with a dermatologist who has experience diagnosing and treating hidradenitis suppurativa (HS) can help.

Tell your doctor about any bumps, boils, or sores (abscesses) you’ve experienced over the past 6 months.

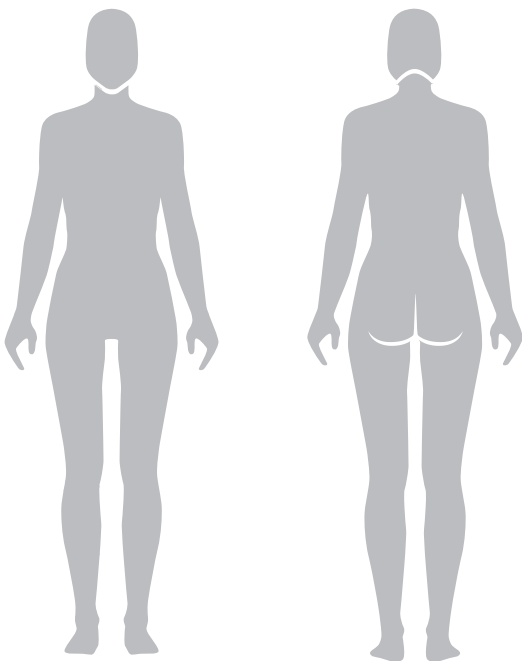
COME PREPARED: If possible, take photos of your skin symptoms with your phone and bring them with you to show your dermatologist.

1 How many times have these bumps, boils, or sores (abscesses) occurred over the past 6 months?

- 1-2 times 3-4 times More than 5 times

2 When did you first notice symptoms?

3 Circle all the areas of your body that have been affected:



Tell your doctor how these symptoms make you feel physically.

4 Check all the symptoms that you have experienced with the bumps, boils, or sores (abscesses):

- Pain Swelling Itching
 Leaking or draining pus and/or blood Odor

5 If these symptoms cause pain, how bad is it? Select the number that reflects the extent of the pain. (0 – No pain; 10 – Worst pain imaginable)



6 How have these bumps, boils, or sores (abscesses) affected your skin? Check all that apply.

- They have left scars
 They have caused tunnels (also called sinus tracts) underneath my skin that can drain
 Other: _____

Tell your doctor about your medical history and family history.

7 How many other doctors have you seen about your symptoms?

8 Have you had to visit the emergency room or urgent care because of your symptoms?

- Yes No

If yes, how many times? _____

What did they do during the visit(s)? _____

Tell your doctor about your medical history and family history. (continued)

- 9** Has a doctor diagnosed your bumps, boils, or sores (abscesses) as any of the below? Check all that apply.
- Acne Ingrown hairs
- Other: _____
- 10** Has anyone else in your family had similar symptoms?
- Yes No
- 11** Are you currently or have you ever been a smoker?
- Yes No

How have you managed your symptoms in the past?

- 12** Check any treatments that you have used or that have been prescribed to you:
- Over-the-counter NSAIDs for pain relief (eg, acetaminophen, ibuprofen)
- Over-the-counter creams/ointments
- Prescription corticosteroid creams/ointments
- Antibiotics
- Incision and drainage
- Steroid injections into lesions
- Home remedies
- None of the above
- Other: _____

Tell your doctor how your symptoms have impacted your life.

- 13** Describe how your symptoms have impacted you emotionally. Have your symptoms made you (Check all that apply):
- Feel down or depressed
- Feel embarrassed
- Feel anxious or nervous
- Feel a lack of sexual desire
- Have a poor self image
- None of the above
- Other: _____
- 14** Describe any other ways that your life has been negatively affected by your symptoms. Check all that apply.
- | | |
|--|---|
| <input type="checkbox"/> Sleep | <input type="checkbox"/> Family activities |
| <input type="checkbox"/> Bathing | <input type="checkbox"/> Relationships |
| <input type="checkbox"/> Choosing what to wear | <input type="checkbox"/> Engaging in sexual activity |
| <input type="checkbox"/> Going to work | <input type="checkbox"/> Financial |
| <input type="checkbox"/> Ability to study or concentrate | <input type="checkbox"/> Certain activities (like water sports) |
| <input type="checkbox"/> Physical activity (or exercise) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Socializing | |
- 15** Have you had any of the following health issues? Check all that apply:
- | | |
|---|---|
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Inflammatory bowel disease (Crohn's disease or ulcerative colitis) | <input type="checkbox"/> Polycystic ovary syndrome (PCOS) |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Squamous cell carcinoma |

Additional notes to talk over with your doctor:
