

## Shine a light on HS as modified by the IDEOM HS workgroup. June 2022.

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 (primary care, OB/GYN or dermatologist) about any bumps, boils, or abscesses (for children, include pimples and blackheads not only on the face) you’ve experienced over the 6 months.**

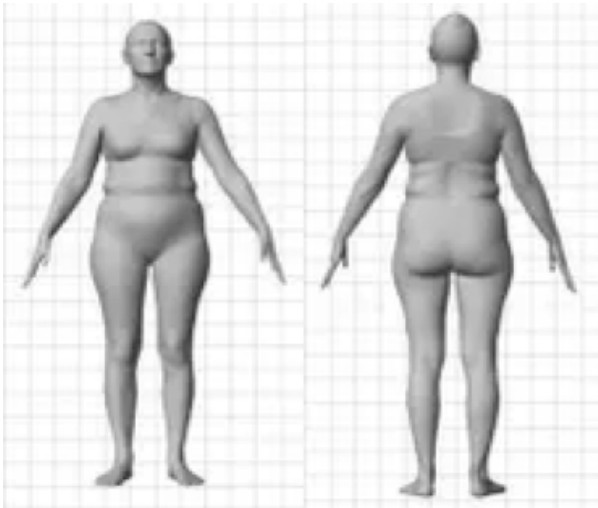
**If possible, take a few photos of your skin signs with your phone and bring them with you to show your doctor.**

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. How many years ago 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  
 Leakage or draining pus and/or blood  
 Odor     Joint pain     Redness  
 Fatigue     Inflammation  
 Other: \_\_\_\_\_

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)

0      1      2      3      4      5  
6      7      8      9      10

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 drain when pressed  
 Open Wounds  
 Other: \_\_\_\_\_

**Tell your doctor about your medical history and family history.**

7. Have you had to visit the emergency room or urgent care because of your symptoms in the last year?

Yes     No

If yes:

How many times? \_\_\_\_\_

What did they do for you there?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where are your medical records and are they available?

Yes     No

\_\_\_\_\_  
\_\_\_\_\_

8. Has anyone else in your family had similar symptoms?

Yes     No

**How have you managed your symptoms in the past?**

9. Check any treatment that you have used or that have been prescribed to you:

- Over-the-counter NSAIDs for pain relief (e.g., acetaminophen, ibuprofen)
- Over-the-counter creams/ointments
- Prescription corticosteroid creams/ointments
- Antibiotics
- Incision and drainage
- Injections into lesions
- Biologics
- Home remedies
- None of the above
- Other: \_\_\_\_\_

**Tell your doctor how your symptoms have impacted your life.**

10. 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
- Lack sexual desire
- Poor self image
- None of the above
- Other: \_\_\_\_\_

11. Describe any other ways that your life has been negatively affected by your symptoms. Check all that apply.

- Sleep
- Bathing
- Choosing what to wear
- Going to work
- Ability to study or concentrate
- Physical activity (or exercise)
- Avoiding social events
- Missing family activities
- Relationships
- Engaging in sexual activity
- Financial
- Water sports
- Other: \_\_\_\_\_

12. Have you been diagnosed with any of the following medical conditions? Check all that apply.

- Heart disease
- Diabetes
- Polycystic ovary syndrome
- Inflammatory bowel disease
- Arthritis
- Depression
- Other: \_\_\_\_\_

Additional notes to talk over with your doctor:

# **Please answer the following questions at the end of your visit today.**

On a scale of 0 – 4, how helpful was this survey in facilitating your conversation about your HS with your doctor today? Circle the number that best describes your evaluation.

Not Helpful	Barely Helpful	Helpful	Quite Helpful	Very Helpful
0	1	2	3	4

Please rate your overall clinical experience today on a scale of 0 – 4. Circle the number that best agrees with your rating.

Poor	Fair	Good	Very Good	Excellent
0	1	2	3	4