



Hidradenitis suppurativa: an epidemiological form

Centre _____

Male

Female

Date of birth |_|_|_|_|_|_|_|

Name _____

Address _____

Phone number _____

Weight (kg) |_|_|

Height (cm) |_|_|_|

BMI (cm²/kg) |_|_|

Disease features

Areas of the body affected by hidradenitis suppurativa

Axillae Gluteal folds Genitofemoral Infraumbilical midline Intermammary zones

Perianal Periareolar Pubic Other _____

Presence of abscess formation (single or multiple) without sinus tracts and cicatrization

Yes No

Presence of one or more widely separated recurrent abscesses with tract formation and scars

Yes No

Presence of multiple interconnected tracts and abscesses throughout an entire area

Yes No

Quality of life

Over the last week, how painful has your skin been?

Very much A lot A little Not at all

Over the last week, how much has your problem interfered with you looking after your home?

Very much A lot A little Not at all

Over the last week, how much has your problem interfered with social, leisure and sport activities?

Very much A lot A little Not at all

Over the last week, how much has your problem produce sexual discomfort?

Very much A lot A little Not at all

Disease associations

Acne vulgaris Yes No

If yes, grade of acne Mild Moderate Severe

If yes, interested area/s Face Chest Back Other (specify) _____

Crohn disease Yes No

SAPHO syndrome Yes No

Interstitial keratitis Yes No

Fox-Fordyce disease Yes No

Dowling-Degos disease Yes No

Reflex sympathetic dystrophy Yes No

Keratitis-ichthyosis-deafness syndrome Yes No

Jackson-Lawler type pachyonychia congenital Yes No

Genetic factors

First-degree relatives affected Yes No

If yes, specify: (mother, father, etc...) _____

Environmental factors

Use of antiperspirants Yes No

If yes, specify deodorants talcum

Use of razors Yes No

Use of chemical depilatories Yes No

Lithium therapy Yes No

Smoking Yes No

If yes, how many cigarettes smoked per day? < 5 5-10 > 10 > 20

If yes, for how long? (YEARS) _____

Endocrinologic factors (female specific informations)

Age at first period _____ Length of cycles _____

History of: fibroids endometriosis polycystic ovarian syndrome

History of of irregular/abnormal periods Yes No

Presence of premenstrual hidradenitis suppurativa flares Yes No

History of hirsutism Yes No

Are you taking birth control pills? Yes No

If yes, for how long? (MONTHS) _____

If no, have you ever taken them? Yes No

Any known history of infertility problems? Yes No

Previous treatments

Has the treatment offered by your doctor helped? Yes No

If yes, which type of treatment?

Antibiotics Retinoids Hormones Immunosuppressive and antiinflammatory agents

Radiotherapy Photodynamic therapy Carbon dioxide laser therapy Surgical therapy

Do you enjoy it? Very much A lot A little Not at all