Do not write, stamp, punch holes or affix a sticker in this area.

♣ Direction of Feed **♣**Hyperhidrosis Questionnaire

Please answer every question

To reproduce, follow the printing instructions.

Do not fold this form.

		PLE	ASE	PRI	NT P	ATIE	NT'	S LA	ST N	AME	Ξ
Marking Instructions	III)										

Please use a #2 pencil.
Fill in the complete oval as shown...

PLEASE PRINT PATIENT'S FIRST NAME PATIENT'S DATE OF BIRTH

Month Day Year

Please mark the areas affected by excess sweating:	
Hands Feet Underarms Back Legs	

Please mark the	items yo	u have	problems	with
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VVIICIIIE		Writing
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- Working with electronic devices
- Handshakes
- Hand clapping
- Holding hands
- Sports activities
- Romance
- Driving
- Typing
- Cosmetic / appearance
- Musical instruments
- Interpersonal relationships
- Other (please specify):

