

# 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.

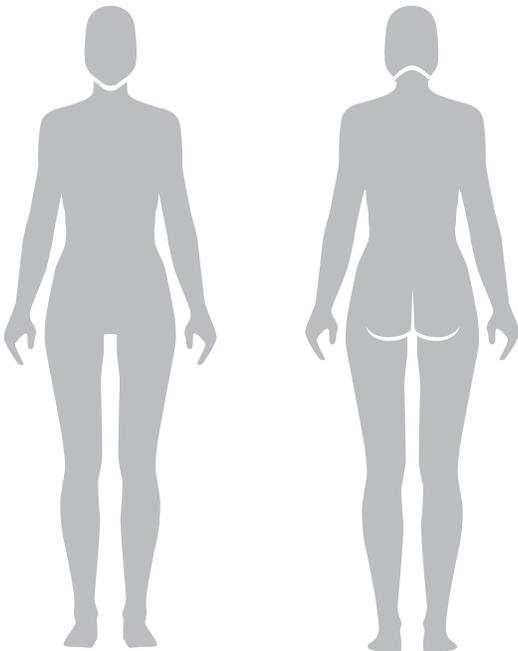
## Tell your doctor about any bumps, boils, or sores (abscesses) you’ve experienced over the 6 months.

**COME PREPARED:** Take a few 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 in the same area(s) over the past 6 months?
- 1-2 times     3-4 times     More than 5 times

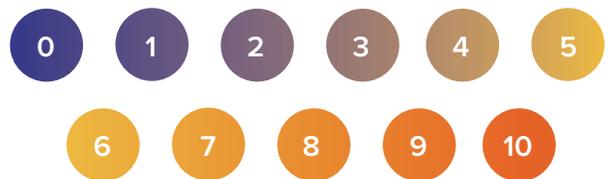
- 2** When did you first notice symptoms?
- \_\_\_\_\_
- \_\_\_\_\_

- 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
- 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? \_\_\_\_\_

## 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 medications 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
- 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
- Lack sexual desire
- None of the above
- Other: \_\_\_\_\_
- 14** 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: \_\_\_\_\_

Additional notes to talk over with your doctor:

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