



ACNE QUESTIONARRE

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First Name _____ Last Name _____ D.O.B _____

Marital status: Married _____ Single _____ Divorced _____ widow _____

Occupation _____

Tap enter button to add your answers after the question as many times depending on the lines you might need for answer.

1. How long have you had problems with acne?

2. What areas of the body are affected?

3. What products or medications have you tried so far?

4. What medications do you currently take?

Why: Some medications may exacerbate acne e.g. lithium, phenytoin, topical and systemic corticosteroids, quinine, oral contraceptives.

5. What medications do you take or taken in the past?

a. _____ How long _____

b. _____ How long _____

c. _____ How long _____

d. _____ How long _____

6. Have you been under emotional stress?

Why: Workers exposed to petroleum products are at risk of acne.

7. Where have you been experiencing your acne?

Why: Different patterns of acne can reflect differing underlying processes. For example **acne rosacea** occurs almost only on the face, whereas **acne vulgaris** can occur on the face, neck, chest and back.

8. How long have you had this acne?

Why: Acne which has only recently begun in an adolescent may simply be a part of **puberty** and the **hormonal changes** which occur at that time. **Acne** which continues however past adolescence (particularly in women) may be the result of a less innocuous cause such as **hirsutism**.

9. Any other sibling or your parents ever had acne?

10. Have you noticed anything which triggers your acne such as alcohol, particular foods or any skin cleansing products?

Why: Some types of acne such as **acne rosacea** can be triggered by consuming alcohol or particular (usually spicy) foods. Alternatively, other types of acne (**acne vulgaris**) may appear to be triggered by insufficient or ineffective cleansing of the affected skin thus allowing skin secretions such as sebum to accumulate.

11. Have you been taking any oral contraceptive pill? Females only

Why: Some oral contraceptives can increase acne, whilst others can decrease it.

12. When was your last period and how long are your menstrual cycles usually?

Why: In women of reproductive age there can be times in their menstrual cycle when they may be more prone to acne, particularly in the premenstrual period.

13. Do you use any skin care products on face, if so what are they?

14. Are you constipated at times?

- Always
- Sometimes
- Never

15. Have you ever been diagnosed with polycystic ovary syndrome, or experienced irregular menstrual cycles, obesity, hypertension, high blood glucose/diabetes, abnormal hair growth Hirsutism or infertility? Females.

Why: Polycystic ovary syndrome can cause hormonal imbalances which result in acne outbreak.

16. Has your acne prevented you from doing your usual activities or going out?

17. Do you suffer from excessive hairiness or irregular menstrual periods?

18. Do you feel low self esteem and embarrassment as a result of acne?

PERSONAL HYGIENE:

19. How often you wash your face in 24 hours?
20. What kind of soap or cleanser you use for washing face?
21. What kind of water you use, hot, warm or cold.
22. How often you change the face towel in a week?
23. Do you rub your face with face towels?

LIFESTYLE :

24. Are you Vegetarian or eat meat?
25. You like spicy food?
26. Do you like fatty food?
27. How often you eat sweets or chocolates?
28. How often you drink sodas or canned drinks?
29. Do you drink alcohol? If yes, how often
- I don't drink at all
- daily
- only on the weekends.
- Occasionally

30. Do you exercise? If yes, how often

regularly

once or twice a week.

31. Are you sexually active?

yes

no.

32. How many hours do you sleep on average daily?

I sleep six to eight hours.

I sleep less than six to eight hours

I sleep less than six to eight hours