



**(Psoriasis/Eczema Questionnaire)**

**HomeopathicVibes**

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(Please note that this questionnaire is for therapeutic purpose only and will not be shared with or disclosed to any one.)

Name  E-mail

Address

Home Phone no.  Cell Phone No.  City

State  Zip Code  Age

Height in ft and inches  Weight in lbs

Occupation

Since how many years you had Eczema/Psoriasis?

<input type="radio"/> 1-5 years	<input type="radio"/> 10-15 years
<input type="radio"/> 6-10 years	<input type="radio"/> more than 15 years

Q1. Have you tried alternative treatment before for this condition?  Yes  No

Q2. Homeopathic  Allopathic  Ayurvedic  Unani

Q3. How long did you take treatment?

Q4. How serious you think your eczema/ Psoriasis is?  Mild  Moderate  Severe

Q5. What part of your skin is most affected?  head or neck  arms  legs  back  Face

Q6. Do you feel worried about the condition of your skin?  Yes  No

Q7. Does any body in the family have same skin disorder?  Yes  No

Q8. Does it affect your day to day life?  Yes  No

Q9. Are you a  Vegetarian  Non vegetarian

Q10. What is color of effected skin  Red  Dry patches  Oozing and blisters

Q11. Is there any fluid coming out of your skin?  Yes  No  Occasionally

Q12. Do your skin gets worst by season?  Winter  Summer  neither

Q13. Do your skin gets worst by open air?  Yes  No  neither

Q14. Do your skin gets worst by shower?  Yes  No  neither

Q15. Does your skin gets better by shower?  better  worst  neither

Q16. Are you suffering from any allergies

Yes  No  
 Never  Sometimes

Q17. If yes....Please mention the food or items allergic to....

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Q18. Do you sleep well?  Yes  No

Q19. Do you have constipation?  Yes  No

Q20. Are you suffering from diabetes?  Yes  No

Q21. If yes, are you taking any medication? Please mention

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Q22. Are you suffering from Hypertension?  Yes  No

Q23. If yes , are you taking any medication? Please mention

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Q24. What fabric your wear most often?  Cotton  Polyester  Synthetic

Q25. Do you take any alcoholic drinks?  Daily  Occasional  Never

Q26. Are you using cortisone or other local creams on it?  Yes  No  
 Never  Sometimes

Q27. What is your body type?  Cold or Chilly  Normal  Hot or warm

Reviewed by Harminder Singh D.H.M.S on \_\_\_\_\_

