



## Vitiligo questionnaire

**HomeopathicVibes**

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First Name \_\_\_\_\_ Last  
Name \_\_\_\_\_ D.O.B \_\_\_\_\_

Marital status:  
Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widow \_\_\_\_\_

Occupation \_\_\_\_\_

1. Have you ever been diagnosed with vitiligo by a doctor?

- Yes
- No

2. How long did/do you have vitiligo?

- Less than year.
- More than year.

3. How old were you when your vitiligo started (age in years)?

- Under 13
- Over 20
- Over 30
- Over 40
- Over 50

4. When did your vitiligo start (SPECIFY SEASON)?

- Summer

Winter

Fall

**5. Does the vitiligo affect both sides of the body?**

No

Yes

Not at all

**6. How much body surface area does the vitiligo affected?**

Less than 1%

Less than 10%

More than 10%

**7. What part of your body is affected? Mention if it on both sides or one side only?**

**Scalp**

One side

Both side

**Hairs/Head**

One side

Both side

**Eyelids/Eyelashes**

One side

Both side

**Face**

One side

Both side

Lips/Mouth

Both side

One side

Chest/Breast

Both side

One side

Stomach

Both side

One side

Back

Both side

One side

Underarms

Both side

One side

Arms/Elbow

Both side

One side

Wrist/Hands? Fingers

Both side

One side

Hips

Both side

One side

Genitals

Partial

Complete

Buttocks

Both side

One side

Legs

Both side

One side

Knees

Both side

One side

Feet

One side

Both side

8. What is your weight (please indicate in pounds )?\_\_\_\_\_

9. What is your current height (please indicate ifninches)?\_\_\_\_\_

10. Where did you grow up for the first ten years of your life? (Please indicate city, state and country)\_\_\_\_\_

11. How often did you go to the beach as a child?

- Everyday
- Once a week
- Once a month
- Once in blue moon

12. Did you ever have blistering sunburn?

- No
- Yes
- Never

13. If you answered "yes", that you had a previous sunburn, please explain when this occurred?

- Less than 2 years
- More than 2 years

14. Have you ever used tooth bleaching products? If so, when? \_\_\_\_\_

- No
- Yes

Not at all

**15. Do you now or have you used hair bleaches?**

No

Yes

Not at all

**16. Please include the years you used hair dye. \_\_\_\_\_**

**17. Which of the vitiligo locations is most bothersome to you?\_\_\_\_\_**

**18. Has any doctor ever told you there is no therapy for vitiligo?**

No

Yes

Never

**19. Do you have or have you ever had any of these ?**

Asthma

Allergies

Eczema

**20. Do you have or have you ever had intermittent abdominal cramping?**

No

Yes

Don't know

**21. Are you lactose/Gluten intolerant?**

- No
- Yes
- Don't know

**22. Did you ever get allergy shots?**

- No
- Yes
- Never

**If yes:**

**Which allergens did you get shots for?**

**23. Do you have any other autoimmune diseases other than vitiligo?**

- No
- Yes
- Explain if yes\_\_\_\_\_

**24. If you answered yes above, please indicate which of these illnesses you had or write in under other:**

**Diabetes (Type 1)**

**Diabetes (Type 1I)**

**Thyroid (Autoimmune )**

**Rheumatoid arthritis**

**Lupus**

**Pernicious Anemia**

**Alopecia Areata**

**Celiac disease**

**Psoriasis**

**Ulcerative Colitis**

**Multiple sclerosis**

**Others ( specify)\_\_\_\_\_**

**25. Did you have any stressful life events in the 2 years prior to the onset of vitiligo (e.g. divorce, lost job, etc.)?**

No

Yes

**26. Does your vitiligo get worse or spread after stressful events occur?**

No

Yes

Not at all

**27. Do you have friends with vitiligo (circle one)?**

No

Yes

**28. Had a loved one passed away within the 2 years prior to developing vitiligo?**

No

Yes

