



Vitiligo questionnaire

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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

