E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*

Do you accept the Informed Consent Agreement? \*

* Yes
* No

Student ID Number and Name Initials: \*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Term/Semester in the 2nd Half of 2017\*

* 1st
* 2nd
* 3rd
* 4th
* 5th
* 6th
* 7th
* 8th
* 9th
* 10th
* 11th
* 12th

Gender \*

* Male
* Female
* Other/I would prefer not to inform

Ethnicity\*

* White
* Mixed-race (W/B)
* Black
* Indigenous
* Asian
* Other/I would prefer not to inform

Age \_\_\_\_\_\_

Do you have family history of Primary Hyperhidrosis?

* No
* First-degree relative
* Second-degree relative
* Other: 

DO YOU HAVE PRIMARY HYPERHIDROSIS (excessive sweating)? \*

If NOT, mark ‘No” and proceed to the end of the form!

* YES
* NO (proceed to the end)

Weight

\_\_\_\_\_\_\_

Height

\_\_\_\_\_\_\_\_

What was the age of onset of your symptoms? \_\_\_\_\_\_\_

Where are your symptoms located?

* Axillary
* Palmar
* Plantar
* Craniofacial
* Facial Flushing
* Gustatory Sweating

How would you rate the severity of your hyperhidrosis?

* My sweating is never noticeable and never interferes with my daily activities.
* My sweating is tolerable but sometimes interferes with my daily activities.
* My sweating is barely tolerable and frequently interferes with my daily activities.
* My sweating is intolerable and always interferes with my daily activities.

Do you feel embarrassed by your sweating during daily activities?

* Not at all
* A little/mildly
* A lot/moderately
* Extremely/unbearably

Do you feel embarrassed or hindered by your sweating in social events?

* Not at all
* A little/mildly
* A lot/moderately
* Extremely/unbearably

Do you feel embarrassed or distressed by your sweating during physical activities/sports?

* Not at all
* A little/mildly
* A lot/moderately
* Extremely/unbearably

Are your work and professional relationships impaired by your sweating?

* Not at all
* A little/mildly
* A lot/moderately
* Extremely/unbearably

Do you feel embarrassed by your sweating in meetings and when speaking in public?

* Not at all
* A little/mildly
* A lot/moderately
* Extremely/unbearably

Do you feel you are conveying a poor impression of yourself to others because of your sweating?

* Not at all
* A little/mildly
* A lot/moderately
* Extremely/unbearably

Do you have low self-esteem because of your sweating?

* Not at all
* A little/mildly
* A lot/moderately
* Extremely/unbearably

Does your sweating influence your choice of leisure activities (e.g.: travelling, dancing, playing sports)?

* Not at all
* A little/mildly
* A lot/moderately
* Extremely/unbearably

Have you increased the frequency of your baths because of your sweating?

* Not at all
* A little/mildly
* A lot/moderately
* Extremely/unbearably

Does your sweating cause limitation to body movements (e.g.: raising your arms)?

* Not at all
* A little/mildly
* A lot/moderately
* Extremely/unbearably

Have you ever attempted any treatment for primary hyperhidrosis?

* Yes
* No

If yes, which?

* Aluminum chloride hexahydrate
* Tap water iontophoresis
* Intradermic botulinum toxin injection
* Anticholinergics (Oxybutynin or Glycopyrrolate)
* Clonidine
* Axillary sweat glands excision
* Axillary liposuction
* Thoracoscopic sympathectomy
* Other:

Did you present any of the following adverse effects and complications following treatment?

* Intercostal neuralgia
* Claude-Bernard-Horner Syndrome
* Residual pneumothorax
* Surgical site infection
* Xerostomia (dry mouth)
* Cognitive fluctuation
* Other:

How satisfied were you with the treatment from 0 (completely unsatisfied) to 10 (completely satisfied)?

* 1
* 2
* 3
* 4
* 5
* 6
* 7
* 8
* 9
* 10