

# Acne Questionnaire

## General Information

Gender?  Female  Male

Age: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Your Skin

How long have you suffered from acne? \_\_\_\_\_ (years)

Where do you breakout? (check all that apply)  Face  Back  Chest  Other \_\_\_\_\_

Is your skin:  Dry  Normal  Combination  Oily

Mark all that apply to you:  Blackheads  Small Whiteheads  Large Whiteheads  Cysts

Do you scar easily?  Yes  No

How many days does it take for a pimple to go away? \_\_\_\_\_

Complexion  Light  Medium  Dark

Do you blush easily?  Yes  No

Does your skin become dry easily?  Yes  No

Do you wear a moisturizer daily?  Yes  No

If so where?  Eyes only  Cheeks  Neck  Entire Face  Face & Neck

## Your Lifestyle

How many hours do you spend each day in the sun? Summer: \_\_\_\_\_ Winter: \_\_\_\_\_

Do you wear sunscreen?  Yes  No. If so how often: \_\_\_\_\_ SPF: \_\_\_\_\_

What type of sunscreen?  Physical  Chemical

If you smoke, how many cigarettes do you smoke per day? \_\_\_\_\_

How many hours do you sleep each night? \_\_\_\_\_

How many glasses do you drink each day of: Water \_\_\_\_\_ caffeinated \_\_\_\_\_ Alcoholic \_\_\_\_\_

Chronic Constipation?  Yes  No (Less than 3 bowl movements per week)

Are you a student?  Yes  No

## Your Acne Treatment History

Have you ever use any of these products and are you **sensitive or allergic** to them:

Retin-A  Sensitive or allergic

Salicylic Acid  Sensitive or allergic

Glycolic Acid/AHA's  Sensitive or allergic

Benzoyl Peroxide  Sensitive or allergic

Sunscreen  Sensitive or allergic

Aloe Vera  Sensitive or allergic

Egg-white  sensitive or allergic

Acutance/or Oral Medication \_\_\_\_\_

Where do you breakout? \_\_\_\_\_

What have you try in the past for your acne?  
\_\_\_\_\_  
\_\_\_\_\_

## For Women Only

Do you wear makeup?  Yes  No - What kind? \_\_\_\_\_

Do you menstruate?  Yes  No - How frequently? \_\_\_\_\_

Are you pregnant?  Yes  No

Breast-feeding?  Yes  No

Do you take a birth control?  Yes  No - Brand \_\_\_\_\_

## For Men Only

Do you breakout where you shave?  Yes  No

How often do you shave:  Daily  3x/week  Less than 3x/week

What type of shaver do you use:  Electric Shaver  Hand-held razor

Shaving Crème  Yes  No

## Tell us about yourself

Is there anything else do I should know about you?

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How do you hear about us? (i.e, friend, website, facebook, twitter, ....)

Friend Name / URL of the clients

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