



RASH QUESTIONNAIRE

- 1) How long have you had this rash? _____

- 2) Have you been treated for this rash by another doctor? ___ Yes ___ No
 If yes, by whom? _____
 Where? _____

- 3) List previous treatments:
 Pills: _____
 Cleansers: _____
 Lotions/Creams: _____
 Other (sprays, etc.): _____

- 4) Is today a ___ good day, ___ average day, or ___ bad day for outbreak of rash?

- 5) Name other products that you have used on the area during or before the rash Occurred. (Please try to be specific and don't forget any!)
 Soaps: _____
 Cleansers: _____
 Buff Puff or Scrubs: _____
 Medications: _____
 Astringents (Sea Breeze, etc.): _____
 Moisturizers/Creams/Lotions: _____
 Make-up Products: _____
 Other: _____

- 6) Do you notice any worsening with certain foods: _____

- 7) Does anything else make your rash:
 Better? _____
 Worse? _____

- 8) What symptoms do you have with your rash? (itching, redness, irritations, etc.) _____