



ACNE QUESTIONNAIRE

- 1) How long have you had acne? ___ Years ___ Months

- 2) Have you ever been treated for your acne by another doctor? _____
 If yes, by whom? _____
 Where? _____

- 3) List treatments from previous doctor(s):
 Pills: _____
 Cleansers: _____
 Lotions, creams: _____
 Other (sprays, peels, "acne surgery", etc.): _____

- 4) Is today a ___ good day, ___ average day, or ___ bad day for breakouts?

- 5) Name each product that you have put on your face (Please try to be specific and don't forget any!)
 Soaps: _____
 Cleansers: _____
 Buff Puff: _____
 Acne medicines: _____
 Astringents (Sea Breeze, etc.): _____
 Moisturizers, creams, or lotions: _____
 Make-up products: _____
 Other: _____

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

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

- 8) Is there a family history of acne? ___ Yes ___ No

- 9) What bothers you the most about your acne? _____

