

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

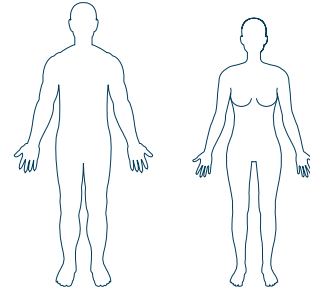
## Excessive Sweating Self-Assessment

To help guide our discussion, please answer the following questions about excessive sweating.

1. Do you experience excessive sweating that occurs without any physical or emotional trigger?

- yes  no

2. Where on your body do you experience excessive sweating?  
Circle all areas that apply.



3. How often does this condition occur?

- every day  a few times a week  once or twice a week

4. How long have you experienced this condition?

- less than 6 months  6 months to 1 year  more than 1 year

5. When does this condition occur (day or night)?

- day  night  both

6. Where does it occur? Is it unilateral (occurs on one side of the body only) or bilateral (occurs on both sides of the body)?

- one side  both sides

7. Over the past day, how bad was your underarm sweating?

- 0 (no sweating)  1  2  3  4  5  6  7  8  9  10 (heaviest sweating)  N/A

8. How would you rate the severity of your underarm sweating?

- 1 - My sweating is never noticeable and never interferes with my daily activities  
 2 - My sweating is tolerable but sometimes interferes with my daily activities  
 3 - My sweating is barely tolerable and frequently interferes with my daily activities  
 4 - My sweating is intolerable and always interferes with my daily activities  
 N/A

9. What therapies have you tried in the past to manage your excessive underarm sweating? Please check all that apply and fill in specific products tried.

- None  Over-the-counter antiperspirants \_\_\_\_\_  
 BOTOX®  Prescription antiperspirants \_\_\_\_\_  
 miraDry®  Oral medications \_\_\_\_\_  
 Other \_\_\_\_\_

10. How are you currently managing your excessive sweating (eg, extra showers, layers, changing clothes, etc.)?

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