



## Hyperhidrosis Worksheet

1. How many times per day do you think or worry about sweating? \_\_\_\_\_
  2. How many times per day do you change clothes? Bathe? \_\_\_\_\_
  3. Do you carry "supplies" (such as pads, extra clothes, napkins, powders, antiperspirants, or towels) to help you manage your sweat? \_\_\_\_\_
  4. How often do you have to purchase new clothing or shoes? \_\_\_\_\_
- Do you find that you make such purchases more frequently than other people? \_\_\_\_\_
5. How many minutes or hours per day do you spend "dealing" with sweat? \_\_\_\_\_
  6. Have you tried any topical solutions (antiperspirants, powders, or deodorants) designed to control sweating?  
\_\_\_\_\_
- If yes, how many different types? \_\_\_\_\_
7. Do you ever change your social plans due to excessive sweating or fear of excessive sweating? \_\_\_\_\_
  8. Have you ever damaged reading or writing material, artwork, paperwork, a musical instrument, or an electric or metallic device due to sweating? \_\_\_\_\_
  9. Does excessive sweating affect your work performance or career choices? \_\_\_\_\_
  10. Have you experienced skin irritation or infections due to excessive sweating or your attempts to manage excessive sweating? \_\_\_\_\_
  11. Does sweating in public cause you distress? \_\_\_\_\_
  12. When you are in a situation involving contact with other people, or when you think about such a situation, do you experience sweating? \_\_\_\_\_
  13. Have you ever lost friends or a job due to excessive sweating? \_\_\_\_\_