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?