



# QUESTIONNAIRE: Rash

Name \_\_\_\_\_

Date of birth \_\_\_\_\_

1. How long have you had your rash?    \_\_\_\_\_ weeks    \_\_\_\_\_ months    \_\_\_\_\_ years
2. Does it itch?    Yes / No
3. If Yes to #2, is the Itch?    Mild / Moderate / Severe
4. What over-the-counter and/or prescription treatments have you tried?  
\_\_\_\_\_
5. What makes it better?  
\_\_\_\_\_
6. What makes it worse?  
\_\_\_\_\_
7. Do you take    Never / Rarely / Sometimes / Frequently  
  advil/naproxen/ibuprofen?
8. Any recent medication changes?    Yes / No
9. If "Yes" to #9, what and when?  
\_\_\_\_\_
10. What laundry detergent do you use?  
\_\_\_\_\_
11. What soap do you use?  
\_\_\_\_\_
12. What else would you like the doctor to know?  
\_\_\_\_\_