miraDry

miraDry Patient Questionnaire

north western vascular

Patient Name: _____ Date: _____

Hyperhidrosis Disease Severity Scale

How would you rate the severity of your hyperhidrosis?

1 ◯ My underarm sweating is not noticeable and does not interfere with my daily activities

2 ◯ My underarm sweating is tolerable but sometimes interferes with my daily activities

3 ◯ My underarm sweating is not tolerable & frequently interferes with my daily activities

4 ◯ My underarm sweating is intolerable and always interferes with my daily activities

How many wetness outbreaks have you had in the last week? (Choose one)

☐ None ☐ 1 – 2 ☐ 3 – 5 ☐ More than 5

How severe of a problem is your underarm wetness (Circle one number)

1 2 3 4 5 6 7 8 9 10

1 = Not a problem 10 = severe problem

How severe is underarm odour for you? (Circle one number)

1 2 3 4 5 6 7 8 9 10

Patient Signature: _____ Date: _____

For office use only:
Please specify at what point the questionnaire was provided to patient

☐ Baseline - Before procedure

☐ Post Treatment Follow Up

Select One: ☐ 30 Days ☐ 60 Days ☐ 90 Days ☐ Other: _____

Treatment 1 Date: _____ Treatment 2 Date: _____