Oregon Dermatology and Research Center
Phoebe Rich, MD
Amy Simpson, PA-C

Acne Questionnaire

Name:_________________________________ Age:_____ Sex: M or F Date: __________

At what age did your acne begin? _______ ***Do other family members have acne?*** _______

What is your skin type? Oily___ Dry___ Combination___

Which areas of your skin are affected? Face___ Neck___ Chest___ Back___

What over-the-counter medications have you tried?

Salicylic acid___

Benzoyl Peroxide___

Proactive___

Other____

When did you try these medications?________________________ ***Were they helpful?*** _____________

If not, did they irritate your skin? ____

What Topical medications have you tried?

Retin A___ Differin___

Cleocin___ Benzoyl Peroxide___

Klaron___ Azelex___

Benzaclin___ Duac___

Sulfur products____ Other____

When did you try these medications?________________________ ***Were they helpful?*** ________

If not, did they irritate your skin? ____

What Oral medications (pills) have you tried?

Tetracycline___

Minocycline___

Doxycycline___

Accutane___

Other____

When did you try these medications?________________________ ***Were they helpful?*** ______________________

Did you have any side effects from these medications? ____

____

What other medications are you currently taking? ____

____

Please list the brands of products you are <u>currently</u> using on your face:

Soap/cleansers____

Moisturizer/Sunscreen____

Foundation____

Concealer____

Astringent/toner____

Other____

Please list the leave-in products that you are <u>currently</u> using on your hair:

Styling products____

Does exercise make your acne worse? _____________ Are your breakouts stress related? ___________________

What do you think is causing or exacerbating your breakouts?____

What makes your acne better?____

Women:

If you take birth control, which one____

How long have been taking it?_________________________ Are you pregnant?______ Postmenopausal?________

Are your periods regular?_______ If not, what is your cycle like ____

Does your acne flare up around time of menstruation?______ Other hormonal concerns?______________________