



NORTH JERSEY THORACIC  
SURGICAL ASSOCIATES, PC

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: Male Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_

For each area listed, please rate the degree of sweating on a scale of 0-10 (worst):

(10) Most bothersome/dripping (5) Somewhat bothersome (0) No sweating/not at all bothersome

\_\_\_\_\_ right hand \_\_\_\_\_ left hand

\_\_\_\_\_ right axilla \_\_\_\_\_ left axilla

\_\_\_\_\_ right foot \_\_\_\_\_ left foot

\_\_\_\_\_ other: \_\_\_\_\_

When did your symptoms begin?

Childhood (<12 years) Adolescent years (13-18) Adult (19 or older)

Does anyone else in your family have hyperhidrosis symptoms? No Yes, who? \_\_\_\_\_

List any previous treatments for hyperhidrosis: \_\_\_\_\_

Do you smoke currently? No Yes, how many years \_\_\_\_\_ How many packs/day: \_\_\_\_\_

Do you drink alcohol? No Yes, how much/often: \_\_\_\_\_

Do you have any other medical problems/diagnosis? If yes, list: \_\_\_\_\_

QUALITY OF LIFE QUESTIONNAIRE (preoperative and postoperative)

Generally speaking, how would you rate your quality of life currently?

1-Excellent    2-Very good    3-Good    4-Poor/inferior    5-Very poor

Using the same scale as above (1-5), how would you rate the following activities currently:

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Writing	1	2	3	4	5
Manual work	1	2	3	4	5
Leisure	1	2	3	4	5
Sports	1	2	3	4	5
Hand shaking	1	2	3	4	5
Socializing	1	2	3	4	5
Grasping objects	1	2	3	4	5
Social dancing	1	2	3	4	5

PERSONAL DOMAIN- with partner/spouse, how would you rate your quality of life:

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Holding hands	1	2	3	4	5
Intimate touching	1	2	3	4	5
Intimate affairs	1	2	3	4	5

EMOTIONAL-SELF/OTHERS-how would you rate the fact that after sweating excessively:

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I have always justified myself	1	2	3	4	5
People rejected me slightly	1	2	3	4	5

UNDER SPECIAL CIRCUMSTANCES- how would you rate the quality of your life:

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In a closed or hot environment	1	2	3	4	5
When tense or worried	1	2	3	4	5
Thinking about the problem	1	2	3	4	5
Before a test, meeting, public speaking	1	2	3	4	5
Wearing sandals/barefoot	1	2	3	4	5
Wearing colored clothing	1	2	3	4	5
Having problems at school/work	1	2	3	4	5

FOLLOW-UP HYPERHIDROSIS SURVEY (1 month, 6 month, yearly after surgery)

NAME: \_\_\_\_\_ Date: \_\_\_\_\_

Months postoperative: \_\_\_\_\_ Hospital/surgeon: \_\_\_\_\_

Postoperative pain score 0 (no pain) to 10 (extreme pain requiring narcotics): \_\_\_\_\_

Compensatory hyperhidrosis? Absent Light Moderate Intense

If present, location(s) of CH: Stomach Back Groin Buttocks Legs

Did your symptoms reoccur? ( )No ( )Yes, when, where? \_\_\_\_\_

Overall satisfaction with the procedure?

( ) 100% (Very good) ( ) 90% (Good) ( ) 75% (Regular) ( ) 50% (Bad)

Gustatory sweating: ( )No ( )Yes, when: \_\_\_\_\_

Did you have to seek additional treatment after surgery?

Would you recommend this surgery to a friend who had the similar condition? ( ) Yes ( ) No