Dr. R. van Aardt
Cosmetic Medicine

ACNE & ROSACEA QUESTIONAIRE

Name: ______________________________ Date: ______________________

Please answer the following questions as accurately as possible to assist the physician in the diagnoses and management of your concern:

1. What year did your acne start?
2. What prescriptions have you used (Accutane, antibiotics, etc.)
3. Please list any current prescription medications:
4. Please list current skin products used:
5. Is your alcohol consumption: None to minimal, 1 drink per day or more?
6. Does your condition fluctuate, stay the same or is it getting worse?
7. Are you exposed to environmental factors such as extreme temperatures, wind and sun?
8. Are you avoiding spicy and acidic foods?
9. Do you smoke, or are you exposed to 2nd hand smoke?
10. Do you drink more than 1 glass of milk per day or eat other dairy products?
11. Do you consume stimulants like coffee, tea or sinus medications?
12. Do you take contraceptives or hormone replacement therapy?
13. Are your stress levels minimal, medium or severe?
14. Do you have a digestive system imbalance?
15. Do you exercise at least 30 minutes 3 times per week?
16. Do you apply topical medications or creams besides cleansers and moisturizers?
17. Do you follow a regular skin care regime twice daily?
18. Do you use facial scrubs, microdermabrasion or do acne extractions?
19. Do you change your pillowcase at least twice a week?
20. Do you apply liquid makeup products to your skin?