

MIRADRY PATIENT QUESTIONAIRE

Patient Name	DOB		ACCT#	Date	
Нуре	erhydrosis Disea	se Severity S	Scale		
How would you rate the severity of your hyperhidrosi	s? Choos	e one below			
[] My underarm sweating is never noticeable and r	never interferes wi	ith my daily ad	ctivities		
[] My underarm sweating is tolerable but sometime	es interferes with r	my daily activi	ties		
[] My underarm sweating is barely tolerable and fre	equently interferes	s with my daily	y activities		
[] My underarm sweating is intolerable and always	interferes with m	y daily activition	es		
How many wetness outbreaks have you had in the la	ast week? Choos	e one			
[] None [] 1-2 [] 3-5	5 [] Mo	ore than 5			
How severe of a problem is your underarm wetness?	? Circle one				
1 2 3 4 5 6 1= not a problem	7 8	9 10) = severe problem		
Patient Signature			Date		
<u> </u>					
For office use only: Please specify at what point the questionnaire was p	rovided to the pat	ient			
[] Baseline - before the procedure					
[] Post Treatment Follow Up: Select one:	[] 30 Days	[] 60 Day	/s [] 90 Days	[] Other	
Treatment 1 Date:					
Treatment 2 Date:					

Updated 01/2021