



Assessment of the best service modality

Dear IntegraSkin client,

Filling out this form will help us to understand the state of your skin and to offer you the best advice. **Therefore, please take the time to answer all questions as accurately as possible.** If you need help with any questions, please contact us. Upon request, we can help you to fill it out over the phone or by electronic conference.

Our experts will review all the information and evaluate further procedures as well as possible therapeutic methods that would be the most beneficial for you. We will get back to you as soon as possible.

We acknowledge, that all provided answers are strictly confidential and later cannot be identified with your personal data.

After filling out this survey please save it and send it back to info@integraskin.de.

Disclaimer:

I, _____ (please provide your name and surname) agree and understand, that this form and the answers I provide will be used for research purposes.

Please answer the following information:

Body measurements:

1. Age:
2. Weigh:
3. Height:
4. Sex: Female Male Other
5. Ethnic group:
 Asian Caucasian Latin-American European
 African

Note: If you are a mix between two different Ethnic groups mark both options.

6. Use the boxes at the left side to select the color of your skin

	Skin type	Details
<input type="checkbox"/> I		Skin colour: light, pale white, freckled (blue eye colour), likely to have light blond or red hair. Reaction to sun: always burns, never tans.
<input type="checkbox"/> II		Skin colour: white, peach, fair (blue, green, hazel eye colour). Reaction to sun: skin will usually burn in the sun and tans with difficulty.
<input type="checkbox"/> III		Skin colour: white to light brown, olive (dark blue, hazel, brown eye colour). Reaction to sun: skin will sometimes burn and will tan gradually.
<input type="checkbox"/> IV		Skin colour: olive, light to moderate brown (light brown eye colour). Reaction to sun: skin rarely burns and tans easily.
<input type="checkbox"/> V		Skin colour: brown, dark brown (dark brown eye colour). Reaction to sun: very rarely burns and tans very easily.
<input type="checkbox"/> VI		Skin colour: very dark brown to black (dark brown eye colour). Reaction to sun: never burns, tans very easily, deeply pigmented.

Skin disease identification:

7. Has your skin condition been diagnosed by a dermatologist before?
 Yes No (proceed with the question N°.9)
8. What kind of skin diseases were diagnosed to you?
 Acne
 Actinic keratosis

- Atopic dermatitis (Atopic Eczema or Neurodermitis)
- Bullous pemphigoid
- Cold Urticaria
- Contact dermatitis (Contact Eczema)
- Cutaneous lupus erythematosus
- Dermatitis herpetiformis
- Eczema herpeticum
- Eczema or pruritus associated with chronic kidney disease
- Granuloma annulare
- Hidradenitis suppurative (acne inversa)
- Idiopathic Urticaria
- Lichen planus
- Mastocytosis
- Melanoma
- Mycosis Fungoides or any other T-cell lymphoma related eczema
- Nummular eczema
- Another subtype of chronic urticaria
- Solar urticaria
- Solar dermatitis or Polymorphic light eruption
- Prurigo nodularis
- Psoriasis
- Psoriatic arthritis
- Red-skin syndrome
- Rosacea
- Scleroderma
- Vasculitis
- Vitiligo
- Other

9. Was a treatment prescribed by the dermatologist?

- Yes No

10. Which symptoms do you have and how severe they are? Select the relevant answers at the left side and indicate the severity at the right side using a scale of 1 (minimum severity) to 10 (Maximum severity).

<u>Symptom</u>	<u>Severity</u>
1) Blisters	
2) Skin plaques/ thickening / hardening / scaling	
3) Redness	
4) Itch	
5) Open sores or wounds	
6) Bleeding (not related with scratching)	
7) Heat sensation in the skin	
8) Pain/tension sensation in the skin	
9) Pimples	
10) Dryness	
11) Skin cracks	
12) Oozy skin lesions	
13) Swelling	
14) Excess of sweat	
15) Scars	
16) Peeling skin	
17) Skin discoloration	
18) Rash	
19) Skin numbness	

11. Using the symptom number from the previous question, write a list of the symptoms that bother you the most. You should begin with the worst symptoms and end with the symptom that bothers you the least.

For example: 4, 19, 3, 14. In this example, 4 (itching) is the worst symptom and 14 (excessive sweating) bothers you the least.

Write the list of symptoms here:

12.If measuring with the size of your palm, how many palms of affected/lesioned skin are there on your body?

Write the number of palms here:

Disease timing:

13.How many years have you been suffering from the above symptoms/disease in total?

Number years:

14.Where were the lesions located when the disease started?

Area(s) of your body:

15.Which area of your body is/are currently affected by the symptoms/disease?

Area(s) of your body:

16.Did the symptoms change over time?

- Yes, got better
- Yes, got worse
- No, it did not change
- Comes and goes
- I don't know

17.Is the severity of your symptoms affected by the sweat?

- Yes, with the sweat it gets better
- Yes, with the sweat it gets worse

- No, symptoms are not affected by sweat
- I don't know

18. Did the first symptoms/disease appeared spontaneously?

- Yes
- No, it has started after:

19. Are your symptoms/disease affected by the seasons of the year?

- It gets better in spring/summer
- It gets worse in spring/summer
- It gets better in autumn/winter
- It gets worse in autumn/winter
- No
- I don't know

20. Do you experience symptom variations during the day/night cycle?

- It gets better at nights
- It gets worse at night
- It gets better at day
- It gets worse at day
- No
- I did not notice

21. Are there any activities/situations that worsen your skin symptoms, e.g.,

Stress, spicy food, cold, etc.

Describe it here:

22. Do you have any other health conditions/diseases?

- Yes. Name them here:
- No

23. Does the worsening of the symptoms of this/these disease(s) correlate with your skin symptoms?

- Yes, the skin symptoms get worse
- Yes, the skin symptoms get better
- No, it has no correlation

I don't know

24. Please provide us with the list of your current medication:

Family history and living environment:

25. What is your country of origin?

26. Do your family members suffer from the same or different skin condition?

Yes. Who? and which disease?

No

27. Mark if anyone in your family has no skin-related:

Inflammatory diseases. Who and which disease?

Genetic diseases. Who and which disease?

Infectious diseases. Who and which disease?

28. How many people are living with you in your household?

29. Approximate square meters of your home:

30. What is the name of your country and city of residency?

and

31. In which environment do you live in? Rural or Urban

32. Can you rate the level of pollution in the areas where you live and work? (0 means none and 10 is extremely high)

33. Do you have pets?

Yes. What kind?

No

34. How would you rate your current everyday stress level? (0 means none or little and 10 is constant high stress)

35. How many days in a month do you feel happy or fulfilled in your life? (0 is never, 30 means always)

36. How many days in a month do you feel depressed or apathic? 0 is never, 30 means always)

37. How many hours per month do you do sports?
38. Rate the quality of your social life **not** related to the Internet or social media (0 is minimum and 10 is maximum)
39. Please rate the level of participation in social media, including online platforms (0 is minimum and 10 is maximum)
40. How many hours do you work per month?
41. How many times a month do you clean your house?
- less than 1
 - 1 to 2 times
 - 3 to 4 times
 - 4 and more times
42. Do you experience skin reaction to clothing?
- Yes, which
 - No
43. Do you experience skin reaction to detergents/fragrances?
- Yes, which
 - No
44. Do you have a regular sleep cycle of at least 6 hours of sleep at nights?
- Yes.
 - No. Explain to what extend the lack of sleep is due to your skin condition:
-

Diet:

45. How many days per month do you consume alcohol?
46. How many days per month do you smoke?
47. Do you take any other drugs for recreational purposes?
- Yes, which
 - No

48. How many days per month do you eat sweetened foods, candies, sugars?

49. How many days per month do you eat red meat?

50. How many days per month do you eat seafood?

51. How many days per month do you eat vegetables?

52. How many days per month do you eat fruits?

53. How many days per month do you eat eggs?

54. How many days per month do you eat cow milk-based products?

55. How many days per month do you eat dry fruits?

56. How many days per month do you eat fast food?

57. Do you take any food supplements/vitamins/mineral supplements?

Yes, which?

No

58. Are there any foods that trigger or triggered skin, gut, or respiratory exacerbation of any symptoms?

Yes. Specify it

No

59. How many water glasses you drink per day?

Thank you for your answers. We will analyze them and get back to you with more detailed evaluation and consultation.

All the best wishes,

IntegraSkin team.

Electronic patient signature

Internal use only