

## DERMATOLOGY HISTORY QUESTIONNAIRE

# Understanding Your Dog's Itchy Skin

Different itching behaviors can indicate different conditions. Please answer a few questions to better understand your dog's skin irritation so we can better help them find a source of comfort.

Date: \_\_\_\_\_ Dog's Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

## Your Dog's Skin History

1. Which of the following itchy skin behaviours does your dog experience?



Scratching



Rolling/rubbing



Biting/chewing

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Licking



Scooting



Head shaking

2. How long has your dog been itchy? \_\_\_\_\_

3. At what age did your dog first start showing signs of a skin problem? \_\_\_\_\_

4. Does the skin problem happen:

Continuously

My dog hasn't experienced a skin problem before

Intermittently

Randomly/no discernible pattern

Don't know

5. Have you tried home remedies or other treatments? If yes, please describe. (This may include anti-itch medications, shampoos, creams, hypoallergenic food, antibiotics, antihistamines or other products)

\_\_\_\_\_  
\_\_\_\_\_

What was the response to treatment?

Full resolution

Partial/Temporary resolution

No effect

6. Is your dog currently receiving any parasite control (for fleas/ticks/mites)?  Yes  No

If yes, please list the product(s) you are using. \_\_\_\_\_

How often do you administer it? \_\_\_\_\_

## Your Dog's Itch Score

Please indicate how itchy your dog currently is on the scale below.  
0 = no itch; 10 = extremely severe, constant itch

0	1	2	3	4	5	6	7	8	9	10
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## Quality of Life

Itchy skin conditions can have a negative impact on your dog's quality of life, as well as your own. This can include an impact on your or their overall comfort or sleeping patterns; your ability to enjoy activities together; or the time and difficulty in administering treatments for your dog's skin.

### Your Dog's Quality of Life

On the scale below, please indicate how much of an impact your dog's skin condition currently has on your dog. **0 = no impact; 10 = extreme impact**

0	1	2	3	4	5	6	7	8	9	10
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What is most concerning you? \_\_\_\_\_  
\_\_\_\_\_

### Your Quality of Life

On the scale below, please indicate how much of an impact your dog's skin condition currently has on your life, and that of other members of your household. **0 = no impact; 10 = extreme impact**

0	1	2	3	4	5	6	7	8	9	10
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What is most concerning you? \_\_\_\_\_  
\_\_\_\_\_

## Your Dog's Skin Changes

Using the diagrams below, please indicate where you notice changes in your dog's skin that concern you. This may include places where your dog scratches, licks or bites; areas of redness or hair loss; scabs or "pimples" on the skin; or any other skin, ear or feet changes.

