MAKING HS CARE DECISIONS TOGETHER

TRUTHS

Use this tool to reflect on your current hidradenitis suppurativa (HS) symptoms, treatment experiences, and priorities to help you and your healthcare providers have productive conversations.

What are your goals for this appointment?

☐ Diagnosis ☐ Discuss treatment options ☐ Change treatment ☐ Discuss symptoms ☐ Other _____

What's something HS has stopped you from doing that you really miss or want to get back to?

_____

YOUR CURRENT HS STATUS

How well is your HS currently controlled in terms of symptoms such as pain, drainage, inflammation, or flares?

☐ Not well controlled (frequent pain, drainage, or flares most days)
☐ Moderately controlled (some symptom-free days, but HS still interferes)
☐ Well controlled (most days manageable, minimal disruption)

Areas currently affected by HS *(check all that apply):*

☐ Underarms ☐ Groin ☐ Buttocks ☐ Under breasts ☐ Abdomen
☐ Other: _____

Do you experience *(check all that apply):*

☐ New lesion(s) (boils, abscesses, or nodules) in new area(s) of the body ☐ Tunnels (sinus tracts)
☐ Lesion(s) (boils, abscesses, or nodules) that come back in the same spot(s) ☐ Scarring

When was your last flare? _____

How often do you get flares?

☐ Weekly ☐ Monthly ☐ Annually **How many?** _____

How has HS affected your daily life including everyday activities and mental health?

_____

_____

Since your last visit, what has been working well for you?
(For example: prescription medication, wound care, pain management, lifestyle changes, or holistic approaches)

_____

_____

Are you currently on treatment for your HS?

☐ Yes ☐ No

Have you had difficulty accessing HS treatment (e.g., access to doctors, getting treatment, insurance)?

☐ Yes ☐ No

If yes, please explain: _____

GOALS FOR HS CARE

Please rank your top three treatment goals for today.
(Write 1 for most important, 2 for next, and 3 for third)

____ Less pain
____ Less drainage or odor
____ Minimize scarring or disease progression
____ Less sleep disruption due to HS symptoms
____ Fewer new or reoccurring lesions (boils, abscesses, or nodules)
____ Fewer flares (times when HS symptoms suddenly get worse)
____ Simplify your treatment routine
____ Easier to manage work, school, or daily responsibilities

TREATMENT PREFERENCES & CONSIDERATIONS

How would you prefer to take treatment?

☐ Cream ☐ Ointment ☐ Injection ☐ Pill ☐ Surgery ☐ No Preference

What is the preferred frequency for management approaches to HS?

_____

Is there anything else you want to discuss with your doctor about your HS care?

_____

_____

ADDITIONAL NOTES

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Please share this completed form with your doctor to help guide your discussions around the management of your HS.