

# The Dry Pharmacist Treatment Progress Toolbox

Two charts were developed to help track your progress while using DryDerm. There are two components, one filled daily and the other on a weekly basis. Not only will these help you visualize progress, they will also help determine whether you should step up to a higher strength formulation to control your condition.

## Weekly Self-Assessment Chart

Use the following scale and fill in the table that follows with the corresponding number that best describes your condition after each week of treatment. A trend toward smaller values indicates progress with your condition. A trend with values remaining above 5 indicates that you may need a higher strength formulation.

### Severity of Condition

1      2      3      4      5      6      7      8      9      10

<b>1</b>	<b>3</b>	<b>5-6</b>	<b>8</b>	<b>10</b>
<b>Mild</b> - almost normal. Some perspiration but not all that worrisome	Sweating a little more than you would like, worrisome occasionally	<b>Moderate</b> - fair degree of perspiration. Interferes with daily activities at times	Sweating is significant and interferes with daily activities every other day	<b>Severe</b> - sweating is abundant and interferes with daily activities

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
Underarms								
Palms								
Soles								
Face								
Other_____								

## Daily Intervention Chart

This chart uses daily interventions (e.g. more than 1 shower per day) to measure your condition's progress. Just check off the appropriate interventions on a daily basis. We also included extra rows in case you wish to add an intervention that you use on a daily basis that is not listed. A trend towards fewer checkmarks demonstrates improvement. You may also wish to rate your day from an overall perspective – the objective is to reduce your number of days where "Sweat Ruled the Day".

Interventions	Week 1							Week 2							Week 3							Week 4							Week 5							Week 6							Week 7							Week 8										
	Days							Days							Days							Days							Days							Days							Days																	
Needed a change of clothing																																																												
Showered or bathed more than once																																																												
Rescheduled my day																																																												
Some breakthrough sweating occurred																																																												
Needed rescue anti-perspirant, drying powder, tissue/towel																																																												
Felt anxious, ashamed, or depressed																																																												
How was my day (1,2, or 3)*																																																												
Other_____																																																												
Other_____																																																												
Number of checkmarks per week																																																												

\* 1: a good day 2: up & down day 3: sweat ruled the day

