

Hidradenitis Suppurativa Odor and Drainage Scale - Drainage

Drainage Definition: Secretion, blood, stains.

1. In the past 7 days, what was the usual amount of drainage from your hidradenitis suppurativa?	No drainage	Mild drainage*	Moderate drainage**	Severe drainage***	Very severe drainage****
• Head and Neck	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
• Armpits	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
• Trunk	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
• groins	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
• Buttocks	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
• Genital Perianal area	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
• Other area	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2. In the past 7 days, what was the worst amount of drainage from your hidradenitis suppurativa?	No drainage	Mild drainage*	Moderate drainage**	Severe drainage***	Very severe drainage****
• Head and Neck	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
• Armpits	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
• Trunk	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
• groins	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
• Buttocks	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
• Genital Perianal area	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
• Other area	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
In the past 7 days...	Never	Rarely	Sometimes	Often	Always
1. I felt embarrassed about my drainage...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2. The drainage interfered with my sex life...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3. How often did the drainage from your Hidradenitis Suppurativa lesions make you select specific clothing?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

*Drainage fully controlled, no dressing needed

**Drainage controlled, dressings may be required, wear time 2-3 days

***Drainage uncontrolled, dressings required, dressing may be overwhelmed in less than 1 day.

****Drainage uncontrolled, dressings required, dressings need to be changed 3 or more times a day.

Hidradenitis Suppurativa Odor and Drainage Scale (HODS) – Odor

Odor Definition: unpleasant smell, bad smell

	No odor at all	Slight odor	Moderate odor	Strong odor	Very strong odor
1. In the past 7 day, what was the typical odor that you perceived coming from your hidradenitis suppurativa affected areas?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	Never	Rarely	Sometimes	Often	Always
2. In the past 7 days, I felt embarrassed about my odor...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3. In the past 7 days, my odor interfered with my sex life	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>