

YOUR OWN DERMATOLOGICAL HISTORY

Do you have a history of skin reactions?

yes / what type(s)? _____

do you have any allergies? yes / no /

if yes, to what are you allergic?

what tests were used to identify these allergies?

no /

OUTCOME OF YOUR REACTION

Did you stop using the **product 1** because of your reaction?

yes / When (date)? / /
d d m m y y

no /

Did you stop using the **product 2** because of your reaction?

yes / When (date)? / /
d d m m y y

no /

Did you stop using the **product 3** because of your reaction?

yes / When (date)? / /
d d m m y y

no /

How did your reaction progress?

resolved / improved / ongoing / got worse /

how long did this take? _____

Did you need to take any treatment for your reaction?

yes / which? _____

for how long? _____

no /

MEDICAL CONSULTATION

Did you consult a healthcare professional for your reaction?

yes / if yes, when (date)? / / / no /

d d m m y y

If yes,

General Practitioner// Dermatologist// Allergologist// Paediatrician// Emergency// Other// : _____

Did the healthcare professional prescribe any treatment for your reaction?

yes which ? _____
for how long? _____

no

Do you give consent for us to contact this healthcare professional and to send back us information about your reaction?

yes no

If yes, please give his/her details below:

Name: _____

Address: _____

Telephone: _____

If appropriate, give details of any other healthcare professional you consulted about this:

Name: _____

Address: _____

Telephone: _____

RE EXPOSURE TO THE SUSPECTED PRODUCT

Have you used **product 1** again?

yes if yes, did the reaction occur again? yes no

no

did you use **product 1** in the same way and on the same area? yes no

if no, give details: _____

Have you used **product 2** again?

yes if yes, did the reaction occur again? yes no

no

did you use **product 2** in the same way and on the same area? yes no

if no, give details: _____

Have you used **product 3** again?

yes if yes, did the reaction occur again? yes no

no

did you use **product 3** in the same way and on the same area? yes no

if no, give details: _____



Pierre Fabre

**Cosmetovigilance confidential
questionnaire for 1 product**

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Issuing department :Regulatory Affairs/Vigilance

OTHER PRODUCT(S) OR TREATMENT(S) YOU WERE USING WHEN THE REACTION OCCURRED (cosmetics, medications, food supplements, household products)

Brand name

_____ Start $\frac{_}{d} \frac{_}{d} \frac{_}{m} \frac{_}{m} \frac{_}{y} \frac{_}{y}$ End $\frac{_}{d} \frac{_}{d} \frac{_}{m} \frac{_}{m} \frac{_}{y} \frac{_}{y}$

_____ Start $\frac{_}{d} \frac{_}{d} \frac{_}{m} \frac{_}{m} \frac{_}{y} \frac{_}{y}$ End $\frac{_}{d} \frac{_}{d} \frac{_}{m} \frac{_}{m} \frac{_}{y} \frac{_}{y}$

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_____ Start $\frac{_}{d} \frac{_}{d} \frac{_}{m} \frac{_}{m} \frac{_}{y} \frac{_}{y}$ End $\frac{_}{d} \frac{_}{d} \frac{_}{m} \frac{_}{m} \frac{_}{y} \frac{_}{y}$

_____ Start $\frac{_}{d} \frac{_}{d} \frac{_}{m} \frac{_}{m} \frac{_}{y} \frac{_}{y}$ End $\frac{_}{d} \frac{_}{d} \frac{_}{m} \frac{_}{m} \frac{_}{y} \frac{_}{y}$

CARE HABITS

Which product(s) **from the same brand** as the product suspected in your reaction do you use regularly (for care of hair, face or body)?

Thank you very much for filling in this questionnaire, which should be returned to: