

Patient-Oriented SCORAD

Surname: First name:

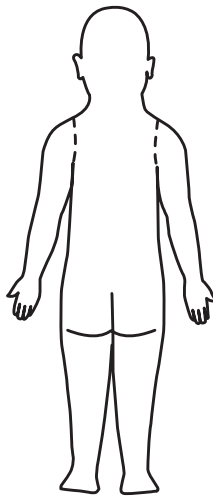
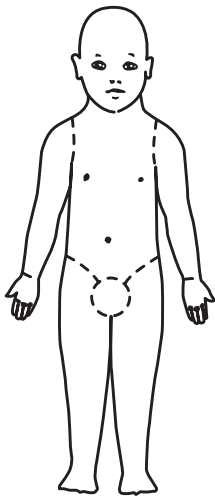
Date of birth : Date:

I. Evaluate the surface of the skin affected by the eczema (where the skin is red and itches) over the past three days:

On the drawing, color in the affected areas

AND

Taking your child's hand to measure (fingers included), what surface (in «number of hands») is affected by eczema?



Number of hands :
.....

II.A. Is the healthy part of the skin (free of eczema) dry?

DRYNESS	NOT AT ALL 0	SLIGHTLY 1	MODERATELY 2	VERY DRY 3
Check the appropriate box				

II.B. What did the eczema look like over the past three days?

Was the skin affected by eczema red?

REDNESS	NOT AT ALL 0	SLIGHTLY 1	MODERATELY 2	VERY RED 3
Check the appropriate box				

Was the skin affected by eczema swollen?

SWELLING	NOT AT ALL 0	SLIGHTLY 1	MODERATELY 2	VERY SWOLLEN 3
Check the appropriate box				

Were there scabs or areas where the skin affected by the eczema was oozing?

SCABS/OOZING	NOT AT ALL 0	SLIGHTLY 1	MODERATELY 2	A LOT 3
Check the appropriate box				

Were there traces of scratching on the skin affected by eczema?

TRACES OF SCRATCHING	NOT AT ALL 0	SLIGHTLY 1	MODERATELY 2	A LOT 3
Check the appropriate box				

Did the skin thicken?

THICKENING	NOT AT ALL 0	SLIGHTLY 1	MODERATELY 2	A LOT 3
Check the appropriate box				

Did the skin bleed in some areas due to the eczema?
Did you find blood on the bed or pyjamas?

BLEEDING	YES	NO
Check the appropriate box		

Were there cracks on your hands or feet due to the eczema?

CRACKS	YES	NO
Check the appropriate box		

Did the skin peel due to the eczema?

THE SKIN PEELS	YES	NO
Check the appropriate box		

III. In the last three days, due to the eczema,

- Were you bothered by itching (see below)?
- Was your sleep disturbed (see below)?

How did the itching and disturbed sleep bother you?

"0" means not at all and "10" means the worst case possible.

