PO-SCORAD on Day

Last name: ..........................................................  First name: ..........................................................
Date of birth: ..........................................................  Today's date: ..........................................................

Who is filling out this questionnaire?
☒ The patient
☒ The patient's mother
☒ The patient's brother / sister
☒ The patient, assisted by a parent
☒ The patient's father
☒ Other (please specify) ..........................................................

Surface affected
☒ patient under 2 years old
☒ patient over 2 years old

Using the drawing provided, shade the areas affected by eczema.

Intensity of symptoms

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Intensity (from 0 to 3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dryness*</td>
<td></td>
</tr>
<tr>
<td>Redness</td>
<td></td>
</tr>
<tr>
<td>Swelling</td>
<td></td>
</tr>
<tr>
<td>Oozing/scabs</td>
<td></td>
</tr>
<tr>
<td>Scratch marks</td>
<td></td>
</tr>
<tr>
<td>Thickening of skin</td>
<td></td>
</tr>
</tbody>
</table>

* Dryness is evaluated on the skin not affected by eczema.

Subjective symptoms: itching + trouble sleeping

You can download a free application that will help you calculate the PO SCORAD automatically. Your computer will create a curve as your eczema evolves and you can print it and give it to your doctor.

Today’s PO SCORAD:

Please visit: PoScorad sur Google play et Apple store
www.opened-dermatology.com
ou www.fondation-dermatite-atopique.org