

PO-SCORAD on Day

Last name: First name:

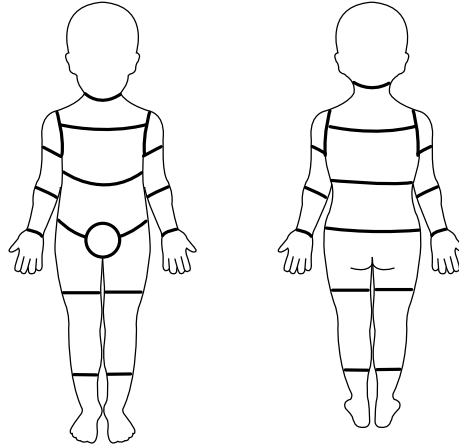
Date of birth: Today's date:

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.

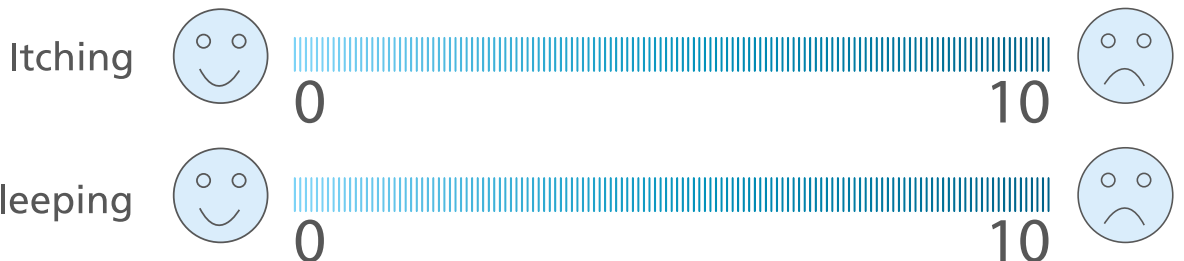
● Intensity of symptoms

Criteria	Intensity (from 0 to 3)
Dryness*	
Redness	
Swelling	
Oozing/scabs	
Scratch marks	
Thickening of skin	

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

● Subjective symptoms: itching + trouble sleeping

visual analogue scale
(average for last 48 hrs) (from 0 to 10)



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: