

SCORAD
EUROPEAN TASK FORCE
ON ATOPIC DERMATITIS

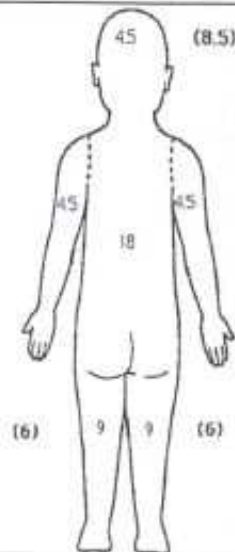
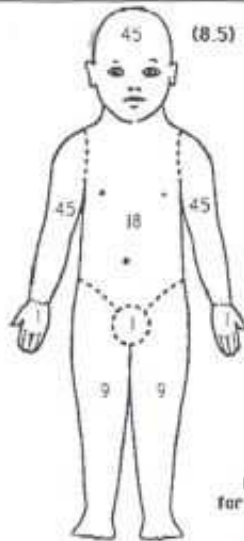
INSTITUTION

PHYSICIAN

Last Name First Name

Topical Steroid used:
Potency (brand name)
Amount / Month (6)
Number of flares / Month

Date of Birth: DD/MM/YY
Date of Visit:



Figures in parenthesis for children under two years

A: EXTENT Please indicate the area involved

B: INTENSITY

CRITERIA	INTENSITY
Erythema	
Edema/Papulation	
Oozing/ crust	
Excoration	
Lichenification	
Dryness *	

MEANS OF CALCULATION

INTENSITY ITEMS (average representative area)
0= absence
1= mild
2= moderate
3= severe

* Dryness is evaluated on uninvolved areas

C: SUBJECTIVE SYMPTOMS
PRURITUS+SLEEP LOSS

SCORAD $A/5+7B/2+C$

Visual analog scale (average for the last 3 days or nights)

PRURITUS (0 to 10) 0 10
SLEEP LOSS (0 to 10) 0 10

TREATMENT:

REMARKS: