SCORAD
EUROPEAN TASK FORCE ON ATOPIC DERMATITIS

Last Name
First Name

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

Topical Steroid used:
Potency (brand name)
Amount (mg)
Number of Flares / Month

(8.5)

(9)

Figures in parenthesis for children under two years.

A: EXTENT
Please indicate the area involved

B: INTENSITY

CRITERIA
PIE (Primary)
Erythema
Dermographism
Extremity
Lumbar area
Dysesthesia

MEANS OF CALCULATION
INTENSITY ITEMS
0 = absence
1 = mild
2 = moderate
3 = severe

SCORAD: A/5 B/2 C

Visual analog scale
(average for the last 3 days or nights)
PRURITUS (0-10)
SLEEP LOSS (0-10)

TREATMENT:

REMARKS:

European Task Force on Atopic Dermatitis/SCORAD