

ECZEMA PATIENT ASSESSMENT

Your care team wants to know how you are doing with your eczema. Complete this questionnaire and review with your doctor to help develop a personalized treatment plan.

TREATMENT GOALS

1. When thinking about your eczema, which of these are most important to you to discuss with your healthcare provider? Please rank using a scale of 1 to 5, with 1 being less important and 5 being more important.

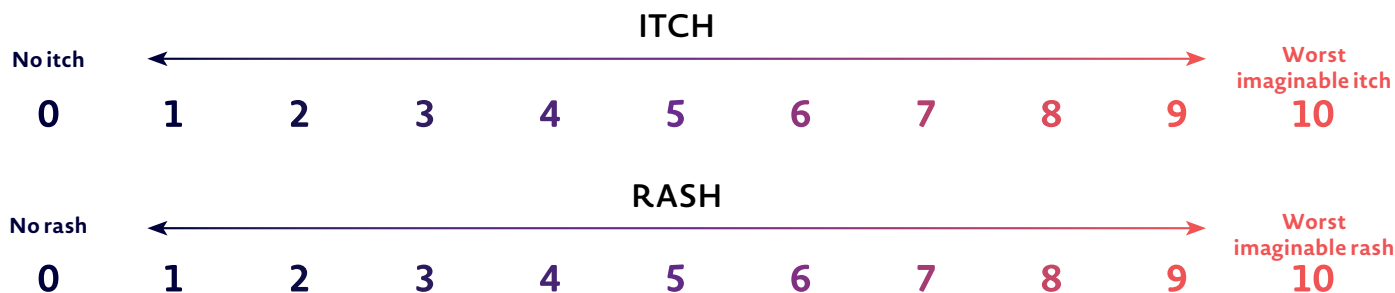
	1 Less important	2	3 Somewhat important	4	5 More important
Itch relief					
Clearer skin					
Skin pain relief					
Ability to fall and stay asleep					
Other: _____					

SYMPTOMS

2. Since your last doctor's visit, have your eczema symptoms gotten better, worse, or remained the same?

Better Worse Same

3. On a scale of 0 to 10 (with 0 being "nonexistent" and 10 being "worst imaginable"), how would you rate your itch and rash at their worst during the past week? Select a number below:



4. Have you noticed a return of eczema symptoms, such as itchy red, gray, or brown rashes?

Yes No If yes, when? _____

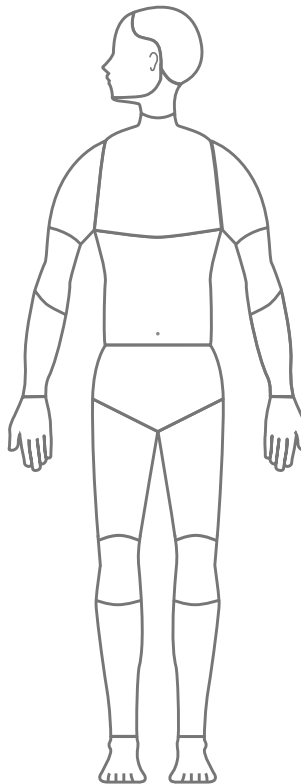
ECZEMA IMPACT

5. Using a scale from 1 to 5, with 1 being not at all and 5 being extremely, rank how your eczema symptoms have affected your daily life over the last month.

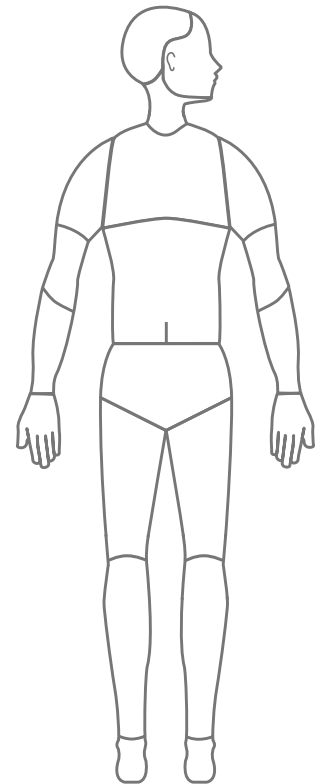
	1 Not at all	2 A little	3 Moderately	4 A lot	5 Extremely
Affected ability to fall or stay asleep					
Impacted daily activities					
Influenced moods or emotions					
Other: _____					

SYMPTOM LOCATION

6. Using a scale of 1–5, where *1 means Less problematic and 5 means Extremely problematic*, enter a number from 1 to 5 into each of the blue fields on the figures to indicate the severity of your symptoms on the different parts of your body.



FRONT/LEFT



BACK/RIGHT

7. Other information I want my doctor to know about my itch/rash(es). Fill out the box below:



WHAT'S NEXT

Please share this information with your healthcare provider to discuss your treatment goals.