



Doctor Discussion Guide

1. Please circle the areas of the body that are most affected by eczema or atopic dermatitis:

2. Rate the severity of the symptoms out of 10 (1 = mild, 10 = severe):

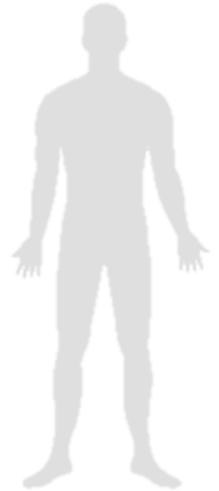
1 2 3 4 5 6 7 8 9 10

3. Rate the everyday impact of symptoms out of 10 (1 = mild, 10 = severe):

1 2 3 4 5 6 7 8 9 10

Front

Back



4. What symptoms are being experienced (tick those that apply)?

Redness

Swelling

Pain

Dryness & Cracking

Signs of infection

Bleeding

Oozing or weeping

Itchiness

Feeling sad or anxious

Other (specify): _____

5. How long have you or your child been experiencing symptoms?

0-5 months

1-2 years

6-10 years

6-11 months

3-5 years

10 years +



6. How often are symptoms experienced?

Constantly

Once a month

Other

(specify): _____

Once a week

Every 6 months

7. Please list three areas that you or your child find most challenging.

For example, do you have difficulty sleeping? Socializing? Participating in sports?

Please list starting with the most challenging areas.

1

2

3

8. Are any other non-physical symptoms experienced?

Please list starting with the most challenging non-physical symptom.

9. What have you tried in order to reduce the impact of eczema flares? What has worked? What hasn't?

10. List any other health conditions for which you or your child are receiving treatment:

11. Name three goals that you have for living with eczema or atopic dermatitis. Why are they important to you?

1

2

3
