Atopic eczema record sheet

Welcome to our clinic. It would greatly help us to help you if you could fill in some basic details about your child's eczema before you come in to see the medical team. This should not take more than a couple of minutes, and will hep to provide a useful record which will be kept in your medical notes. Please fill in the form on behalf of your child, and if possible, discuss some of the answers with your child. If your child is old enough, then he/she might be willing to fill in the form themselves with your help.

Today' Date ……

Age of Patient ……..

At what age did your (your child's) eczema begin? …… years

Name
Address

DOB
Hospital No

Which parts of the body does the eczema normally affect? …….

…….

Which are the **worst** places? …….

…….

Please tick the appropriate box :

Does anything make your child's eczema worse? ☐ Yes ☐ No

If yes, please specify …….

…….

Is your child on a special diet? ☐ Yes ☐ No

If yes, what foods is he/she avoiding? ……

……

Is your child's sleep disturbed because of his/her eczema? ☐ Yes ☐ No

If yes, how many times a week on average? ……..

……

Does your child's eczema affect nursery/school/work? ☐ Yes ☐ No

If yes, in what way? …….

……

Does your child's eczema affect play/social life? ☐ Yes ☐ No

If yes, in what way? ……

…….

What is the most distressing thing about your child's eczema? …….

…….

Has your child had any other illnesses in the past? ……..

…….

Does your child suffer from asthma? ☐ Yes ☐ No

If yes, what treatment is he/she on? ……

…….

Has your child taken steroid tablets before? ☐ Yes ☐ No

If yes, how often and when was the last course? …….

.....

Does your child suffer from hayfever? ☐ Yes ☐ No

Is your child on any medication for anything else? ☐ Yes ☐ No

If yes, please specify …….

…….

Please use the box below to record any treatments your child is currently using or has previously used to treat his/her skin

	Now		**In the past**	
	Helpful	**Unhelpful**	**Helpful**	**Unhelpful**
Emollients (moisturisers)				
Bath oils				
Topical steroids				
Bandages				
Antihistamines				
Others				

Is your child using any other treatments for eczema (ie. herbal, homeopathy, house dust mite reduction, etc.)?

…….

…….

Do you think your child is allergic to anything? ☐ Yes ☐ No

If yes, please specify ……

……

Who normally lives with the child at the moment? ……

……

In the first degree of relatives of your child, ie. parents, brothers or sisters, is there a history of -

Asthma	☐ Yes	☐ No	Who ……
Hayfever	☐ Yes	☐ No	Who ……
Eczema	☐ Yes	☐ No	Who ……

Does your child come into contact with any pets at home? ☐ Yes ☐ No

If yes, please specify ……

……

WHAT ARE YOU HOPING TO GAIN FROM TODAY'S CONSULTATION?

……

……

……

……

……

How much has the eczema bothered your child in the last week?

Please give a number from 0-10

(0= no bother at all; 10=the most bother you can imagine).

(0 – 10) ☐

Patient-Orientated Eczema Measure (POEM)

Please circle one response for each of the seven questions below. Young children should complete the questionnaire with the help of their parents. Please leave blank any questions you feel unable to answer.

1. Over the last week, on how many days has your / your child's skin been itchy because of the eczema?

No days 1-2 days 3-4 days 5-6 days Every day

2. Over the last week, on how many nights has your / your child's sleep been disturbed because of the eczema?

No days 1-2 days 3-4 days 5-6 days Every day

3. Over the last week, on how many days has your / your child's skin been bleeding because of the eczema?

No days 1-2 days 3-4 days 5-6 days Every day

4. Over the last week, on how many days has your / your child's skin been weeping or oozing clear fluid because of the eczema?

No days 1-2 days 3-4 days 5-6 days Every day

5. Over the last week, on how many days has your / your child's skin been cracked because of the eczema?

No days 1-2 days 3-4 days 5-6 days Every day

6. Over the last week, on how many days has your / your child's skin been flaking off because of the eczema?

No days 1-2 days 3-4 days 5-6 days Every day

7. Over the last week, on how many days has your / your child's skin felt dry or rough because of the eczema?

No days 1-2 days 3-4 days 5-6 days Every day

Total Score (maximum 28) _____