

Patient-Orientated Eczema Measure (POEM)

Name:

Date:

Date of birth:

Total POEM score:

Hospital No:

(maximum 28)

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