

SCORAD
EUROPEAN TASK FORCE
ON ATOPIC DERMATITIS

INSTITUTION

PHYSICIAN

Last Name First Name

Date of Birth: DD/MM/YY

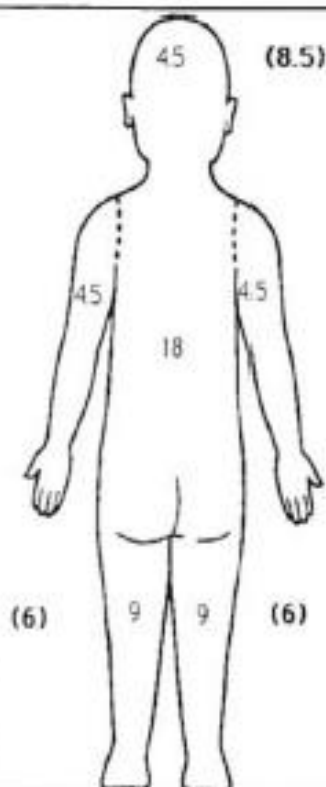
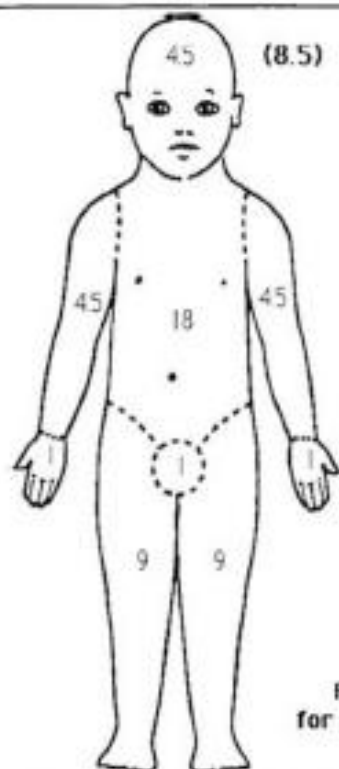
Date of Visit:

Topical Steroid used

Potency (brand name)

Amount / Month (6)

Number of flares / Month



Figures in parenthesis
for children under two years

A: EXTENT - Please indicate the area involved

B: INTENSITY

| CRITERIA | INTENSITY |
|------------------|----------------------|
| Erythema | <input type="text"/> |
| Edema/Papulation | <input type="text"/> |
| Oozing/crust | <input type="text"/> |
| Excoriation | <input type="text"/> |
| Lichenification | <input type="text"/> |
| Dryness * | <input type="text"/> |

MEANS OF CALCULATION

INTENSITY ITEMS
(average representative area)

0= absence

1= mild

2= moderate

3= severe

* Dryness is evaluated
on uninvolved areas

C: SUBJECTIVE SYMPTOMS
PRURITUS+SLEEP LOSS

SCORAD $A/5+7B/2+C$

Visual analog scale
(average for the last
3 days or nights)

PRURITUS (0to10)

SLEEP LOSS (0to10)

0

10

TREATMENT:

REMARKS: