



Eczema Assessment

Name: _____ Date of Birth: _____ Date: _____

Complete this form and take it to your physician at your next appointment. It helps your physician understand how eczema has affected you/your child in the past few months. Eczema often flares and then subsides. This form will help your physician understand what you experience.

Circle the number that most closely matches your situation.

1. How often do you/your child have the rash/eczema?

Yearly	Every few months	Monthly	Weekly	Daily
1	2	3	4	5

2. How often do you/your child itch from eczema?

Never	Rarely	Sometimes	Often	All the time
0	1	2	3	4

3. How often does eczema interfere with sleep?

Never	Rarely	Sometimes	Often	All the time
0	1	2	3	4

4. How often does having eczema interfere with work, school, or recreational activities?

Never	Rarely	Sometimes	Often	All the time
0	1	2	3	4

5. How often does having eczema affect daily friendships, social life, or family/friend gatherings?

Never	Rarely	Sometimes	Often	All the time
0	1	2	3	4

6. How often does having eczema make you/your child sad, embarrassed, or upset?

Never	Rarely	Sometimes	Often	All the time
0	1	2	3	4

Score: Add score for each question above (to a maximum of 25).

1-8 Mild 9-16 Moderate 17-25 Severe

Total Score

Body Surface Area
Shade the areas where you have recently experienced eczema.

Please provide any additional information or comments on the impact eczema has on your life.

If additional space is needed, please write on back of page.



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