



Information for young children (Guide Age: 5-7 year olds)

## A\*STAR: The UK-Irish Atopic eczema Systemic TherApy Register

We would like to ask for your help with our project!



We know that you have eczema.

We want to find out how different types of medicines for eczema work.

We want to see how these medicines affect you and your eczema over the next few years.



We will get this information from the doctors and nurses you see for your eczema appointments.

We will ask you some questions, which will be part of your normal hospital visit, but mum, dad or your carer can help you to answer these.

If you let us we will also take a bit of blood from your arm; some children say it hurts a bit, others are not so bothered.



If you have any questions you can ask your mum, dad, carer, or one of the people taking care of you at the hospital.

**THANKS FOR READING THIS!**





A PROJECT OF THE BRITISH ASSOCIATION OF DERMATOLOGISTS





**PATIENT ASSENT FORM**

(For individuals not legally able to agree to consent.  
To be signed alongside a Parent/Guardian Consent Form)



**The UK-Irish Atopic eczema Systemic TherApy Register (A\*STAR)**

Initial box to agree



Or cross if you don't agree



All my questions have been answered




Do you want to help us?



Are you happy to answer some questions for us?




Remember that you can stop helping if you want



Are you happy to give us some blood?




Your name:

Your signature:

Date:

1 copy for patient; 1 copy for researcher; 1 copy to be kept with hospital notes