## **Itch Severity Score**

Patient ID:

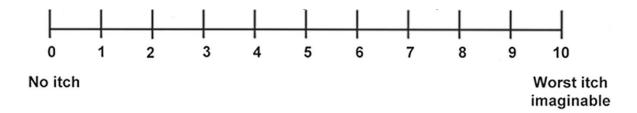
Patient Initials:

Visit:

APROJECT OF THE BRITISH ASSOCIATION OF DERMATOLOGISTS

Date of assessment:

Please circle the number that best describes your itch severity due to eczema in the past 24 hours.



## SCORE: