

# Itch Severity Score



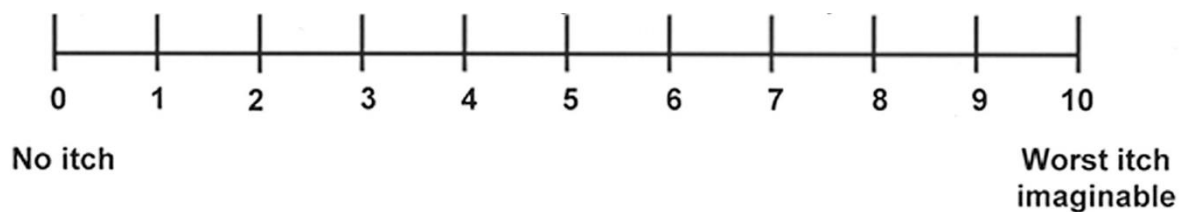
Patient ID:

Patient Initials:

Visit:

Date of assessment:

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



SCORE: