

My Experience Report

Date: / /

The scores from the assessments reflect how severe you said your symptoms are and how they affect your life. You can print or save this PDF to keep a record of your scores.

Symptom Scale (POEM) ¹	
Insert your assessment score below	
0-2	Clear/Almost Clear
3-7	Mild
8-16	Moderate
17-24	Severe
25-28	Very Severe

Keeping up with your scores can be a good way to track your symptoms. Write down your score each time you take the assessment. Be sure to discuss your results with your healthcare provider to confirm and evaluate your scores.

NOTES

Your Next Appointment

_____	_____
Date	Time

REFERENCES: 1. The Patient-Oriented Eczema Measure: Development and Initial Validation of a New Tool for Measuring Atopic Eczema Severity From the Patients' Perspective. *Arch Dermatol.* 2004;140:1513-1519.



ATOPIC DERMATITIS REVEALED

Health information contained herein is provided for general educational purposes only. Your healthcare professional is the single best source of information regarding your health. Please consult your healthcare professional if you have any questions about your health or treatment.