



# Examples of Assessment Tools to Evaluate Impact of M-S AD



## PATIENT-REPORTED OUTCOMES

### POEM

**Patient-Oriented Eczema Measure**

Please circle one response for each of the seven questions below. Young children should complete the questionnaire with the help of their parents. Please leave blank any questions you feel unable to answer.

- Over the last week, on how many days has your/your child's skin been itchy because of the eczema?  
No Days    1-2 Days    3-4 Days    5-6 Days    Every Day
- Over the last week, on how many nights has your/your child's sleep been disturbed because of the eczema?  
No Days    1-2 Days    3-4 Days    5-6 Days    Every Day
- Over the last week, on how many days has your/your child's skin been bleeding because of the eczema?  
No Days    1-2 Days    3-4 Days    5-6 Days    Every Day
- Over the last week, on how many days has your/your child's skin been weeping or oozing clear fluid because of the eczema?  
No Days    1-2 Days    3-4 Days    5-6 Days    Every Day
- Over the last week, on how many days has your/your child's skin been cracked because of the eczema?  
No Days    1-2 Days    3-4 Days    5-6 Days    Every Day
- Over the last week, on how many days has your/your child's skin been flaking off because of the eczema?  
No Days    1-2 Days    3-4 Days    5-6 Days    Every Day
- Over the last week, on how many days has your/your child's skin felt dry or rough because of the eczema?  
No Days    1-2 Days    3-4 Days    5-6 Days    Every Day

Total Score (maximum 28) \_\_\_\_\_

Measures overall AD severity by the patient

### DLQI

**DERMATOLOGY LIFE QUALITY INDEX**

Hospital No. \_\_\_\_\_ Date \_\_\_\_\_ Score: \_\_\_\_\_  
Name \_\_\_\_\_ Diagnosis \_\_\_\_\_  
Address \_\_\_\_\_

The aim of this questionnaire is to measure how much your skin problem has affected your life OVER THE LAST WEEK. Please check one box for each question.

1. Over the last week, how itchy, sore, painful or stinging has your skin been?	Very much A lot A little Not at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Over the last week, how embarrassed or self-conscious have you been because of your skin?	Very much A lot A little Not at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Over the last week, how much has your skin interfered with you going shopping or looking after your home or yard?	Very much A lot A little Not at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not relevant <input type="checkbox"/>
4. Over the last week, how much has your skin influenced the clothes you wear?	Very much A lot A little Not at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not relevant <input type="checkbox"/>
5. Over the last week, how much has your skin affected any social or leisure activities?	Very much A lot A little Not at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not relevant <input type="checkbox"/>
6. Over the last week, how much has your skin made it difficult for you to do any sport?	Very much A lot A little Not at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not relevant <input type="checkbox"/>
7. Over the last week, has your skin prevented you from working or studying?	yes no	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not relevant <input type="checkbox"/>
8. If 'No', over the last week how much has your skin been a problem at work or studying?	A lot A little Not at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Over the last week, how much has your skin created problems with your partner or any of your close friends or relatives?	Very much A lot A little Not at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not relevant <input type="checkbox"/>
10. Over the last week, how much has your skin caused any sexual difficulties?	Very much A lot A little Not at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not relevant <input type="checkbox"/>
11. Over the last week, how much of a problem has the treatment for your skin been, for example by making your home messy, or by taking up time?	Very much A lot A little Not at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not relevant <input type="checkbox"/>

Please check you have answered EVERY question. Thank you.

Measures the health-related quality of life by the patient

## USED IN CLINICAL TRIALS AS PHYSICIAN ASSESSMENT TOOLS AND CLINICAL ENDPOINTS

### EASI

**Severity Score**

Grade each sign on a scale:	0	1-9%	10-29%	30-49%	50-69%	70-89%	90-100%
0=clear/none 1=mild 2=moderate 3=severe	0	1	2	3	4	5	6

**Area Score**

% Involvement	0	1	2	3	4	5	6
Area Score	0	1	2	3	4	5	6

**EASI Score Interpretation**

Clear	Almost Clear	Mild	Moderate	Severe	Very Severe
0	0.1-1.0	1.1-7.0	7.1-21.0	21.1-50.0	50.1-72.0

**EASI Calculator (Adults)**

Body Region	Erythema (0-3)	Edema/Papulation (0-3)	Excoration (0-3)	Lichenification (0-3)	Area Score (0-6)	Multiplier	Score
Head/Neck	( + )	( + )	( + )	( + )	x	x 0.1	
Trunk	( + )	( + )	( + )	( + )	x	x 0.3	
Upper Extremities	( + )	( + )	( + )	( + )	x	x 0.2	
Lower Extremities	( + )	( + )	( + )	( + )	x	x 0.4	

The final EASI score is the sum of the 4 region scores (0-72): \_\_\_\_\_

Measures the extent and intensity of AD by the physician

### SCORAD

**SCORAD INDEX**  
EUROPEAN TASK FORCE ON ATOPIC DERMATITIS

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ DDMMYY  
Date of Visit: \_\_\_\_\_

**A: EXTENT** Please indicate the area involved: \_\_\_\_\_

**B: INTENSITY** \_\_\_\_\_

**C: SUBJECTIVE SYMPTOMS** PRURITUS + SLEEP LOSS: \_\_\_\_\_

**MEANS OF CALCULATION**  
A/5 + 7B/2 + C

**CRITERIA INTENSITY**  
Erythema  
Oozing/Crust  
Excoriation  
Lichenification  
Dryness\*

**INTENSITY ITEMS**  
(average representative area)  
0 = absence  
1 = mild  
2 = moderate  
3 = severe

\* Dryness is evaluated on uninvolved areas

Visual analog scale (average for the last 3 days or nights)  
PRURITUS (0 to 10) \_\_\_\_\_ 10  
SLEEP LOSS (0 to 10) \_\_\_\_\_ 10

### IGA

Score	Morphological Description
0 – Clear	No inflammatory signs of atopic dermatitis (no erythema, no induration/papulation, no lichenification, no oozing/crusting). Post-inflammatory hyperpigmentation and/or hypopigmentation may be present.
1 – Almost clear	Barely perceptible erythema, barely perceptible induration/papulation, and/or minimal lichenification. No oozing or crusting.
2 – Mild	Slight but definite erythema (pink), slight but definite induration/papulation, and/or slight but definite lichenification. No oozing or crusting.
3 – Moderate	Clearly perceptible erythema (dull red), clearly perceptible induration/papulation, and/or clearly perceptible lichenification. Oozing and crusting may be present.
4 – Severe	Marked erythema (deep or bright red), marked induration/papulation, and/or marked lichenification. Disease is widespread in extent. Oozing or crusting may be present.

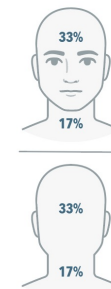
Measures overall AD severity by the physician

### BSA SCORE:

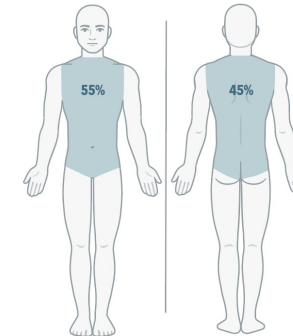
- 1 (1%–9%),
- 2 (10%–29%),
- 3 (30%–49%),
- 4 (50%–69%),
- 5 (70%–89%),
- 6 (90%–100%)

BSA is used to calculate the final EASI score

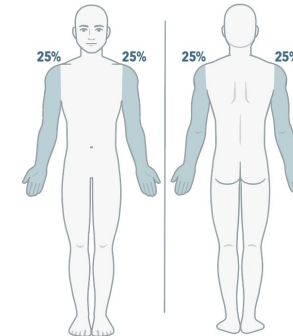
#### HEAD & NECK



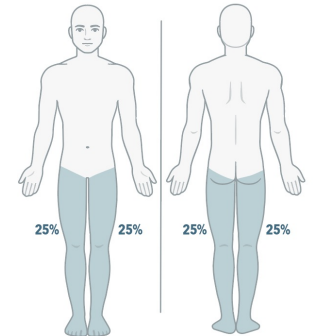
#### TRUNK



#### UPPER EXTREMITIES



#### LOWER EXTREMITIES





# Gaining and Maintaining Flare Control in Moderate-to-Severe Atopic Dermatitis: Enhancing Patient Quality of Life



## DERMATOLOGY LIFE QUALITY INDEX

DLQI

HOSPITAL NO:	DATE:
NAME:	DIAGNOSIS:
ADDRESS:	

SCORE:

The aim of this questionnaire is to measure how much your skin problem has affected your life OVER THE LAST WEEK. Please check one box for each question.

1. Over the last week, how **itchy, sore, painful** or **stinging** has your skin been?  
 Very Much     A Lot     A Little     Not At All

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2. Over the last week, how **embarrassed** or **self-conscious** have you been because of your skin?  
 Very Much     A Lot     A Little     Not At All

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3. Over the last week, how much has your skin interfered with you going **shopping** or looking after your **home** or **yard**?  
 Very Much     A Lot     A Little     Not At All     Not Relevant

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4. Over the last week, how much has your skin influenced the **clothes** you wear?  
 Very Much     A Lot     A Little     Not At All     Not Relevant

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5. Over the last week, how much has your skin affected any **social** or **leisure** activities?  
 Very Much     A Lot     A Little     Not At All     Not Relevant

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6. Over the last week, how much has your skin made it difficult for you to do any **sport**?  
 Very Much     A Lot     A Little     Not At All     Not Relevant

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7. Over the last week, has your skin prevented you from **working** or **studying**?  
 Yes     No     Not Relevant  
 If "No", over the last week how much has your skin been a problem at **work** or **studying**?  
 A Lot     A Little     Not At All

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8. Over the last week, how much has your skin created problems with your **partner** or any of your **close friends** or **relatives**?  
 Very Much     A Lot     A Little     Not At All     Not Relevant

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9. Over the last week, how much has your skin caused any **sexual difficulties**?  
 Very Much     A Lot     A Little     Not At All     Not Relevant

---

10. Over the last week, how much of a problem has the **treatment** for your skin been, for example by making your home messy, or by taking up time?  
 Very Much     A Lot     A Little     Not At All     Not Relevant

Please check you have answered EVERY question. Thank you!



# Gaining and Maintaining Flare Control in Moderate-to-Severe Atopic Dermatitis: Enhancing Patient Quality of Life



## EASI

Severity Score	Area Score							
Grade each sign on a scale:  0=clear/none 1=mild 2=moderate 3=severe	% Involvement	0	1-9%	10-29%	30-49%	50-69%	70-89%	90-100%
	Area Score	0	1	2	3	4	5	6

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EASI Calculator (Adults)							
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Trunk	( + )	( + )	( + )	( )	x	x 0.3	
Upper Extremities	( + )	( + )	( + )	( )	x	x 0.2	
Lower Extremities	( + )	( + )	( + )	( )	x	x 0.4	
The final EASI score is the sum of the 4 region scores (0-72):							_____



## INVESTIGATOR GLOBAL ASSESSMENT (IGA)

Score	Morphological Description
<b>0 – Clear</b>	No inflammatory signs of atopic dermatitis (no erythema, no induration/papulation, no lichenification, no oozing/crusting). Post-inflammatory hyperpigmentation and/or hypopigmentation may be present.
<b>1 – Almost clear</b>	Barely perceptible erythema, barely perceptible induration/papulation, and/or minimal lichenification. No oozing or crusting.
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<b>4 – Severe</b>	Marked erythema (deep or bright red), marked induration/papulation, and/or marked lichenification. Disease is widespread in extent. Oozing or crusting may be present.





**POEM**

**Patient-Oriented Eczema Measure**

Please circle one response for each of the seven questions below. Young children should complete the questionnaire with the help of their parents. Please leave blank any questions you feel unable to answer.

**1. Over the last week, on how many days has your/your child's skin been itchy because of the eczema?**

No Days      1-2 Days      3-4 Days      5-6 Days      Every Day

**2. Over the last week, on how many nights has your/your child's sleep been disturbed because of the eczema?**

No Days      1-2 Days      3-4 Days      5-6 Days      Every Day

**3. Over the last week, on how many days has your/your child's skin been bleeding because of the eczema?**

No Days      1-2 Days      3-4 Days      5-6 Days      Every Day

**4. Over the last week, on how many days has your/your child's skin been weeping or oozing clear fluid because of the eczema?**

No Days      1-2 Days      3-4 Days      5-6 Days      Every Day

**5. Over the last week, on how many days has your/your child's skin been cracked because of the eczema?**

No Days      1-2 Days      3-4 Days      5-6 Days      Every Day

**6. Over the last week, on how many days has your/your child's skin been flaking off because of the eczema?**

No Days      1-2 Days      3-4 Days      5-6 Days      Every Day

**7. Over the last week, on how many days has your/your child's skin felt dry or rough because of the eczema?**

No Days      1-2 Days      3-4 Days      5-6 Days      Every Day

**Total Score (maximum 28) \_\_\_\_\_**

## SCORAD

### SCORAD INDEX

#### EUROPEAN TASK FORCE ON ATOPIC DERMATITIS

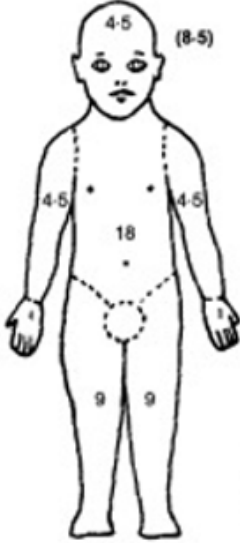
Last Name:

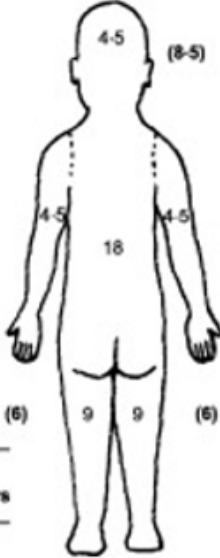
First Name:

Date of Birth:     DD/MM/YY

Date of Visit:

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Figures in parenthesis for children under two years

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**A: EXTENT** Please indicate the area involved

**B: INTENSITY**

**C: SUBJECTIVE SYMPTOMS**  
PRURITUS + SLEEP LOSS

**A/5 + 7B/2 + C**

CRITERIA	INTENSITY
Erythema	
Oedema/Papulation	
Oozing/crust	
Excoriation	
Lichenification	
Dryness*	

**MEANS OF CALCULATION**

**INTENSITY ITEMS**  
(average representative area)

0 = absence  
1 = mild  
2 = moderate  
3 = severe

\* Dryness is evaluated on uninvolved areas

Visual analog scale (average for the last 3 days or nights)

PRURITUS (0 to 10)   **0** **10**

SLEEP LOSS (0 to 10)

European Task Force on AD. Dermatology. 1993;186:23-31.