

# Eczema Questionnaire - POEM

To be completed by parent/guardian

Please circle your answer for each question

1. Over the **last week**, on how many days has 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 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 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 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 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 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 child's skin felt **dry or rough** because of the eczema?  
No days            1-2 days            3-4 days            5-6 days            Every Day