Remote patient-screening module – Atopic Dermatitis

1. **Have you or your child suffered** from a**n itchy skin condition at some point in life?**
* Yes
* No
1. **Which of the following best describes you?**
* I have been diagnosed by a dermatologist as having eczema
* I have been diagnosed by a non-dermatologist clinician or physician as having eczema
* I have self-diagnosed my eczema
* I am a caregiver to someone with Atopic Dermatitis; **NOTE: please answer the remaining questions on behalf of the person for whom you act as caregiver, unless otherwise specified.**
* I do not believe I have Atopic Dermatitis nor am I a caregiver to someone with Atopic Dermatitis
1. **Have you been diagnosed with any of the following? *(Select all that apply)*:**
* Atopic Dermatitis (Eczema)
* Psoriasis
* Seasonal allergies
* Other allergies (non-seasonal and non-food)
* Asthma
* Nasal polyps
* Staphylococcal infection (also known as “staph infection”)
* None of the above
1. **Which of the following apply to you? *(Select all that apply)*:**
* Itchy red skin rashes since childhood
* Asthma and/or hay fever and/or food allergies and/or polyps in the nose
* Relatives suffering from eczema and/or asthma and/or hay fever
* Rashes that present in skin-fold areas or creases, such as behind the knees, elbow creases or neck
* Generally dry skin
* Current rash in skin-fold areas rashes in skin-fold areas or creases, such as behind the knees, elbow creases or neck
* None of the above
1. **Which of the following skin-problems have you experienced? *(Select all that apply)*:**
* Itching
* Bumps
* Redness
* Swelling/edema
* Bleeding
* Oozing
* Rashes on the hands and feet
* Rashes on the nipples
* Weeping
* Scabs
* Pain Burning
* Dryness
* Scaling
* Flaking
* Cracking
* Thickening or leathery skin patches
* Darkening of the skin around the eyes
* Skin discoloration
* None of the above