A-STAR: Current Topical Therapy	
Patient Study ID: |___|___|___|___|___|___|	**Initials:** |___|___|___|

Current topical therapy (for additional medications print further CRF pages)	
|__|__|	**Topical therapy type:** ☐ Corticosteroid **Classification:** O Mild O Moderate O Potent O Ultra-potent ☐ Calcineurin inhibitor: O Pimecrolimus 1% O Tacrolimus 0.03% O Tacrolimus 0.1% ☐ Other; please specify: _____ **Start date:** |___|___| |___|___|___| |___|___|___|___| **Stop date:** |___|___| |___|___|___| |___|___|___|___| *or* ☐ **Ongoing** **Times a week:** |___|___|___| *or* ☐ PRN **Effect:** ☐ Excellent (clearance) ☐ Good ☐ Moderate ☐ Poor ☐ Unknown
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