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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Current topical therapy (for additional medications print further CRF pages)

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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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