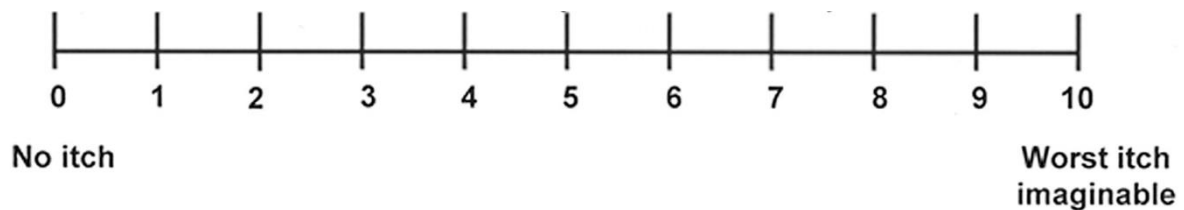# Itch Severity Score

Patient ID:

Patient Initials:

Visit:

Date of assessment:

Please circle the number that best describes your itch severity due to eczema in the past 24 hours.

0   1   2   3   4   5   6   7   8   9   10

No itch   Worst itch imaginable

SCORE: