

BECOME AN EMPOWERED ECZEMA PATIENT

The most common type of **eczema** is called **atopic dermatitis (AD)**. This hereditary form of eczema is estimated to affect up to **17% OF CANADIANS** at some point in their lifetime.

This questionnaire will help you identify and record how your eczema impacts you on a daily basis. Being clear about the way your symptoms are affecting you, explaining how you're feeling and what eczema management could be with your doctor can help create a treatment plan that's right for you.

ITCH

Does your eczema:

- Make you want relief from itch? **YES** **NO**
- Make it difficult to stop scratching? **YES** **NO**

SLEEP

Does your eczema:

- Make it difficult to fall asleep? **YES** **NO**
- Cause you to wake up during the night? **YES** **NO**



ACTIVITY

Does your eczema:

- Limit your physical activities (e.g., walking, exercising)? **YES** **NO**
- Interfere with your ability to perform at work? **YES** **NO**
- Limit your social activities (e.g., going out for dinner, visiting friends)? **YES** **NO**
- Limit your household activities (e.g., washing dishes, vacuuming, doing the laundry)? **YES** **NO**



EMOTIONAL STATE

Does your eczema:

- Make it difficult for you to concentrate? **YES** **NO**
- Make you feel self-conscious or embarrassed? **YES** **NO**
- Make you feel sad or anxious? **YES** **NO**

You deserve to live without the itch from eczema. **If you answered 'YES' to one or more of these questions, bring this to your next appointment with your doctor.** Sharing clear goals can help them recommend more personalized treatment options.