

Allergy/Asthma Specialists W. MI

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CHILDHOOD ECZEMA QUESTIONNAIRE

PLEASE ANSWER THE FOLLOWING QUESTIONS as best as you can. You can clarify issues further during your visit with the doctor. (circle or fill in)

- A. Bath / Shower, _____ times per week; hot / warm / cold water for _____ minutes.
- a. Soap **Brand**:_____. Shampoo **Brand**:_____.
- i. When soap/shampoo used? *begin / middle / end* of wash time .
- ii. Where soap/shampoo used? *head to toe / selective areas*:_____.
- b. Using washcloths? YES / NO .
- B. Moisturizers? NO / YES **Current type**:_____.
- a. When used?: *morning / afternoon / evening / night / after bath-shower*
- b. How Often (typically)? : *As needed / Daily / _____ times a day/ _____ days a week / _____ times a month / other*_____
- C. Any Steroid creams/ointments, Elidel, Protopic? NO / YES
- a. **IF YES**: **Current type**:_____.
- b. **WHERE needed**: *legs/ behind knees / arms / wrists / other*_____
- c. **IF YES**: Typically: *Daily / _____ days per week / _____ times per month / other*_____
- D. Any skin INFECTIONS requiring ANTIBIOTICS? NO / YES
- a. **IF YES**: When? _____
- E. Laundry detergent: *liquid / powder / regular / scent-dye free / fabric softener / dryer sheets-bars*
- F. Is there a lot of Itching or Scratching? NO / YES
- a. Use any antihistamines? NO / YES **Current brand**:_____.
- b. HOW MUCH and WHEN USED:_____.
- G. Any worse any time of year? *Winter / Spring / Summer / Fall / Year-round*
- H. Anything obviously trigger or make worse? (*grass, sand, pets, foods, other exposures*) :
_____.
- I. Swimming pool exposures? YES / NO