

# 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. **When** did the rash start or **how old** first noticed? : \_\_\_\_\_.
- B. **DESCRIPTION** of rash (please circle): *red / itchy / dry / flaking / small bumps / flat / welts raised like a mosquito bite / fluid filled blister / blotchy / circular / donut shaped / other: \_\_\_\_\_*
- C. **Where** is rash **worse**? *Inner elbows / behind knees / ankles / wrists / arms / legs / face / neck / belly back / head to toe / other \_\_\_\_\_*
- D. **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* .
- E. **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 \_\_\_\_\_*
- F. 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 \_\_\_\_\_*
- G. Any skin **INFECTIONS** requiring ANTIBIOTICS? *NO / YES*
- a. **IF YES**: When? \_\_\_\_\_
- H. **Laundry** detergent: *liquid / powder / regular / scent-dye free / fabric softener / dryer sheets-bars*
- I. Is there a lot of Itching or **Scratching**? *NO / YES*
- a. Use any antihistamines? *NO / YES* **Current brand**: \_\_\_\_\_ .
- b. **HOW MUCH** and **WHEN USED**: \_\_\_\_\_ .
- J. Any worse any **time of year**? *Winter / Spring / Summer / Fall / Year-round*
- K. Anything obviously **trigger** or make worse? (*grass, sand, pets, foods, other exposures*) : \_\_\_\_\_ .
- L. Swimming **pool** exposures? *YES / NO*