Patient-Oriented Eczema Measure (POEM)
Infant and young children’s version for parent/caregiver to complete

Patient details:

Date:

Total POEM score:
(maximum 28)

Please circle one response for each of the seven questions below. Young children should complete the questionnaire with the help of their parent/caregiver. Please leave blank any questions you feel unable to answer.

1. Over the last week, on how many days has your/your child’s skin been itchy because of the eczema?
   No days 1-2 days 3-4 days 5-6 days Every day

2. Over the last week, on how many nights has your/your child’s sleep been disturbed because of the eczema?
   No days 1-2 days 3-4 days 5-6 days Every day

3. Over the last week, on how many days has your/your child’s skin been bleeding because of the eczema?
   No days 1-2 days 3-4 days 5-6 days Every day

4. Over the last week, on how many days has your/your child’s skin been weeping or oozing clear fluid because of the eczema?
   No days 1-2 days 3-4 days 5-6 days Every day

5. Over the last week, on how many days has your/your child’s skin been cracked because of the eczema?
   No days 1-2 days 3-4 days 5-6 days Every day

6. Over the last week, on how many days has your/your child’s skin been flaking off because of the eczema?
   No days 1-2 days 3-4 days 5-6 days Every day

7. Over the last week, on how many days has your/your child’s skin felt dry or rough because of the eczema?
   No days 1-2 days 3-4 days 5-6 days Every day

Responses are scored as follows:
No days = 0
1-2 days = 1
3-4 days = 2
5-6 days = 3
Every day = 4