

QUESTIONS TO SUFFERERS

Questions we would like to know about your disease:

1. Do you use topical steroids and/or moisturizers?
How often?
Where of your body?
When did you stop using steroids? yyyy/mm/dd
When did you stop using moisturizers? yyyy/mm/dd
2. How long did you use Protopic?
How often did you use it?
Where of your body?
3. Have you taken Neoral or been injected with dupixent?
4. Are you taking any antihistamines?
5. Do you receive light therapy?
6. Are you taking any supplements?
7. How often do you take showers per day or per week?
How long do you take a shower?
Do you use soaps or shampoo?
9. Do you eat foods three times a day? Do you restrict any foods?
10. Do you have wheezing or asthma after eating bread or any other foods?
11. How much do you drink liquids per day?
Do you drink liquids before going to bed or at midnight?
What kinds of liquids do you drink?
12. Is the color of your urine yellow, clear, or dark yellow?
14. Do you exercise?
13. Do you sleep during day time?
19. Is your skin bright red or darker red?
17. Do you have fissures on the back of knee or ankles?
8. Do you scrape off ooze or crusts?
18. Do you protect your wounds with gauze?
15. Do you have any psychological stress?
16. In what situation, do you feel strong itch?

Your clinical photos are helpful. Please attach no more than three photos,