

POSAS Patient scale

The Patient and Observer Scar Assessment Scale v2.0 / EN

Date of examination: _____

Name of patient: _____

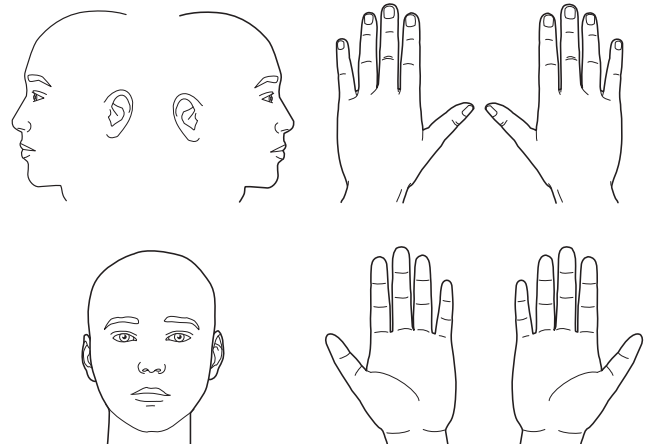
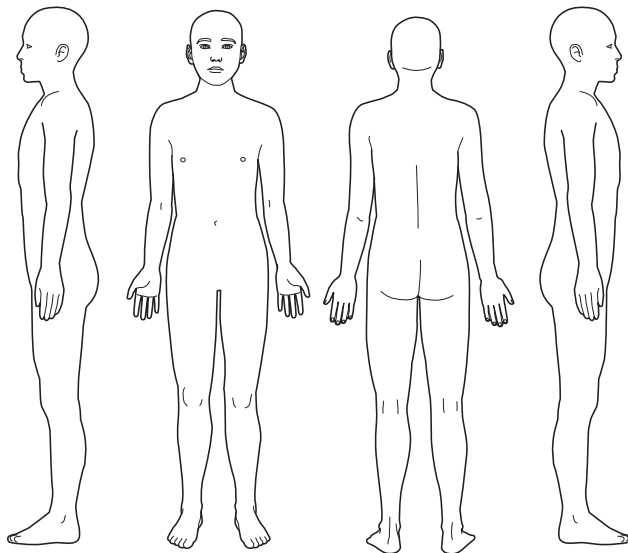
Observer: _____

Date of birth: _____

Location: _____

Research / study: _____

Identification number: _____



1 = no, not at all yes, very much = 10

1 2 3 4 5 6 7 8 9 10

HAS THE SCAR BEEN PAINFUL THE PAST FEW WEEKS?

HAS THE SCAR BEEN ITCHING THE PAST FEW WEEKS?

1 = no, as normal skin yes, very different = 10

IS THE SCAR COLOR DIFFERENT FROM THE COLOR OF YOUR NORMAL SKIN AT PRESENT?

IS THE STIFFNESS OF THE SCAR DIFFERENT FROM YOUR NORMAL SKIN AT PRESENT?

IS THE THICKNESS OF THE SCAR DIFFERENT FROM YOUR NORMAL SKIN AT PRESENT?

IS THE SCAR MORE IRREGULAR THAN YOUR NORMAL SKIN AT PRESENT?

1 = as normal skin very different = 10

1 2 3 4 5 6 7 8 9 10

WHAT IS YOUR OVERALL OPINION OF THE SCAR COMPARED TO NORMAL SKIN?