Patient Questionnaire – Chronic Urticaria

(Follow Up)

Dear Patient,

Please answer the following questions regarding the present situation of your Chronic Urticaria and its course since the last consultation.

Please remember that Urticaria comes with wheals, angioedema (swelling), or both. Wheals and angioedema are often confused. Below you find typical pictures of wheals and angioedema. These pictures are meant to help you to answer the questions of this questionnaire correctly.

Wheals (pinhead-sized up to many cm in diameter, strictly delimited, occasionally streak shaped, mostly itching, reddish, transient, raised skin lesions lasting minutes up to many hours)

Angioedema (usually skin colored, mostly hard to delimit, sometimes painful swelling of the skin or mucous membranes, for example of the eyelids, lips, tongue, hands or feet; can last for several hours to days)
Dear Patient,

The more we know about your urticaria the better. Therefore, please answer all of the following questions. Should you be unsure about how to answer to some of the questions, please don’t hesitate to discuss this with us.

Date: _____________

Last Name, First Name: ____________________________  Date of Birth: _____________

1.) How tall are you and how much do you weigh?
   Height _____ cm  Weight _____ kg

2.) Did your Urticaria stop since the last consultation?  □ yes  □ no
   If yes, when did it stop?  Month_____  Year_______
   If no, what currently applies to your Urticaria? (please mark all applicable answers)
   □ my skin symptoms of the Urticaria appear spontaneously, I cannot trigger
     them through specific stimuli
   □ I myself can induce my skin symptoms of the Urticaria through specific
     stimulations (for example scratching, prolonged pressure, cold contact,
     strenuous exercise)
     If yes, through which stimuli:_________________________________

   If your skin symptoms of the Urticaria are spontaneous as well as specifically
   triggered, which of the two is currently predominant?
   □ spontaneously appearing skin symptoms
   □ inducible skin symptoms
   □ I don’t know

3.) Exactly which skin symptoms of the Urticaria have you had since the last consultation?
   □ Wheals (pinhead-sized up to many cm in diameter, strictly delimited, occasionally streak shaped,
     mostly itching, reddish, transient, raised skin lesions lasting minutes up to many hours)
   □ Angioedema (usually skin colored, mostly hard to delimit, sometimes painful swelling of the skin or
     mucous membranes, for example of the eyelids, lips, tongue, hands or feet; can last for several hours to
days)
   □ Both

4.) Since the last consultation, did the skin symptoms of your Urticaria itch?
   □ yes  □ no
   If yes, how much during the past 7 days:
   □ no itch during past 7 days  □ mild itch  □ moderate itch  □ intense itch
   (mild itch = present but not annoying or troublesome, moderate itch = troublesome but does not interfere with normal daily
   activity or sleep, intense itch = sufficiently troublesome to interfere with normal daily activity or sleep)
5.) Since the last consultation, did you have Urticaria symptoms continuously?
- yes, I have had continuous urticaria symptoms since the last consultation
- no, there are/has been a longer period/periods (of at least 2 weeks) without urticaria symptoms

6.) In the past 4 weeks, did your Urticaria symptoms appear every day or almost every day?
- yes
- no

7.) In the past 4 weeks, on average, on how many days per week did you have Urticaria symptoms?
- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

8.) If you suffered from wheals since the last consultation
   a. In the past 4 weeks, on how many days did you have wheals?
      - 0 days
      - 1-3 days
      - 4-6 days
      - 7-13 days
      - 14-20 days
      - 21-27 days
      - every day
   b. In the past 4 weeks, how long did it usually take for the single wheal to completely disappear?
      - less than 1 hour
      - 1-6 hours
      - 6-12 hours
      - 12-24 hours
      - 24-48 hours
      - 48-72 hours
      - more than 72 hours

9.) If you suffered from angioedema since the last consultation:
   a. In the past 4 weeks, on how many days did you have angioedema?
      - 0 days
      - 1 day
      - 2-3 days
      - 4-6 days
      - 7-13 days
      - ≥ 14 days
   b. In the past 4 weeks, how long did it usually take for single angioedema to completely disappear?
      - less than 1 hour
      - 1-6 hours
      - 6-12 hours
      - 12-24 hours
      - 24-48 hours
      - 48-72 hours
      - more than 72 hours
   c. On which body parts did angioedema appear since the last consultation?
      - Eyelids
      - Lips
      - Rest of the face
      - Tongue
      - Larynx
      - Hands
      - Feet
      - Genitals
      - other parts of the body, namely: ____________________________________________

10.) Since the last consultation, did you become aware of any new factors which can make your Urticaria worse?
- yes
- no
   If yes, which factors:
   - an infection, namely: ________________________________________________________
   - medication, namely: _______________________________________________________
   - foods, namely: ____________________________________________________________
   - stress, namely: ___________________________________________________________
   - insect bites
   - other factors, namely: ______________________________________________________
11.) **Urticaria control test:**

The following questions should help us understand your current health situation. Please read through each question carefully and choose an answer from the five options that best fits your situation. Please limit yourself to the last four weeks. Please don’t think about the questions for a long time, and do remember to answer all questions and to provide only one answer to each question.

1. How much have you suffered from the **physical symptoms of the urticaria** (itch, hives (welts) and/or swelling) in the last four weeks?
   - O very much
   - O much
   - O somewhat
   - O a little
   - O not at all

2. How much was your **quality of life** affected by the urticaria in the last 4 weeks?
   - O very much
   - O much
   - O somewhat
   - O a little
   - O not at all

3. How often was the **treatment** for your urticaria in the last 4 weeks **not enough** to control your urticaria symptoms?
   - O very often
   - O often
   - O sometimes
   - O seldom
   - O not at all

4. **Overall**, how well have you had your urticaria **under control** in the last 4 weeks?
   - O not at all
   - O a little
   - O somewhat
   - O well
   - O very well

12.) Since the last consultation, was your sleep disturbed by your Urticaria symptoms?
   - □ yes  □ no
   
   If yes, how many nights, of the past 7 days, were disturbed by your Urticaria symptoms?
   - □ none
   - □ 1 night
   - □ 2 nights
   - □ 3 nights
   - □ 4 nights
   - □ 5 nights
   - □ 6 nights
   - □ 7 nights

13.) Since the last consultation, did any new diseases occur?
   - □ yes  □ no
   
   If yes, which diseases: ________________________________________________________________
  _________________________________________________________________________________

14.) Since the last consultation, did any of your diseases, **besides Urticaria**, disappear?
   - □ yes  □ no
   
   If yes, which diseases: ________________________________________________________________
  _________________________________________________________________________________

15.) Since the last consultation, did your regular medication (other than for Urticaria) change?
   - □ yes  □ no  □ I do not take such medication
   
   If yes, what has changed? ______________________________________________________________
  _________________________________________________________________________________
16.) Is your Urticaria presently (in the last 4 weeks) treated with medication?

☐ yes  ☐ no

If yes:  Name of medication: __________ single dose (if known): __________

Mode of intake:  ☐ 1x daily  ☐ 2x daily  ☐ 3x daily

☐ 4x daily  ☐ as needed  ☐ other: __________

Success of treatment:
☐ Good success (reduction of symptoms by at least 90%)
☐ Partial success (reduction of symptoms, but by less than 90%)
☐ No reduction of symptoms

Side effects of the treatment:
☐ yes  ☐ no  If yes, please specify: ______________________________

17.) Since the last consultation, has your Urticaria been treated with any other medication than mentioned in the last question?

☐ yes  ☐ no

If yes:

Therapy 1: __________________________ single dose (if known): __________

Mode of intake:  ☐ 1x daily  ☐ 2x daily  ☐ 3x daily

☐ 4x daily  ☐ as needed  ☐ other: __________

Success of treatment:
☐ Good success (reduction of symptoms by at least 90%)
☐ Partial success (reduction of symptoms, but by less than 90%)
☐ No reduction of symptoms

Side effects of the treatment:
☐ yes  ☐ no  If yes, please specify: ______________________________

Therapy 2: __________________________ single dose (if known): __________

Mode of intake:  ☐ 1x daily  ☐ 2x daily  ☐ 3x daily

☐ 4x daily  ☐ as needed  ☐ other: __________

Success of treatment:
☐ Good success (reduction of symptoms by at least 90%)
☐ Partial success (reduction of symptoms, but by less than 90%)
☐ No reduction of symptoms

Side effects of the treatment:
☐ yes  ☐ no  If yes, please specify: ______________________________

Additional therapies: ___________________________________________________
________________________________________________________________________
18.) Since the last consultation, did you have consulted any other doctors for your Urticaria? □ yes □ no
   If yes, which doctors:
   □ Family doctor/General Practitioner How often: ___ times
   □ Dermatologist How often: ___ times
   □ Pediatrician How often: ___ times
   □ Ear, Nose and Throat specialist How often: ___ times
   □ Dentist How often: ___ times
   □ Gynecologist How often: ___ times
   □ other doctors, namely: _____________ How often: ___ times

19.) Since the last consultation, which diagnostic measures have been carried out by other doctors to find the cause of your urticaria and with what results?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

20.) Since the last consultation, were you treated in a hospital as an in-patient for your Urticaria? □ yes □ no
   If yes, how often: _____ times
   If yes, how many days in total: _____ days

21.) Since the last consultation, have you visited an emergency room or first aid station for your Urticaria? □ yes □ no
   If yes, how often: _____ times

22.) Since the last consultation, have you missed school or work days due to your Urticaria? □ yes □ no □ I do not attend school and I do not work
   If yes, how many days did you miss in the past 12 months? _____ days