

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?
 very much much somewhat a little not at all
2. How much was your **quality of life** affected by the urticaria in the last 4 weeks?
 very much much somewhat a little not at all
3. How often was the **treatment** for your urticaria in the last 4 weeks **not enough** to control your urticaria symptoms?
 very often often sometimes seldom not at all
4. **Overall**, how well have you had your urticaria **under control** in the last 4 weeks?
 not at all a little somewhat well 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:

- | | |
|---|-----------------------|
| <input type="checkbox"/> Family doctor/General Practitioner | How often: ____ times |
| <input type="checkbox"/> Dermatologist | How often: ____ times |
| <input type="checkbox"/> Pediatrician | How often: ____ times |
| <input type="checkbox"/> Ear, Nose and Throat specialist | How often: ____ times |
| <input type="checkbox"/> Dentist | How often: ____ times |
| <input type="checkbox"/> Gynecologist | How often: ____ times |
| <input type="checkbox"/> 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