Physician Checklist - Chronic Urticaria

(Baseline)

Today’s date: __________

Patient’s Name: ____________________________ Date of Birth: ________________

Patient’s height and weight: ______ cm and ______ kg

When did the patient experience Urticaria symptoms for the first time?
Month_______ Year________

When was the first time a doctor diagnosed the patients Urticaria?
Time of first diagnosis: Month_______ Year________
First diagnosed by: □ to this date Urticaria has not been diagnosed by a doctor
□ Dermatologist
□ Allergologist / Clinical Immunologist
□ Family doctor/General Practitioner
□ different doctor: ____________________________

Which type(s) of Urticaria does the patient have? (mark all applicable answers)
□ chronic spontaneous urticaria (CSU)
□ chronic inducible urticaria (CIndU), please specify subform: __________________________
If CSU and CIndU are present, which of the two is predominant?
□ CSU → occurring since: ______________
(month and year)
□ CIndU → occurring since: ______________
(month and year)

Which Urticaria symptoms does the patient have?
□ Wheals □ Angioedema □ Both

Does the 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)

Does the Urticaria burn rather than itch? □ yes □ no

Does the Urticaria leave bruises? □ yes □ no
If the patient suffers from wheals:

- how many hours do single wheals usually last until they completely disappear?
  - □ less than 1 hour
  - □ 1-6 hours
  - □ 6-12 hours
  - □ 12-24 hours
  - □ 24-48 hours
  - □ more than 72 hours
- how large are wheals normally?
  - □ equal or smaller than 5 mm
  - □ larger than 5 mm
- where do wheals normally appear?
  - □ Appearance on the entire body is possible
  - □ Appearance only on specific body parts, namely: ___________________

If the patient suffers from angioedema:

- how long do single angioedema usually last until they completely disappear?
  - □ less than 1 hour
  - □ 1-6 hours
  - □ 6-12 hours
  - □ 12-24 hours
  - □ 24-48 hours
  - □ more than 72 hours
- If you suffer from angioedema, on which body parts have they already appeared?
  - □ Eyelids
  - □ Lips
  - □ Rest of the face
  - □ Tongue
  - □ Larynx
  - □ Hands
  - □ Feet
  - □ Genitals
  - □ other parts of the body, namely: ____________________________

If you suffer from wheals and angioedema:

- which symptom appeared first during the course of disease?
  - □ initially only wheels
  - □ initially only angioedema
  - □ both symptoms appeared from the beginning
  - If one symptom appeared first, when did the second symptom appear?
    - □ within 3 months
    - □ after 4-12 months
    - □ after more than 1 year
- Did angioedema appear only within the first 6 weeks of your Urticaria?
  - □ yes
  - □ no

In addition to wheals/angioedema, does the patient also have the symptoms below:

- Recurrent unexplained fever: □ yes □ no
- Joint, bone and/or muscle pain: □ yes □ no
- General recurrent discomfort (Malaise): □ yes □ no

Has the patient ever collapsed, felt faint or breathless with urticaria? □ yes □ no

Which other diseases, besides Urticaria, does the patient have?
________________________________________________________________________
________________________________________________________________________

Does the patient suffer from emotional problems or mental illness? (for example depression, anxiety disorders)
□ yes □ no If yes, please specify: ____________________________
<table>
<thead>
<tr>
<th><strong>Does the patient suffer from chronic infections?</strong></th>
<th>□ yes</th>
<th>□ no</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, please specify: __________________________</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Does the patient suffer from gastrointestinal complaints?</strong></th>
<th>□ yes</th>
<th>□ no</th>
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</thead>
<tbody>
<tr>
<td>If yes, please specify: ___________________________</td>
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<table>
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<tr>
<th><strong>Does the patient take medication on a regular basis?</strong></th>
<th>□ yes</th>
<th>□ no</th>
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<tbody>
<tr>
<td>If yes, which medication and why? ________________________</td>
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<table>
<thead>
<tr>
<th><strong>Are the Urticaria symptoms worse after intake of pain relievers?</strong></th>
<th>□ yes</th>
<th>□ no</th>
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<tbody>
<tr>
<td>If yes, please specify after which pain relievers: ________________</td>
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<tr>
<th><strong>Is the Urticaria presently treated with medication?</strong></th>
<th>□ yes</th>
<th>□ no</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes: Name of medication: ___________ single dose (if known): ___________</td>
<td></td>
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</tr>
<tr>
<td>Mode of intake: □ 1x daily □ 2x daily □ 3x daily □ 4x daily □ as needed □ other: ___________</td>
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</tr>
<tr>
<td>Success of treatment: □ Good success (reduction of symptoms by at least 90%)</td>
<td></td>
<td></td>
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<tr>
<td>□ Partial success (reduction of symptoms, but by less than 90%)</td>
<td></td>
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<tr>
<td>□ No reduction of symptoms</td>
<td></td>
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<tr>
<td>Side effects of the treatments: □ yes □ no If yes, please specify: _______________</td>
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<tr>
<th><strong>Has the Urticaria been treated differently with medication before?</strong></th>
<th>□ yes</th>
<th>□ no</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes: <strong>Therapy 1:</strong> __________________________________________ single dose (if known): ___________</td>
<td></td>
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</tr>
<tr>
<td>Mode of intake: □ 1x daily □ 2x daily □ 3x daily □ 4x daily □ as needed □ other: ___________</td>
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<tr>
<td>□ No reduction of symptoms</td>
<td></td>
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<tr>
<td>Side effects of the treatments: □ yes □ no If yes, please specify: _______________</td>
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| **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 treatments:
☐ yes  ☐ no  If yes, please specify: _______________________________

Additional therapies: ____________________________________________
________________________________________________________________________
________________________________________________________________________

Has the Urticaria ever been treated with approaches not using medication?
☐ yes  ☐ no  If yes, please specify? ________________________________

What is the believed initial cause of the Urticaria?
☐ an infection, namely: ________________________________
☐ medication, namely: ________________________________
☐ foods, namely: ________________________________
☐ stress, namely: ________________________________
☐ insect bites
☐ other triggers, namely: ________________________________
☐ it is completely unclear to me what could have caused my Urticaria

Which of the following factors can make the Urticaria worse?
☐ an infection, namely: ________________________________
☐ medication, namely: ________________________________
☐ foods, namely: ________________________________
☐ stress, namely: ________________________________
☐ insect bites
☐ other factors, namely: ________________________________
☐ it is completely unclear to me which factors could trigger my Urticaria

Since the beginning of your Urticaria did the patient have continuous symptoms or has there been a period/periods (e.g. weeks) without symptoms?
☐ yes (continuous symptoms since the beginning of the Urticaria)
☐ no (longer periods without symptoms)

What happens during menstruation?
☐ Urticaria improves  ☐ Urticaria worsens
☐ no change of Urticaria  ☐ Not applicable

Are there first degree relatives (parents or own children) who have or have had Urticaria for more than 6 weeks?
☐ yes  ☐ no  If yes, which type: ☐ CSU
(if known)  ☐ CIndU
Does the patient suffer from allergies, asthma or atopic dermatitis?
☐ yes  ☐ no
If yes, from which allergies or which of the above mentioned diseases?
________________________________________________________________________
________________________________________________________________________

Which diagnostic measures have been carried out already to find the cause of the patients Urticaria and with what results?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Urticaria control test (please transfer todays results)

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

Is the patients sleep disturbed by his/her Urticaria?  ☐ yes  ☐ no
If yes, how many nights, of the past 7 days, were disturbed the Urticaria?
☐ none  ☐ 1 night  ☐ 2 nights  ☐ 3 nights
☐ 4 nights  ☐ 5 nights  ☐ 6 nights  ☐ 7 nights

In the past 12 months, has the patient missed school or work days due to Urticaria?
☐ yes  ☐ no  ☐ Patent does not attend school or does not work
If yes, how many days did the patient miss in the past 12 months?  _____ days

In the past 12 months, which doctors has the patient consulted for his/her Urticaria?
☐ None  ☐ Family doctor/General Practitioner  ☐ Dermatologist
☐ Pediatrician  ☐ Ear, Nose and Throat specialist  ☐ Dentist
☐ Gynecologist  ☐ other doctors, namely: ________________________
In the past 12 months, has the patient visited an emergency room or first aid station for his/her Urticaria?  □ yes  □ no
If yes, how often: _____ times

In the past 12 months, was the patient treated in a hospital as an in-patient for his/her Urticaria?  □ yes  □ no
If yes, how often: _____ times
If yes, how many days in total: _____ days

In the following the patient should be asked for additional information with regard to the past 4 weeks. This relates to the overall Urticaria symptoms (itching, wheals and/or angioedema), but also to the isolated analysis of wheals and angioedema:

In the past 4 weeks, did Urticaria symptoms appear every day or almost every day?  □ yes  □ no

In the past 4 weeks, on average on how many days per week did the patient have Urticaria symptoms?  □ <1 day □ 1 day □ 2 days □ 3 days □ 4 days □ 5 days □ 6 days □ 7 days

At which time of day or night are the Urticaria symptoms usually appearing?
□ in the morning  □ at midday  □ in the afternoon
□ in the evening  □ during the night  □ at no specific time

If the patient suffers from wheals:
- 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
- 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

If the patient suffers from angioedema:
- 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
- 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