

Physician Checklist – Chronic Urticaria

(Follow Up)

Today's date: _____

Patient's Name: _____ Date of Birth: _____

Patient's height and weight: _____ cm and _____ kg

Did the patients Urticaria stop since the last consultation? yes no

If yes, when did it stop? Month _____ Year _____

If no, which type(s) of urticaria does the patient currently 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 currently predominant?

- CSU
 CIndU

Since the last consultation, which Urticaria symptoms did the patient have?

- Wheals Angioedema Both

Since the last consultation, did 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)

Since the last consultation, did the patient have continuous Urticaria symptoms or has there been a period/periods (e.g. weeks) without symptoms?

- yes (continuous symptoms since the last consultation)
 no (longer periods without symptoms)

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

If the patient suffered from wheals since the last consultation:

a. In the past 4 weeks, on how many days did wheals occur?

- 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 single wheals 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 suffered from angioedema since the last consultation:

a. In the past 4 weeks, on how many days did angioedema occur?

- 0 days 1 day 2-3 days 4-6 days 7-13 days \geq 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: _____

Since the last consultation, were there any new factors which made the patient's Urticaria worse? yes no

If yes, which factors:

- an infection, namely: _____
 medication, namely: _____
 foods, namely: _____
 stress, namely: _____
 insect bites
 other factors, namely: _____

Since the last consultation, was the patient's sleep disturbed by Urticaria symptoms?

- yes no

If yes, how many nights, of the past 7 days, were disturbed by Urticaria symptoms?

- none 1 night 2 nights 3 nights
 4 nights 5 nights 6 nights 7 nights

Urticaria control test (please transfer today's 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

Since the last consultation, did any new diseases occur?

- yes no

If yes, which diseases: _____

Since the last consultation, did any diseases, besides Urticaria, disappear?

- yes no

If yes, which diseases: _____

Since the last consultation, did the patient's regular medication (other than for urticaria) change?

- yes no The patient does not take such medication

If yes, what has changed? _____

Is the patient's 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: _____

Since the last consultation, has the patient's 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: _____

Since the last consultation, did the patient consult any other doctors for his/her 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 |

Since the last consultation, which diagnostic measures have been carried out by other doctors to find the cause of the patient's Urticaria and with what results?

Since the last consultation, 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

Since the last consultation, has the patient visited an emergency room or first aid station for his/her Urticaria? yes no

If yes, how often: _____ times

Since the last consultation, has the patient missed school or work days due to his/her Urticaria? yes no Patient does not attend school and does not work

If yes, how many days did the patient miss in the past 12 months? _____ days