

# Patient Questionnaire – Chronic Urticaria

## (Baseline)

Dear Patient,

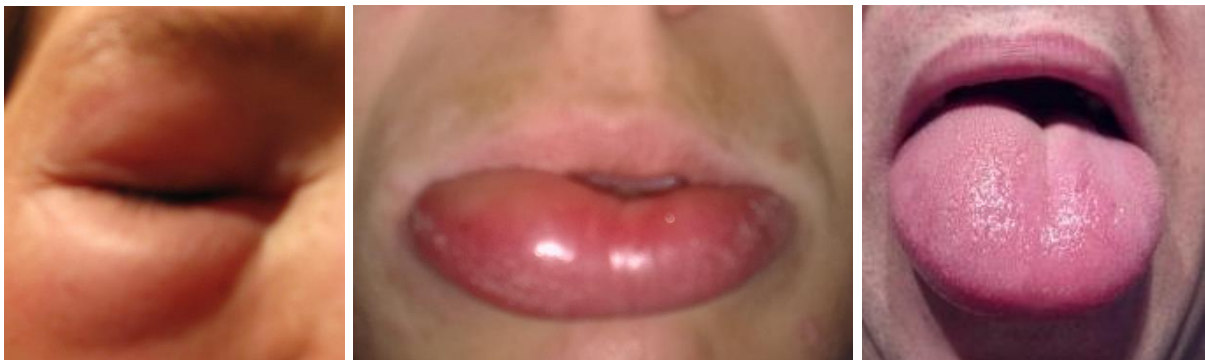
Your answers to the following questions regarding the present situation of your Chronic Urticaria and its course up to now can help to better manage your disease.

Before you start to answer these questions: Patients with urticaria can have wheals, angioedema (swelling), or both. These two disease signs 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,

To ensure that we can give you the best possible treatment, it is necessary that we receive as much information as possible about your Urticaria (hives). Therefore, we ask you to 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.) When did you experience symptoms of your Urticaria for the first time?**

Month \_\_\_\_\_ Year \_\_\_\_\_

**3.) When was the first time a doctor diagnosed the Urticaria?**

Time of first diagnosis: Month \_\_\_\_\_ Year \_\_\_\_\_

Urticaria has not yet been diagnosed by a doctor

First diagnosed by:

Dermatologist

Allergologist / Clinical Immunologist

Family doctor/ General Practitioner

Different doctor: \_\_\_\_\_

**4.) What 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 predominant?

spontaneously appearing skin symptoms      → occurring since: \_\_\_\_\_  
(month and year)

inducible skin symptoms      → occurring since: \_\_\_\_\_  
(month and year)

I don't know

**5.) Exactly which skin symptoms of the Urticaria are you experiencing?**

- 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

**6.) Do 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)

**7.) Does your Urticaria burn rather than itch?**  yes  no

**8.) Does your Urticaria leave bruises?**  yes  no

**9.) If you suffer from wheals, how long 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
- 48-72 hours
- more than 72 hours

**10.) If you suffer from wheals, how large do they get normally?**

- equal or smaller than 5 mm
- larger than 5 mm

**11.) If you suffer from wheals, where do they normally appear?**

- The entire body
- Specific body parts, namely: \_\_\_\_\_

**12.) If you suffer from angioedema (definition see question 5 and picture on first page), 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
- 48-72 hours
- more than 72 hours

**13.) 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: \_\_\_\_\_

**14.) a. If you suffer from wheals and angioedema, which symptom appeared first during the course of disease?**

- initially only wheals                       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

**b. Did angioedema appear only within the first 6 weeks of your Urticaria?**

- yes                       no

**15.) Please state if, in addition to wheals and/or angioedema, you are also suffering from the symptoms below:**

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

**16.) Have you ever collapsed, felt faint or breathless with urticaria?**

- yes     no                      If yes, how often already: \_\_\_\_\_

**17.) Which other diseases, besides Urticaria, do you have?**

\_\_\_\_\_  
\_\_\_\_\_

**18.) Do you suffer from emotional problems or mental illness? (for example depression, anxiety disorders)**

- yes     no    If yes, please specify: \_\_\_\_\_

**19.) Do you suffer from chronic infections? (e.g. virus hepatitis)**

- yes     no

If yes, which ones? \_\_\_\_\_

**20.) Do you suffer from gastrointestinal complaints?**

- yes     no    If yes, please specify: \_\_\_\_\_

**21.) Do you take medication on a regular basis? (apart from medication for urticaria)**

- yes     no

If yes, which medication? \_\_\_\_\_  
\_\_\_\_\_

**22.) Are the symptoms of your Urticaria getting worse after taking pain relievers?**

- yes     no    If yes, after which pain relievers: \_\_\_\_\_

**23.) Is your Urticaria presently 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 treatments:

yes    no   If yes, please specify: \_\_\_\_\_

**24.) Has your Urticaria been treated differently with medication before?**

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 treatments:

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 treatments:

yes    no   If yes, please specify: \_\_\_\_\_

**Additional therapies:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**25.) Has your Urticaria ever been treated with approaches not using medication? (e.g. diets, naturopathic treatment, acupuncture)**

- yes     no

If yes, please specify? \_\_\_\_\_

**26.) What do you believe initially caused your 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

**27.) Which of the following factors can make your Urticaria worse or can cause an exacerbation?**

- an infection, namely: \_\_\_\_\_
- medication, namely: \_\_\_\_\_
- foods, namely: \_\_\_\_\_
- stress, namely: \_\_\_\_\_
- insect bites
- other factors, namely: \_\_\_\_\_
- I don't know of any factors that make my Urticaria worse

**28.) Since the beginning of your Urticaria have you had continuous urticaria symptoms?**

- yes, I have had continuous urticaria symptoms since the beginning of the Urticaria
- no, there are/has been a longer period/periods (of at least 2 weeks) without urticaria symptoms

**29.) Which of the following statements describes what happens to your Urticaria during menstruation?**

- my Urticaria improves
- my Urticaria worsens
- no change of my Urticaria
- question doesn't apply to me

**30.) Do you have first degree relatives (parents or own children), who have or have had Urticaria for more than 6 weeks?**

- yes     no    If yes, which type:     spontaneously appearing symptoms
- not known    (if known)     inducible skin symptoms

**31.) Do you suffer from allergies, asthma or atopic dermatitis?**

yes     no

If yes, from which allergies or which of the above mentioned diseases?

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**32.) Which diagnostic measures have been carried out already to find the cause of your urticaria and with what results?**

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**33.) 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

**34. Is 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?

- |                                   |                                   |                                   |                                   |
|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> none     | <input type="checkbox"/> 1 night  | <input type="checkbox"/> 2 nights | <input type="checkbox"/> 3 nights |
| <input type="checkbox"/> 4 nights | <input type="checkbox"/> 5 nights | <input type="checkbox"/> 6 nights | <input type="checkbox"/> 7 nights |

**35. In the past 12 months, 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

**36. In the past 12 months, which doctors have you consulted for your Urticaria?**

none                       Family doctor/General Practitioner                       Dermatologist  
 Pediatrician     Ear, Nose and Throat specialist                       Dentist  
 Gynecologist     other doctors, namely: \_\_\_\_\_

**37. In the past 12 months, have you visited an emergency room or first aid station for your Urticaria?**

yes     no

If yes, how often: \_\_\_\_\_ times

**38. In the past 12 months, 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

**In the following we ask you for additional information with regard to the past 4 weeks**

**This relates to your overall Urticaria symptoms (itching, wheals and/or angioedema), but also to the isolated analysis of wheals and angioedema:**

**39. In the past 4 weeks, did your Urticaria symptoms appear every day or almost every day?**

yes     no

**40. 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

**41. At which time of day or night are your Urticaria symptoms usually appearing?**

in the morning                       at midday                       in the afternoon  
 in the evening                       during the night                       at no specific time



**42. If you suffer from wheals:**

**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

**43. If you suffer from angioedema:**

**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     $\geq$  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