

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 _____

to this date Urticaria has not been diagnosed by a doctor

First diagnosed by:

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
 - 48-72 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
 - 48-72 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: _____

Does the patient suffer from chronic infections? yes no

If yes, please specify: _____

Does the patient suffer from gastrointestinal complaints? yes no

If yes, please specify: _____

Does the patient take medication on a regular basis? yes no

If yes, which medication and why? _____

Are the Urticaria symptoms worse after intake of pain relievers? yes no

If yes, please specify after which pain relievers: _____

Is the 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: _____

Has the 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: _____

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 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

Is the patient's 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 Patient 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