

Name: _____ DOB: _____ Date: _____

HIVES, WELTS, URTICARIA, AND ANGIOEDEMA QUESTIONNAIRE

1. Give us an overview:

2. How long have you been suffering from hives?

_____ days _____ weeks _____ months

3. Do your hives come and go?

Yes No

4. How long does hives, welts, or swelling last in one spot before it completely disappears or moves to other parts of the body?

_____ minutes

_____ days

_____ hours

_____ weeks

5. When your hives go away, what happens to your skin?

Goes back to its usual form

Leaves a bruise

Leaves a mark

Others: _____

6. How do hives feel like?

Itchy

Painful

Burning

Others: _____

7. Where does the hives occur? (Body part)

Face

Trunk/Torso

Legs

Soles

Arms

Palms

Buttock

Others: _____

8. Food/Drugs/others you have ingested 6 hours prior to the hives formation:

9. Where do your hives mostly occur? (place/events)

10. Do they appear when you are stressed?

Yes No

11. Do you get hives when you come in contact with any of the following?

Soap, specify: _____

Perfumes, specify: _____

Aerosol (hair sprays, air freshener, insect repellent, paints etc.), specify: _____

Animals, specify: _____

Cosmetics, specify: _____

Others: _____

12. Recent travels for the last 3-6 months, specify location: _____