Living With Chronic Urticaria (CU)
My CU Visit Card

The Mast Cell Disease Society

Asthma and Allergy Foundation of America

My symptoms *(check all that apply)*

- ○ Hives (itchy welts)
- ○ Swelling (lips, eyelids, hands, feet)
- ○ Burning or pain with my hives
- ○ I don't sleep well
- ○ My symptoms disturb my daily activities
- ○ I feel anxious or low
- ○ "Red flag" symptoms, such as trouble breathing, throat swelling, or fainting
- ○ Each of my hives last about _____ hours
- ○ My symptoms come and go without clear reason
- ○ My hives episodes last longer than 6 weeks

My symptoms happen

- ○ Daily
- ○ A few times per week
- ○ Weekly
- ○ Monthly or less frequently

I've noticed the following trigger my hive symptoms *(check all that apply)*

- ○ Heat
- ○ Cold
- ○ Pressure
- ○ Stress
- ○ Medications
- ○ Infections
- ○ Other: .....

Your doctor may also ask you how long you have had each of your symptoms, the impact they have on your everyday life (e.g., school, work, relationships), and about any testing you may have had related to these symptoms.

Previous and current medicines I take for my urticaria symptoms

	Medication name	Dose	Are you still taking this medication? Y/N
1			
2			
3			

I feel my current hives medications are working

- ○ Not at all
- ○ A little
- ○ Weekly
- ○ Well
- ○ Side effects I am experiencing: .....

My current goals

- ○ Fewer hives
- ○ Better sleep
- ○ Less itching
- ○ Fewer flares
- ○ Clear long-term plan and understanding treatment options
- ○ Better able to do my daily activities
- ○ Help with my anxiety or low mood
- ○ Something else: .....

Questions I would like to discuss

- ☐ **Do I have chronic urticaria (CU) – and is it chronic spontaneous urticaria (CSU) or another type of CU?**
- ☐ **What is my step-by-step treatment plan?**
  - ○ Can my antihistamine or other medication dose be adjusted?
  - ○ When should we consider advanced treatments?
  - ○ What are the benefits and risks of each option?
  - ○ What treatments are available for my other symptoms (e.g., anxiety)?
- ☐ **Do I need a referral to another doctor (a specialist)?**
- ☐ **How can I better manage flares?**
- ☐ **Are there triggers I should avoid?**
- ☐ **What should I do if my symptoms become severe?**
- ☐ **What will you consider “well controlled” for me?**
- ☐ **My own questions:**

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Notes from Today’s Visit

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