Living With Chronic Urticaria (CU)
My CU Visit Card

weCU

The Mast Cell Disease Society

aafa 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: .....

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: .....

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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?**
- ☐ **What should I do if my symptoms become severe?**
- ☐ **Are there triggers I should avoid?**
- ☐ **What will you consider "well controlled" for me?**