

Complete Patient Diaries for the last **5 CSU patients you have assessed who are being treated for the condition** (regardless of the type of treatment). Please consider treated CSU patients only and omit patients who are not receiving any pharmacological therapy.

**THE PATIENT**

1. Sex:  M  F      2. Age: |\_\_|\_\_|      3. Year of onset of first symptoms: |\_\_|\_\_|\_\_|\_\_|

**THE DIAGNOSIS**

4. Did the patient refer to you directly when he/she developed the first symptoms or only after going to see other physicians or the emergency department?

- directly when he/she developed the first symptoms
- after going to the emergency department
- after seeing a GP
- after seeing another specialist → specify which specialist \_\_\_\_\_
- don't know / don't remember

5. What assessments/tests did you prescribe when the patient first presented to you with the symptoms?  test1  test2  test3  test4  test5  test 6 ....

6. Do you remember what symptoms the patient had?  No  Yes \_\_\_\_\_ -

7. Did this patient receive a diagnosis of CSU from you or from another physician?  you  GP  another dermatologist  another allergologist  
 at the emergency dept.  another specialist → if another specialist \_\_\_\_\_ please specify \_\_\_\_\_

8. How long after symptom onset did it take for the diagnosis of CSU to be reached? |\_\_|\_\_| months / |\_\_|\_\_| years

9. In this patient, do the symptoms of CSU re-appear with a certain frequency and regularity?

- They re-appear frequently and with a certain regularity
- They re-appear frequently but with no regularity
- They don't re-appear frequently but they have a certain regularity
- They don't re-appear frequently and they don't have regularity

9.A How often do the symptoms re-appear? \_\_\_\_\_ open \_\_\_\_\_

**CURRENT THERAPY**

**10. Current therapy:**

- only H1-antihistamine (standard dose)
- only H1-antihistamine (increased-dose)
- H1-antihistamine in combination with H2-antihistamine
- H1-antihistamine in combination with leukotriene antagonist
- H1-antihistamine in combination with leukotriene antagonist /H2-antihistamine
- steroids (alone or in combination with other drugs)
- systemic calcineurin inhibitors (cyclosporine)
- another drug / drug combination

**11. Date when current treatment was started** |\_|\_|\_|\_| / |\_|\_|

**12.A The patient's treatment is ...**  a chronic treatment  an "as needed" treatment (PRN) (the patient takes it when the symptoms occur)

**12.B Is the patient refractory to his/her current pharmacological treatment? In other words, does the patient continue to have symptoms despite taking the medications?**

- Yes  No

**13. In the past, was the patient given other treatments for CSU?**

- No, no other treatment previously (neither topical nor systemic)
- Yes, but only topical treatments previously
- Yes, other systemic treatments (oral or by injection) previously

If other pharmacological treatments (oral or by injection) previously

**14. What other treatments was the patient given? Please indicate according to the sequence with which they were prescribed and provide the reasons why the treatments were discontinued.**

	Indicate treatment	Indicate the reasons why it was discontinued
<b>Treatment 1</b>	<input type="checkbox"/> only H1-antihistamine (standard dose)	<input type="checkbox"/> tolerability <input type="checkbox"/> inadequate efficacy <input type="checkbox"/> on patient's request <input type="checkbox"/> poor compliance <input type="checkbox"/> to improve patient's QoL <input type="checkbox"/> other reason _____
	<input type="checkbox"/> only H1-antihistamine (increased-dose)	
	<input type="checkbox"/> H1-antihistamine in combination with H2-antihistamine	
	<input type="checkbox"/> H1-antihistamine in combination with leukotriene antagonist	
	<input type="checkbox"/> H1-antihistamine in combination with leukotriene antagonist/H2-antihistamine	
	<input type="checkbox"/> steroids (alone or in combination with other drugs)	
	<input type="checkbox"/> systemic calcineurin inhibitors (cyclosporine)	
	<input type="checkbox"/> another drug / drug combination	
<b>Treatment 2</b>	<b>Indicate treatment</b>	<b>Indicate the reasons why it was discontinued</b>
	<input type="checkbox"/> only H1-antihistamine (standard dose)	<input type="checkbox"/> tolerability

	<input type="checkbox"/> only H1-antihistamine (increased-dose) <input type="checkbox"/> H1-antihistamine in combination with H2-antihistamine <input type="checkbox"/> H1-antihistamine in combination with leukotriene antagonist <input type="checkbox"/> H1-antihistamine in combination with leukotriene antagonist/H2-antihistamine <input type="checkbox"/> steroids (alone or in combination with other drugs) <input type="checkbox"/> systemic calcineurin inhibitors (cyclosporine) <input type="checkbox"/> another drug / drug combination	<input type="checkbox"/> inadequate efficacy <input type="checkbox"/> on patient's request <input type="checkbox"/> poor compliance <input type="checkbox"/> to improve patient's QoL <input type="checkbox"/> other reason _____
<b>Treatment 3</b>	<b>Indicate treatment</b>	<b>Indicate the reasons why it was discontinued</b>
	<input type="checkbox"/> only H1-antihistamine (standard dose)	<input type="checkbox"/> tolerability
	<input type="checkbox"/> only H1-antihistamine (increased-dose)	<input type="checkbox"/> inadequate efficacy
	<input type="checkbox"/> H1-antihistamine in combination with H2-antihistamine	<input type="checkbox"/> on patient's request
	<input type="checkbox"/> H1-antihistamine in combination with leukotriene antagonist	<input type="checkbox"/> poor compliance
	<input type="checkbox"/> H1-antihistamine in combination with leukotriene antagonist/H2-antihistamine	<input type="checkbox"/> to improve patient's QoL
	<input type="checkbox"/> steroids (alone or in combination with other drugs)	<input type="checkbox"/> other reason _____
	<input type="checkbox"/> systemic calcineurin inhibitors (cyclosporine)	
<input type="checkbox"/> another drug / drug combination		

If the patient is currently receiving treatment & this is the first treatment he/she has been given (Q. 13= NO or YES but only topical treatments previously)

**15. What reason led you to start this specific treatment consisting of "activate items indicated in Q.10"?** \_\_\_\_\_

If the patient is currently receiving treatment & he/she was given other pharmacological treatments previously (Q. 13=other systemic treatments (oral or by injection) previously)

**16. What reason led you to start this specific treatment consisting of "activate items indicated in Q.10"?** \_\_\_\_\_

**TO ALL**

**17. How often do you see this patient?**  every month  every 2/3 months  every 4/5 months  every 6/7 months  once a year  less frequently

**18. If you were asked to express an evaluation of the level of severity of CSU in this patient, what would your evaluation be?**

definitely severe  severe  quite severe  quite mild  mild  definitely mild

**19. What parameters (both clinical and non-clinical), what aspects of the condition did you consider when expressing this evaluation? Please briefly describe the rationale you followed to evaluate the level of CSU severity** \_\_\_\_\_

**20. Would this patient be eligible for treatment with the new drug presented to you during completion of the survey?**

Yes  No → 20.A Why? \_\_\_\_\_

----- THE END – GO ON TO COMPLETE A PATIENT DIARY FOR YOUR NEXT PATIENT -----