

# Hereditary Angioedema Assessment

## Patient Questionnaire

Below are questions that may help assess the impact of hereditary angioedema (HAE) attacks on your life and which treatment approach may be right for you. Please answer the questions fully.

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Year of diagnosis: \_\_\_\_\_

- 1. Have the symptoms of your HAE changed since your last visit?**  Yes  No

Explain: \_\_\_\_\_

- Have you had to seek emergency services because of an HAE attack?**  Yes  No

**If yes, how many times?** \_\_\_\_\_

- 2. How do you define an HAE swell?**

Explain: \_\_\_\_\_

- 3. How do you define an HAE attack?**

Explain: \_\_\_\_\_

- 4. How frequently do you experience HAE attacks or swelling?**

- Less than 2 times per month  
 About 2 to 3 times per month  
 More than 3 times per month

- 5. On a scale of 0 to 10, how severe (on average) are your attacks (eg, painful, large amount of swelling, difficulty breathing or swallowing)?**

(not severe)    0    1    2    3    4    5    6    7    8    9    10    (very severe)

Explain: \_\_\_\_\_

- 6. Which parts of your body are most frequently affected by HAE attacks? (check all that apply)**

Extremities (hands and feet)

Abdomen (belly)

Throat

Face and lips

- 7. How often do you treat your attacks? (select best answer)**

Never treat an attack

Only treat some attacks

Treat most attacks

Treat every attack

**8. How do you use your currently prescribed treatment? (check all that apply)**

**Preventive treatment**

- Daily
- 1-2 times per week
- 2-3 times per week
- 3-4 times per week
- Every 2 weeks
- Every 4 weeks
- N/A (I do not take preventive medication)

**Acute treatment**

- As soon as I realize I am having an attack
- If the attack is occurring in a specific body part
- Once the attack has progressed to a severe level
- N/A (I do not treat acute attacks)

**9. Have your HAE attacks interfered with your job or education?**  Yes  No

Explain: \_\_\_\_\_

**Has this changed over time?**

Explain: \_\_\_\_\_

**10. Have you ever missed or postponed an important life event due to HAE attacks or the fear of an HAE attack (eg, family activities, school functions, planned vacations)?**

Explain: \_\_\_\_\_

**Have you missed or postponed any important life events since your last visit?**

Explain: \_\_\_\_\_

**11. Are you satisfied with your current HAE treatment?**

- Dissatisfied  Somewhat dissatisfied  Mostly satisfied  Totally satisfied

Explain: \_\_\_\_\_

\_\_\_\_\_

**Additional Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Discussing your symptoms may help you and your doctor develop a treatment plan that is right for you.**

