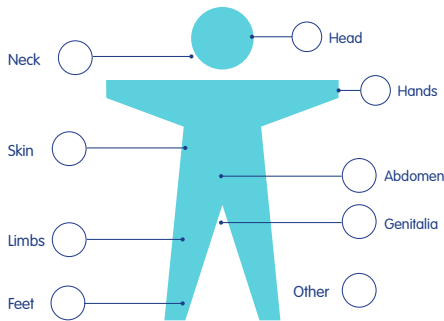


This questionnaire is to support you throughout consultations to ensure your clinician has an accurate view of your HAE and provide the best treatment. Please fill in the questionnaire ahead of your HAE appointments.

1 How many episodes have you had on each site in the past three months?



2 How many times did you use rescue medications during the last 3 months?

Icatibant _____

C1- esterase inhibitor _____

3 What medication were you taking in the **LAST THREE MONTHS** as **prophylaxis**, indicate start date: None

Medication	Start date	Frequency of administration
Tranexamic acid		
Danazol		
Oxandrolone		
Berotrastat		
Lanadelumab		
Regular C1-Inhibitor (for prophylaxis only)		

4 ANGIOEDEMA CONTROL TEST

a In the last three months: (please tick)
How often have you had an HAE attack?



b How much has your quality of life been affected by your HAE?



c How much has the unpredictability of your HAE bothered you?



d How well is your HAE controlled by your current treatment?



5 How would you describe the overall severity of HAE attacks/symptoms in the past 3 months? (please tick)

