

My HAE diary



Name

Date of birth

Contact details of Immunology Centre

Other medical events to note (E.g. dental procedures, hospitalisation, surgery, pregnancy)

Date	Reason/ description

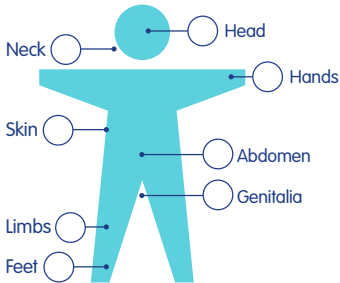
My HAE diary

Attack or symptom episode number

Date symptoms first noticed

Time symptoms first noticed

Body area affected (Please tick)



Specify other areas by marking on body or label below

Severity (Please tick)

- Very mild
- Mild
- Moderate
- Severe
- Very severe

Triggers (if known please tick)

- Stress
- Trauma
- Infection
- Hormonal

Specify others

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Symptoms (if known please tick)

- Non-itchy rash
- Depression
- Tiredness
- Bad temper

Specify others

.....

Treatment if used (Please tick)

- | | Dose/number of vials |
|-----------------------------------|----------------------|
| <input type="radio"/> Icatibant | |
| <input type="radio"/> Berinert | |
| <input type="radio"/> Cinryze | |
| <input type="radio"/> Ruconest | |
| <input type="radio"/> Not treated | |

Specify others

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Dose

Date given

Time given

Treatment administered by

Where administered (Please tick)

- Hospital
- Work
- Home
- Other

Time when you started to feel better

Date (end of attack or symptom episode)