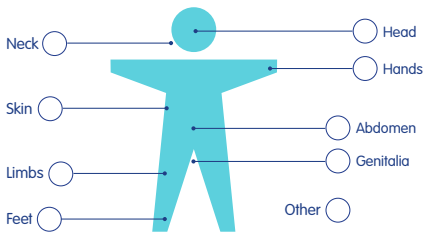


This questionnaire is to help you and your clinical team understand your HAE better and make informed decisions together about treatment and management. Please fill in the questionnaire ahead of your HAE appointment.

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

(Please mark on the body)



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		
Bertralstat		
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? (please tick)



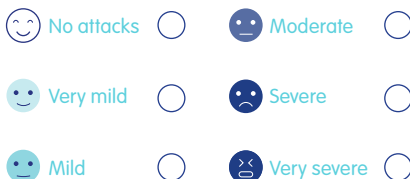
c How much has the unpredictability of your HAE bothered you? (please tick)



d How well is your HAE controlled by your current treatment? (please tick)



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



6 Have you had any new symptoms that you think may be due to current/new treatment?

(please tick) No Yes

How long after starting new treatment did you experience this?

How long did it last?

If it is recurring, how often do you have this/these new symptom(s)?

Have there been any occasions when you stopped taking your medication or reduced your dosage due to new symptoms? If so, please provide details on when this happened and what changes you made to your dosing.

Have there been any days where you have forgotten to take your treatment?

Please provide details on when this occurred and for how long you went without taking treatment?