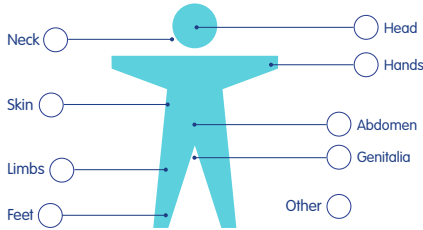


MONITORING YOUR HAE

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)		

Reporting of side effects

If you get any side effects from these medicines, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in the package leaflet. You can also report side effects directly via the Yellow Card Scheme at <https://yellowcard.mhra.gov.uk/> By reporting side effects, you can help provide more information on the safety of these medicine. Berotrastat is subject to additional monitoring. This will allow quick identification of new safety information. You can help by reporting any side effects you may get. See <https://yellowcard.mhra.gov.uk/> for how to report side effects.

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)

