

Complete Patient Diaries for the last **5 CSU patients you have assessed who are being treated for the condition** (regardless of the type of treatment). Please consider treated CSU patients only and omit patients who are not receiving any pharmacological therapy.

THE PATIENT

1. Sex: M F 2. Age: |__|__| 3. Year of onset of first symptoms: |__|__|__|__|

THE DIAGNOSIS

4. Did the patient refer to you directly when he/she developed the first symptoms or only after going to see other physicians or the emergency department?

- directly when he/she developed the first symptoms
- after going to the emergency department
- after seeing a GP
- after seeing another specialist → specify which specialist _____
- don't know / don't remember

5. What assessments/tests did you prescribe when the patient first presented to you with the symptoms? test1 test2 test3 test4 test5 test 6

6. Do you remember what symptoms the patient had? No Yes _____ -

7. Did this patient receive a diagnosis of CSU from you or from another physician? you GP another dermatologist another allergologist
 at the emergency dept. another specialist → if another specialist _____ please specify

8. How long after symptom onset did it take for the diagnosis of CSU to be reached? |__|__| months / |__|__| years

9. In this patient, do the symptoms of CSU re-appear with a certain frequency and regularity?

- They re-appear frequently and with a certain regularity
- They re-appear frequently but with no regularity
- They don't re-appear frequently but they have a certain regularity
- They don't re-appear frequently and they don't have regularity

9.A How often do the symptoms re-appear? _____open _____

CURRENT THERAPY

10. Current therapy:

- only H1-antihistamine (standard dose)
- only H1-antihistamine (increased-dose)
- H1-antihistamine in combination with H2-antihistamine
- H1-antihistamine in combination with leukotriene antagonist
- H1-antihistamine in combination with leukotriene antagonist /H2-antihistamine
- steroids (alone or in combination with other drugs)
- systemic calcineurin inhibitors (cyclosporine)
- another drug / drug combination

11. Date when current treatment was started |_|_|_|_| / |_|_|

12.A The patient's treatment is ... a chronic treatment an "as needed" treatment (PRN) (the patient takes it when the symptoms occur)

12.B Is the patient refractory to his/her current pharmacological treatment? In other words, does the patient continue to have symptoms despite taking the medications?

- Yes No

13. In the past, was the patient given other treatments for CSU?

- No, no other treatment previously (neither topical nor systemic)
- Yes, but only topical treatments previously
- Yes, other systemic treatments (oral or by injection) previously

If other pharmacological treatments (oral or by injection) previously

14. What other treatments was the patient given? Please indicate according to the sequence with which they were prescribed and provide the reasons why the treatments were discontinued.

	Indicate treatment	Indicate the reasons why it was discontinued
Treatment 1	<input type="checkbox"/> only H1-antihistamine (standard dose)	<input type="checkbox"/> tolerability <input type="checkbox"/> inadequate efficacy <input type="checkbox"/> on patient's request <input type="checkbox"/> poor compliance <input type="checkbox"/> to improve patient's QoL <input type="checkbox"/> other reason _____
	<input type="checkbox"/> only H1-antihistamine (increased-dose)	
	<input type="checkbox"/> H1-antihistamine in combination with H2-antihistamine	
	<input type="checkbox"/> H1-antihistamine in combination with leukotriene antagonist	
	<input type="checkbox"/> H1-antihistamine in combination with leukotriene antagonist/H2-antihistamine	
	<input type="checkbox"/> steroids (alone or in combination with other drugs)	
	<input type="checkbox"/> systemic calcineurin inhibitors (cyclosporine)	
	<input type="checkbox"/> another drug / drug combination	
Treatment 2	Indicate treatment	Indicate the reasons why it was discontinued
	<input type="checkbox"/> only H1-antihistamine (standard dose)	<input type="checkbox"/> tolerability

	<input type="checkbox"/> only H1-antihistamine (increased-dose) <input type="checkbox"/> H1-antihistamine in combination with H2-antihistamine <input type="checkbox"/> H1-antihistamine in combination with leukotriene antagonist <input type="checkbox"/> H1-antihistamine in combination with leukotriene antagonist/H2-antihistamine <input type="checkbox"/> steroids (alone or in combination with other drugs) <input type="checkbox"/> systemic calcineurin inhibitors (cyclosporine) <input type="checkbox"/> another drug / drug combination	<input type="checkbox"/> inadequate efficacy <input type="checkbox"/> on patient's request <input type="checkbox"/> poor compliance <input type="checkbox"/> to improve patient's QoL <input type="checkbox"/> other reason _____
Treatment 3	Indicate treatment	Indicate the reasons why it was discontinued
	<input type="checkbox"/> only H1-antihistamine (standard dose)	<input type="checkbox"/> tolerability
	<input type="checkbox"/> only H1-antihistamine (increased-dose)	<input type="checkbox"/> inadequate efficacy
	<input type="checkbox"/> H1-antihistamine in combination with H2-antihistamine	<input type="checkbox"/> on patient's request
	<input type="checkbox"/> H1-antihistamine in combination with leukotriene antagonist	<input type="checkbox"/> poor compliance
	<input type="checkbox"/> H1-antihistamine in combination with leukotriene antagonist/H2-antihistamine	<input type="checkbox"/> to improve patient's QoL
	<input type="checkbox"/> steroids (alone or in combination with other drugs)	<input type="checkbox"/> other reason _____
	<input type="checkbox"/> systemic calcineurin inhibitors (cyclosporine)	
<input type="checkbox"/> another drug / drug combination		

If the patient is currently receiving treatment & this is the first treatment he/she has been given (Q. 13= NO or YES but only topical treatments previously)

15. What reason led you to start this specific treatment consisting of "activate items indicated in Q.10"? _____

If the patient is currently receiving treatment & he/she was given other pharmacological treatments previously (Q. 13=other systemic treatments (oral or by injection) previously)

16. What reason led you to start this specific treatment consisting of "activate items indicated in Q.10"? _____

TO ALL

17. How often do you see this patient? every month every 2/3 months every 4/5 months every 6/7 months once a year less frequently

18. If you were asked to express an evaluation of the level of severity of CSU in this patient, what would your evaluation be?

definitely severe severe quite severe quite mild mild definitely mild

19. What parameters (both clinical and non-clinical), what aspects of the condition did you consider when expressing this evaluation? Please briefly describe the rationale you followed to evaluate the level of CSU severity _____

20. Would this patient be eligible for treatment with the new drug presented to you during completion of the survey?

Yes No

→ 20.A Why? _____

----- THE END – GO ON TO COMPLETE A PATIENT DIARY FOR YOUR NEXT PATIENT -----