

# Academy Asthma, Allergy, & Sinus Center

Ashok P.C.

3116 N. Elizabeth Pueblo, CO 81008

719-542-7222

## HIVES Questionnaire

Please answer the following questions only if you have hives or welts. Please do not proceed further if you have eczema or rash. If you are not sure, please ask us.

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>A. Onset</b>				
When did the hives start?				
<b>B. Description</b>				
1. Are the hives: (check all that apply) <input type="checkbox"/> Raised <input type="checkbox"/> Blotchy <input type="checkbox"/> Bumpy <input type="checkbox"/> Itchy <input type="checkbox"/> Painful <input type="checkbox"/> Red <input type="checkbox"/> Other: _____				
2. Do you feel that your hives come and go? Comment: _____ _____			Y	N
3. How long does <b>one</b> hive last before it subsides? _____ hours, _____ days, _____ weeks?				
4. Does one hives last more than 24 ours in the same spot?			Y	N
5. When the hives go away, does the skin become completely normal?			Y	N
6. Is there a bruise mark after the hive subsides?			Y	N
7. Where do the hives occur? (check all that apply) <input type="checkbox"/> Face <input type="checkbox"/> Arms <input type="checkbox"/> Trunk <input type="checkbox"/> Palms <input type="checkbox"/> Legs <input type="checkbox"/> Buttocks <input type="checkbox"/> Soles <input type="checkbox"/> Other: _____				
8. At the times of the hives or swelling, is there any of the following? (circle all that apply) <input type="checkbox"/> Aching <input type="checkbox"/> Joint pain <input type="checkbox"/> Chills <input type="checkbox"/> Fever <input type="checkbox"/> Nausea <input type="checkbox"/> Abdominal pain <input type="checkbox"/> Tightness of the throat or chest <input type="checkbox"/> Palpations <input type="checkbox"/> Other: _____				
<b>C. How often?</b>				
1. If you do not take medications, how often do you break out in hives? _____ hours, _____ days, _____ weeks?				
<b>D. Swelling?</b>				
1. Do you develop swelling of the lip, tongue, eyelid, or other parts of the body?			Y	N
2. How long does the swelling last? _____ hours, _____ days, or _____ weeks?				
3. Do you develop difficulty in breathing because of the swelling of the tongue or throat?			Y	N
<b>E. Triggers?</b>				
1. What do you believe is causing your hives? _____ _____ _____				

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2. Does any of the following trigger or make your hives worse?	Y	N
Heat: Do you develop redness or welts when you get hot?	Y	N
Exercise?	Y	N
Sweating?	Y	N
Exposure to cold weather, snow, or ice?	Y	N
Shower or bath?	Y	N
Swimming?	Y	N
Pressure: Do you develop welts at the waistline or other pressure point?	Y	N
Scratching: Do you develop redness or welts after you scratch you skin?	Y	N
Vibration: If you use vibrating tools, do you break out in hives?	Y	N
Exposure to the sun: Do you break out with hives in sun-exposed areas?	Y	N
Hormonal: Are hives worse during your menstrual cycle?	Y	N
3. Do you think a specific food causes your hives? (Please describe) _____ _____ _____	Y	N
4. Do you think food additives are causing your hives? (Please describe) _____ _____ _____	Y	N
<b>F. Medications</b>		
Please list all of your current medications. (please print)		
Name of medication	Date started	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

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<b>G.</b>	Please list the medication you take for high blood pressure. (please print)		
	Name of medication	Date started	
	_____	_____	
	_____	_____	
	_____	_____	
	_____	_____	
	_____	_____	
	_____	_____	
	_____	_____	
<b>H.</b>	Please list (print) all of the over-the-counter medications and herbal supplements that you are taking.		
	Name of medication	Date started	
	_____	_____	
	_____	_____	
	_____	_____	
	_____	_____	
	_____	_____	
	_____	_____	
	_____	_____	
	_____	_____	
	_____	_____	
<b>I.</b>	<b>Aspirin-like drugs:</b>		
	1. Do you take any of the following? (check all that apply) <input type="checkbox"/> Aspirin <input type="checkbox"/> Ibuprofen <input type="checkbox"/> Aleve	Y	N
	2. How often do you take them? ____ hours, ____ days, ____ weeks?		
	3. Did your hives get worse after taking them?	Y	N