



HIVE QUESTIONNAIRE

Fill out completely, ignoring numbers. Circle all that apply, and fill in the blanks.

GENERAL QUESTIONS

- 2 When did your hives start? _____
- 3 What time of day do they occur? _____
- 4 They occur how often? _____
- 5 What part of your body was first affected? _____
- 6 Do hives occur a certain season or time of year? If so, which _____
- 7 Have they increased decreased not changed

ASSOCIATED SYMPTOMS?

- 8 fatigue
- 9 fever
- 11 unexplained weight gain: amount _____
- 12 anxiety, mood swings, depression, panic reactions?
- 14 easy bruising
- 18 puffy eyes
- 19 sore throat, difficulty swallowing, hoarseness
- 20 cold sores
- 23 bone pain
- 25/86 cough, shortness of breath, wheezing
- 26/87 abdominal pain, vomiting, diarrhea, bloody stools
- 27 blood in urine, decreased frequency of urination, increased frequency of urination, sharp lower back pains, burning with urination, hives with menstruation, AIDS, sexually transmitted disease
- 28/89 muscle weakness or pain, abnormal skin sensation

TRIGGERS

- 13/29 rubbing or scratching your skin in: you any family members?
- 30 painful swelling from sustained pressure like:
 - tight clothing (bra, belt, stockings)
 - painful swelling after using tools
 - standing for long periods, excess walking or running causing painful feet
 - carrying heavy objects causing painful swelling of shoulders, arms, hands
 - prolonged sitting causing painful swelling of buttocks
 - other activities _____
- 31 sunlight
- 32 cold temperature, swimming, water sports
- 34 bathing or showering in hot water
- 35 contacting water of any temperature for: you any family members?

FAMILY HISTORY

37/38 Do any family members have hives from cold exposure? Yes No

40 any deafness or kidney disease in these relatives? Yes No

WORK AND RECREATIONAL HISTORY

State your occupation and tasks you perform _____

List exposures you suspect could cause hives _____

42 Do you work in healthcare? Yes No

43 Are you exposed to latex? Yes No

44/45 Do hives occur around animals, like on farms or veterenarian offices? Yes No

46 Do hives occur working with arts and crafts? Yes No

47 Do hives occur during or after water sports? Yes No

33/48 Do hives occur during or after sports, exercise or jogging for: you any family members?

49 Do hives occur with weight lifting or other activities? Yes No

MEDICATION HISTORY

50 List all prescription, injections, over-the-counter, herbs, vitamins, suppositories, douches, skin patches, and creams, nose and oral sprays and supplements. Copy labels and bring in prescriptions.

List ALL medicines taken 1 month before onset hives

List ALL medicines taken when hives began

List all cosmetics, shampoos, hair conditioners, soaps, detergents, fabric softeners, and drying sheets you use. Copy labels or bring to your visit.

51 Did hives occur after: bees, fire ants, deer flies, ticks stings?

52 FOOD HISTORY

List any foods you suspect of causing hives

Within 20-30 minutes of eating: _____

More than 60 minutes: _____

Do hives stop after eliminating these foods? Yes No

Do hives recur after re-ingesting the same suspect food? Yes No

Do hives occur if consuming **fresh** preparation of this food? Yes No

Does licorice, kiwi, sesame or poppy cause hives?

53 Travel History

Any foreign travel within 2 years prior to onset of hives? Yes No

If yes, specify countries and dates: _____

Any diarrhea and/or vomiting since returning? Yes No

Any transfusions or injections in this country? Yes No

Did you ingest water from a well, river, pond, lake or other unpurified water within 1 year prior to the onset of hives? Yes No

FURTHER HISTORY – Circle all that apply and answer related questions

Do you have any of the following symptoms?

54/55/56 enlargement or lumps in front of neck? Specify details: _____

54/10/13/15 weight gain, unusual hair loss, irregular menstrual periods, low thyroid

55/11 unexplained weight loss, prominent eyes, tremors, high thyroid

56/24 history of kidney stones or frequent bone fractures: number _____

57 for women: do hives occur with menstruation? Yes No

do hives occur only with pregnancy? Yes No

58 INFECTIOUS HISTORY – If “yes”, fill in date it began.

58A/9 fever when hives developed. Date of fever:

58B List major infections: pneumonia, sinusitis, ear infections, skin infections, meningitis

59 hepatitis or jaundice

60 “documented” (rapid test or culture) sore throat when hives developed (rapid test or culture)

61 “Mono”

62 cold sores

63 chronic infection with or without drainage

64/16/17/21 facial pain, discolored drainage from nose or sinus infection when hives began

65 gum infections or dental abscess

66 stomach ulcer

67 gallstones

68 fungal infections like athlete’s foot

69 skin infections or abscesses

70 yeast infections: Location _____

71 bronchitis or pneumonia _____

72 urinary tract infections

73 sexual transmitted diseases like HIV, syphilis, gonorrhea, other

74 transfusions. Specify situation and date: _____

75 needle sticks. Specify situation and date: _____

76 HISTORY OF TUMORS AND CANCER

recent mass or lump on or under skin. Location _____ duration _____
recent lymph node swelling. Location(s) _____ duration _____
previous diagnosed cancer. *Specify:* _____
history of any of the following: _____
cough. If yes, give date of last chest x ray: _____
unexplained weight loss: _____
unexplained bleeding at any location. *Specify location:* _____

HISTORY OF SKIN CONTACT WITH ENVIRONMENTAL SUBSTANCES *possibly associated with hives*

List answers regarding hives occurrence after contacting any of the following:

- 77 plants _____
- 77 animals _____
- 78 latex _____
- 79 foods _____
- 80 drugs _____
- 81 chemicals _____
- 82 cosmetics, shampoo, conditioner, soap, other laundry products _____
others _____

AUTOIMMUNE DISORDERS — Are hives associated with any of these:

- 84/22 joint pain, tenderness or swelling Location: _____
- 85 dry eyes or mouth
- 88 reduced frequency of urination, high blood pressure, blood in urine
- 90 sun sensitivity, easy bruising, rashes other than hives. Location: _____
- 91 hair loss, cold intolerance, weight gain, dry skin, lumps or swelling of thyroid gland (located in front of neck below Adam’s apple)
- 92 Do any of the following symptoms occurring with hives: dizziness, loss of consciousness, low blood pressure, metallic taste in mouth, rapid heart rate, hoarseness, difficulty swallowing, sweating, itchy palms or soles, pale or blue skin color, shortness of breath, rapid breathing, seizures, abdominal cramps, vomiting, diarrhea.

During an episode of hives, have you been on a ventilator, intubated (breathing tube in your throat), or had a tracheostomy (opening made in your windpipe)

SEXUAL INTERCOURSE

- 93 do hives occur within 8 hours of intercourse? Yes No
If yes, did you have any symptoms in section 92? Yes No
If yes, list _____

SURGERY

List all surgery and dates within the past 2 years:

Bring in all medicines, copies of medications, and labels of suspected foods. Take photographs of rash and bring them with you.