

Patient Name: \_\_\_\_\_

# Urticaria Assessment Diary - Adult

Start date: \_\_\_\_\_

End date: \_\_\_\_\_

Department of Dermatology  
Queen Elizabeth University Hospital  
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Glasgow G51 4TF  
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Patient Name: \_\_\_\_\_

## Weekly Urticaria Activity Score (UAS7)

Please complete the diary for 7 days. This will provide your UAS7 score for the 4 weeks before your next appointment.

When completing the diary, please try to reflect the previous 24 hours as a whole, not just the current situation.

### Step 1: Instructions

Evaluate the **last 24 hours** in terms of both wheals (hives) and the itching with a score, using the scale below

Wheals (Hives) Score	Itching Score
0 = No wheals	0 = None
1 = Mild (less than 20 wheals)	1 = Mild (present but not annoying or troublesome)
2 = Moderate (20-50 wheals)	2 = Moderate (troublesome but doesn't affect daily activities or sleep)
3 = Intense (More than 50 wheals)	3 = Intense (severe itch, interferes with daily activities and sleep)

### For Example:

- If you had 30 wheals in the past 24 hours you would score 2 for wheals.
- If your itching in the past 24 hours was intense and interfering with sleep you would score 3 for itch.
- This makes your total for the day **2 + 3 = 5**

### Example

Wheals Score (24 hours)				Itching Score (24 hours)				Total
0	1	2	3	0	1	2	3	5

### Step 2: Your weekly UAS (UAS7)

Please enter your scores for the corresponding date in the table below by circling the appropriate number. Add the two scores together and write the total for that day in the right hand column. Finally at the end of the week add the seven daily scores and enter your UAS7 score in the grey box

Patient Name:

**Week 1 - Urticaria Activity Score**

		Wheals Score (24 hours)				Itching Score (24 hours)				
Day	Date	None	Mild	Moderate	Intense	None	Mild	Moderate	Intense	Total
1										
2										
3										
4										
5										
6										
7										
Weekly total										

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Week 1 - Disease Quality of Life Index (DLQI)**

**DLQI Score:** \_\_\_\_\_

1. Over the last week how itchy sore painful or stinging has your skin been	Very much	<input type="checkbox"/>	
	A lot	<input type="checkbox"/>	
	A little	<input type="checkbox"/>	
	Not at all	<input type="checkbox"/>	
2. Over the last week how embarrassed or self conscious have you been because of your skin	Very much	<input type="checkbox"/>	
	A lot	<input type="checkbox"/>	
	A little	<input type="checkbox"/>	
	Not at all	<input type="checkbox"/>	
3. Over the last week how much has your skin interfered with you going shopping or looking after your home or garden	Very much	<input type="checkbox"/>	
	A lot	<input type="checkbox"/>	
	A little	<input type="checkbox"/>	
	Not at all	<input type="checkbox"/>	
4. Over the last week how much has your skin influenced the clothes you wear	Very much	<input type="checkbox"/>	
	A lot	<input type="checkbox"/>	
	A little	<input type="checkbox"/>	
	Not at all	<input type="checkbox"/>	
5. Over the last week how much has your skin affected any social or leisure activities	Very much	<input type="checkbox"/>	
	A lot	<input type="checkbox"/>	
	A little	<input type="checkbox"/>	
	Not at all	<input type="checkbox"/>	
6. Over the last week has your skin made it difficult for you to any sport	Very much	<input type="checkbox"/>	
	A lot	<input type="checkbox"/>	
	A little	<input type="checkbox"/>	
	Not at all	<input type="checkbox"/>	
7. Over the last week has your skin prevented you from working or studying If No, how much has it affected work or studying	Very much	<input type="checkbox"/>	
	A lot	<input type="checkbox"/>	
	A little	<input type="checkbox"/>	
	Not at all	<input type="checkbox"/>	
8. Over the last week how much has your skin created problems with your partner or any close friends or relatives	Very much	<input type="checkbox"/>	
	A lot	<input type="checkbox"/>	
	A little	<input type="checkbox"/>	
	Not at all	<input type="checkbox"/>	
9. Over the last week, how much of a problem has the treatment for the skin been, for example making your home messy, or by taking up time?	Very much	<input type="checkbox"/>	
	A lot	<input type="checkbox"/>	
	A little	<input type="checkbox"/>	
	Not at all	<input type="checkbox"/>	

Patient Name: \_\_\_\_\_

**Week 2 - Urticaria Activity Score**

		Wheals Score (24 hours)				Itching Score (24 hours)				
Day	Date	None	Mild	Moderate	Intense	None	Mild	Moderate	Intense	Total
1										
2										
3										
4										
5										
6										
7										
Weekly total										

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Week 2 - Disease Quality of Life Index (DLQI)**

**DLQI Score:** \_\_\_\_\_

1. Over the last week how itchy sore painful or stinging has your skin been	Very much		
	A lot		
	A little		
	Not at all		
2. Over the last week how embarrassed or self conscious have you been because of your skin	Very much		
	A lot		
	A little		
	Not at all		
3. Over the last week how much has your skin interfered with you going shopping or looking after your home or garden	Very much		
	A lot		
	A little		
	Not at all		
4. Over the last week how much has your skin influenced the clothes you wear	Very much		
	A lot		
	A little		
	Not at all		
5. Over the last week how much has your skin affected any social or leisure activities	Very much		
	A lot		
	A little		
	Not at all		
6. Over the last week has your skin made it difficult for you to any sport	Very much		
	A lot		
	A little		
	Not at all		
7. Over the last week has your skin prevented you from working or studying If No, how much has it affected work or studying	Very much		
	A lot		
	A little		
	Not at all		
8. Over the last week how much has your skin created problems with your partner or any close friends or relatives	Very much		
	A lot		
	A little		
	Not at all		
9. Over the last week, how much of a problem has the treatment for the skin been, for example making your home messy, or by taking up time?	Very much		
	A lot		
	A little		
	Not at all		

Patient Name: \_\_\_\_\_

**Week 3 - Urticaria Activity Score**

		Wheals Score (24 hours)				Itching Score (24 hours)				
Day	Date	None	Mild	Moderate	Intense	None	Mild	Moderate	Intense	Total
1										
2										
3										
4										
5										
6										
7										
Weekly total										

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Week 3 - Disease Quality of Life Index (DLQI)**

**DLQI Score:** \_\_\_\_\_

1. Over the last week how itchy sore painful or stinging has your skin been	Very much		
	A lot		
	A little		
	Not at all		
2. Over the last week how embarrassed or self conscious have you been because of your skin	Very much		
	A lot		
	A little		
	Not at all		
3. Over the last week how much has your skin interfered with you going shopping or looking after your home or garden	Very much		
	A lot		
	A little		
	Not at all		
4. Over the last week how much has your skin influenced the clothes you wear	Very much		
	A lot		
	A little		
	Not at all		
5. Over the last week how much has your skin affected any social or leisure activities	Very much		
	A lot		
	A little		
	Not at all		
6. Over the last week has your skin made it difficult for you to any sport	Very much		
	A lot		
	A little		
	Not at all		
7. Over the last week has your skin prevented you from working or studying If No, how much has it affected work or studying	Very much		
	A lot		
	A little		
	Not at all		
8. Over the last week how much has your skin created problems with your partner or any close friends or relatives	Very much		
	A lot		
	A little		
	Not at all		
9. Over the last week, how much of a problem has the treatment for the skin been, for example making your home messy, or by taking up time?	Very much		
	A lot		
	A little		
	Not at all		

Patient Name: \_\_\_\_\_

**Week 4 - Urticaria Activity Score**

		Wheals Score (24 hours)				Itching Score (24 hours)				
Day	Date	None	Mild	Moderate	Intense	None	Mild	Moderate	Intense	Total
1										
2										
3										
4										
5										
6										
7										
Weekly total										

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Week 4 - Disease Quality of Life Index (DLQI)**

**DLQI Score:** \_\_\_\_\_

1. Over the last week how itchy sore painful or stinging has your skin been	Very much	<input type="checkbox"/>	
	A lot	<input type="checkbox"/>	
	A little	<input type="checkbox"/>	
	Not at all	<input type="checkbox"/>	
2. Over the last week how embarrassed or self conscious have you been because of your skin	Very much	<input type="checkbox"/>	
	A lot	<input type="checkbox"/>	
	A little	<input type="checkbox"/>	
	Not at all	<input type="checkbox"/>	
3. Over the last week how much has your skin interfered with you going shopping or looking after your home or garden	Very much	<input type="checkbox"/>	
	A lot	<input type="checkbox"/>	
	A little	<input type="checkbox"/>	
	Not at all	<input type="checkbox"/>	
4. Over the last week how much has your skin influenced the clothes you wear	Very much	<input type="checkbox"/>	
	A lot	<input type="checkbox"/>	
	A little	<input type="checkbox"/>	
	Not at all	<input type="checkbox"/>	
5. Over the last week how much has your skin affected any social or leisure activities	Very much	<input type="checkbox"/>	
	A lot	<input type="checkbox"/>	
	A little	<input type="checkbox"/>	
	Not at all	<input type="checkbox"/>	
6. Over the last week has your skin made it difficult for you to any sport	Very much	<input type="checkbox"/>	
	A lot	<input type="checkbox"/>	
	A little	<input type="checkbox"/>	
	Not at all	<input type="checkbox"/>	
7. Over the last week has your skin prevented you from working or studying If No, how much has it affected work or studying	Very much	<input type="checkbox"/>	
	A lot	<input type="checkbox"/>	
	A little	<input type="checkbox"/>	
	Not at all	<input type="checkbox"/>	
8. Over the last week how much has your skin created problems with your partner or any close friends or relatives	Very much	<input type="checkbox"/>	
	A lot	<input type="checkbox"/>	
	A little	<input type="checkbox"/>	
	Not at all	<input type="checkbox"/>	
9. Over the last week, how much of a problem has the treatment for the skin been, for example making your home messy, or by taking up time?	Very much	<input type="checkbox"/>	
	A lot	<input type="checkbox"/>	
	A little	<input type="checkbox"/>	
	Not at all	<input type="checkbox"/>	



