



**Allergy & Immunology**  
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**Hives Questionnaire**

Patient name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

When did your hives first start? \_\_\_\_\_ month \_\_\_\_\_ year

Describe the circumstances when your hives started? [Fever, sore throat, etc.]

\_\_\_\_\_

Did you have contact with anything unusual? If yes, describe:

\_\_\_\_\_

Do you get any days free of hives? If yes, describe:

\_\_\_\_\_

How often do the hives occur  daily  weekly  other \_\_\_\_\_

Do you get any swelling? (hands, feet) If yes, describe:

\_\_\_\_\_

Do you get any lip or tongue swelling?  Yes  No

Do your hives itch?  Yes  No

What do your hives look like? [check all that apply]  flat  raised  red  pink  purple

Do your hives leave any bruise marks after they're gone?  Yes  No

Does one body part get more hives than another? If yes, please describe:

\_\_\_\_\_

Is there any specific time that the hives are particularly difficult? If yes, describe:

\_\_\_\_\_

Is there a family history of hives?  Yes  No

If you think that there is trigger for the hives, consider the following:

Foods: Which one(s): \_\_\_\_\_

How soon after you eat the food do the hives begin?: \_\_\_\_\_

Medications: Which one(s): \_\_\_\_\_

Any activity [exercise, hot showers, etc..] \_\_\_\_\_

Common colds? \_\_\_\_\_

Do you take any medications either prescribed, over-the-counter, herbal, GNC, homeopathic, internet, creams, lotions, eye drops, ear drops, inhalers, sprays, etc?

If yes, please list them and the approximate date that you started that medication:

| <b>Name of medication</b> | <b>Approximate date started</b> |
|---------------------------|---------------------------------|
| _____                     | _____                           |
| _____                     | _____                           |
| _____                     | _____                           |

Have you recently tried any medication to treat your hives?  Yes  No

If yes, list the medications you've tried:

\_\_\_\_\_

Did the medication(s) help?  Yes  No

If yes, which one(s)? \_\_\_\_\_