

# Things for you to fill in

This booklet is intended for patients that have been prescribed Xolair (omalizumab) for chronic spontaneous urticaria (CSU).

This medicine is used to treat chronic spontaneous urticaria in adults and adolescents (12 years of age and older) who are already receiving antihistamines but whose CSU symptoms are not well controlled by these medicines.

Always refer to the patient information leaflet for information about your treatment.

Please find full information on how to report a side effect on the last page.

This material has been created and funded by Novartis Pharmaceuticals UK Ltd.





## Chronic Spontaneous Urticaria (CSU) Tracker

Keeping track of your symptoms will help you and your doctor or nurse check if Xolair (omalizumab) is working for you. This tracker includes three different tests that all monitor different aspects of your CSU:

- 1 The **Urticaria Control Test (UCT)** assesses how well controlled your urticaria is over a 4-week period.
- 2 The **Dermatology Life Quality Index (DLQI)** assesses how your urticaria affects your day-to-day life.
- 3 The **weekly Urticaria Activity Score (UAS7)** measures the number of hives and the severity of itch you experience daily, summed over 7 consecutive days.

This booklet has been created to help you to track your symptoms. However, if you have any concern or you feel that you are getting worse, please contact your healthcare professional for advice.



## UCT

Calculate your UCT by answering four simple questions. These will provide an overview of your CSU, your quality of life and your treatment.

Each question is scored from 0 to 4.

These scores are then added together to give you an overall score out of 16, with lower scores (below 12) representing poor control.

**Complete the UCT once a month.**

**1**

How much have you suffered from the physical symptoms of the urticaria (itch, hives (welts) and/or swelling) in the last 4 weeks?

- |                      |                       |
|----------------------|-----------------------|
| <b>(0)</b> Very much | <b>(3)</b> A little   |
| <b>(1)</b> Much      | <b>(4)</b> Not at all |
| <b>(2)</b> Somewhat  |                       |

**2**

How much was your quality of life affected by the urticaria in the last 4 weeks?

- |                      |                       |
|----------------------|-----------------------|
| <b>(0)</b> Very much | <b>(3)</b> A little   |
| <b>(1)</b> Much      | <b>(4)</b> Not at all |
| <b>(2)</b> Somewhat  |                       |

**3**

How often was the treatment for your urticaria in the last 4 weeks not enough to control your urticaria symptoms?

- |                       |                       |
|-----------------------|-----------------------|
| <b>(0)</b> Very often | <b>(3)</b> Seldom     |
| <b>(1)</b> Often      | <b>(4)</b> Not at all |
| <b>(2)</b> Sometimes  |                       |

**4**

Overall, how well have you had your urticaria under control in the last 4 weeks?

- |                       |                      |
|-----------------------|----------------------|
| <b>(0)</b> Not at all | <b>(3)</b> Well      |
| <b>(1)</b> A little   | <b>(4)</b> Very well |
| <b>(2)</b> Somewhat   |                      |

Date:  to:  My total UCT score is:  /16

**1**

How much have you suffered from the physical symptoms of the urticaria (itch, hives (welts) and/or swelling) in the last 4 weeks?

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Date:  to:  My total UCT score is:  /16

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|----------------------|-----------------------|
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Overall, how well have you had your urticaria under control in the last 4 weeks?

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|-----------------------|----------------------|
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| <b>(1)</b> A little   | <b>(4)</b> Very well |
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Date:  to:  My total UCT score is:  /16

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|----------------------|-----------------------|
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| <b>(1)</b> Much      | <b>(4)</b> Not at all |
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| <b>(0)</b> Not at all | <b>(3)</b> Well      |
| <b>(1)</b> A little   | <b>(4)</b> Very well |
| <b>(2)</b> Somewhat   |                      |

Date:  to:  My total UCT score is:  /16



## DLQI

Calculate your DLQI by answering ten questions about the impact of CSU on different aspects of your quality of life.

Each question is scored from 0 to 3, and then added together to give you an overall total out of 30, with a higher score representing a greater impact.

**Complete the DLQI once a week.**



**1**

Over the last week, how itchy, sore, painful or stinging has your skin been?

**(3)** Very much

**(2)** A lot

**(1)** A little

**(0)** Not at all

**2**

Over the last week, how embarrassed or self-conscious have you been because of your skin?

**(3)** Very much

**(2)** A lot

**(1)** A little

**(0)** 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?

**(3)** Very much

**(2)** A lot

**(1)** A little

**(0)** Not at all

**(0)** Not relevant

**4**

Over the last week, how much has your skin influenced the clothes you wear?

**(3)** Very much

**(2)** A lot

**(1)** A little

**(0)** Not at all

**(0)** Not relevant



**5** Over the last week, how much has your skin affected any social or leisure activities?

- |                      |                         |
|----------------------|-------------------------|
| <b>(3)</b> Very much | <b>(0)</b> Not at all   |
| <b>(2)</b> A lot     | <b>(0)</b> Not relevant |
| <b>(1)</b> A little  |                         |

**6** Over the last week, how much has your skin made it difficult for you to do any sport?

- |                      |                         |
|----------------------|-------------------------|
| <b>(3)</b> Very much | <b>(0)</b> Not at all   |
| <b>(2)</b> A lot     | <b>(0)</b> Not relevant |
| <b>(1)</b> A little  |                         |

**7** Over the last week, has your skin prevented you from working or studying?

- |                |                         |
|----------------|-------------------------|
| <b>(3)</b> Yes | <b>(0)</b> Not relevant |
| <b>(0)</b> No  |                         |

If no: Over the last week, how much has your skin been a problem at work or studying?

- |                     |                       |
|---------------------|-----------------------|
| <b>(2)</b> A lot    | <b>(0)</b> Not at all |
| <b>(1)</b> A little |                       |



**8** Over the last week, how much has your skin created problems with your partner or any of your close friends or relatives?

- |                      |                         |
|----------------------|-------------------------|
| <b>(3)</b> Very much | <b>(0)</b> Not at all   |
| <b>(2)</b> A lot     | <b>(0)</b> Not relevant |
| <b>(1)</b> A little  |                         |

**9** Over the last week, how much has your skin caused any sexual difficulties?

- |                      |                         |
|----------------------|-------------------------|
| <b>(3)</b> Very much | <b>(0)</b> Not at all   |
| <b>(2)</b> A lot     | <b>(0)</b> Not relevant |
| <b>(1)</b> A little  |                         |

**10** Over the last week, how much of a problem has the treatment for your skin been, for example by making your home messy, or by taking up time?

- |                      |                         |
|----------------------|-------------------------|
| <b>(3)</b> Very much | <b>(0)</b> Not at all   |
| <b>(2)</b> A lot     | <b>(0)</b> Not relevant |
| <b>(1)</b> A little  |                         |

DLQI – week commencing:  to:  week no:

My total DLQI score is:  /30



**1** Over the last week, how itchy, sore, painful or stinging has your skin been?

- |                      |                       |
|----------------------|-----------------------|
| <b>(3)</b> Very much | <b>(1)</b> A little   |
| <b>(2)</b> A lot     | <b>(0)</b> Not at all |

**2** Over the last week, how embarrassed or self-conscious have you been because of your skin?

- |                      |                       |
|----------------------|-----------------------|
| <b>(3)</b> Very much | <b>(1)</b> A little   |
| <b>(2)</b> A lot     | <b>(0)</b> 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?

- |                      |                         |
|----------------------|-------------------------|
| <b>(3)</b> Very much | <b>(0)</b> Not at all   |
| <b>(2)</b> A lot     | <b>(0)</b> Not relevant |
| <b>(1)</b> A little  |                         |

**4** Over the last week, how much has your skin influenced the clothes you wear?

- |                      |                         |
|----------------------|-------------------------|
| <b>(3)</b> Very much | <b>(0)</b> Not at all   |
| <b>(2)</b> A lot     | <b>(0)</b> Not relevant |
| <b>(1)</b> A little  |                         |



**5** Over the last week, how much has your skin affected any social or leisure activities?

- |                      |                         |
|----------------------|-------------------------|
| <b>(3)</b> Very much | <b>(0)</b> Not at all   |
| <b>(2)</b> A lot     | <b>(0)</b> Not relevant |
| <b>(1)</b> A little  |                         |

**6** Over the last week, how much has your skin made it difficult for you to do any sport?

- |                      |                         |
|----------------------|-------------------------|
| <b>(3)</b> Very much | <b>(0)</b> Not at all   |
| <b>(2)</b> A lot     | <b>(0)</b> Not relevant |
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**7** Over the last week, has your skin prevented you from working or studying?

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|----------------|-------------------------|
| <b>(3)</b> Yes | <b>(0)</b> Not relevant |
| <b>(0)</b> No  |                         |

If no: Over the last week, how much has your skin been a problem at work or studying?

- |                     |                       |
|---------------------|-----------------------|
| <b>(2)</b> A lot    | <b>(0)</b> Not at all |
| <b>(1)</b> A little |                       |





**8**

Over the last week, how much has your skin created problems with your partner or any of your close friends or relatives?

- (3)** Very much                      **(0)** Not at all
- (2)** A lot                              **(0)** Not relevant
- (1)** A little

**9**

Over the last week, how much has your skin caused any sexual difficulties?

- (3)** Very much                      **(0)** Not at all
- (2)** A lot                              **(0)** Not relevant
- (1)** A little

**10**

Over the last week, how much of a problem has the treatment for your skin been, for example by making your home messy, or by taking up time?

- (3)** Very much                      **(0)** Not at all
- (2)** A lot                              **(0)** Not relevant
- (1)** A little



**1**

Over the last week, how itchy, sore, painful or stinging has your skin been?

- (3)** Very much                      **(1)** A little
- (2)** A lot                              **(0)** Not at all

**2**

Over the last week, how embarrassed or self-conscious have you been because of your skin?

- (3)** Very much                      **(1)** A little
- (2)** A lot                              **(0)** 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?

- (3)** Very much                      **(0)** Not at all
- (2)** A lot                              **(0)** Not relevant
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**4**

Over the last week, how much has your skin influenced the clothes you wear?

- (3)** Very much                      **(0)** Not at all
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DLQI – week commencing:  to:  week no:

My total DLQI score is:  /30



**5** Over the last week, how much has your skin affected any social or leisure activities?

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| <b>(3)</b> Very much | <b>(0)</b> Not at all   |
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|----------------|-------------------------|
| <b>(3)</b> Yes | <b>(0)</b> Not relevant |
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|---------------------|-----------------------|
| <b>(2)</b> A lot    | <b>(0)</b> Not at all |
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**9** Over the last week, how much has your skin caused any sexual difficulties?

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|----------------------|-------------------------|
| <b>(3)</b> Very much | <b>(0)</b> Not at all   |
| <b>(2)</b> A lot     | <b>(0)</b> Not relevant |
| <b>(1)</b> A little  |                         |

**10** Over the last week, how much of a problem has the treatment for your skin been, for example by making your home messy, or by taking up time?

- |                      |                         |
|----------------------|-------------------------|
| <b>(3)</b> Very much | <b>(0)</b> Not at all   |
| <b>(2)</b> A lot     | <b>(0)</b> Not relevant |
| <b>(1)</b> A little  |                         |

DLQI – week commencing:  to:  week no:

My total DLQI score is:  /30



**1**

Over the last week, how itchy, sore, painful or stinging has your skin been?

- |                      |                       |
|----------------------|-----------------------|
| <b>(3)</b> Very much | <b>(1)</b> A little   |
| <b>(2)</b> A lot     | <b>(0)</b> Not at all |

**2**

Over the last week, how embarrassed or self-conscious have you been because of your skin?

- |                      |                       |
|----------------------|-----------------------|
| <b>(3)</b> Very much | <b>(1)</b> A little   |
| <b>(2)</b> A lot     | <b>(0)</b> 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?

- |                      |                         |
|----------------------|-------------------------|
| <b>(3)</b> Very much | <b>(0)</b> Not at all   |
| <b>(2)</b> A lot     | <b>(0)</b> Not relevant |
| <b>(1)</b> A little  |                         |

**4**

Over the last week, how much has your skin influenced the clothes you wear?

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|----------------------|-------------------------|
| <b>(3)</b> Very much | <b>(0)</b> Not at all   |
| <b>(2)</b> A lot     | <b>(0)</b> Not relevant |
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**5**

Over the last week, how much has your skin affected any social or leisure activities?

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|----------------------|-------------------------|
| <b>(3)</b> Very much | <b>(0)</b> Not at all   |
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**6**

Over the last week, how much has your skin made it difficult for you to do any sport?

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**7**

Over the last week, has your skin prevented you from working or studying?

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|----------------|-------------------------|
| <b>(3)</b> Yes | <b>(0)</b> Not relevant |
| <b>(0)</b> No  |                         |

If no: Over the last week, how much has your skin been a problem at work or studying?

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|---------------------|-----------------------|
| <b>(2)</b> A lot    | <b>(0)</b> Not at all |
| <b>(1)</b> A little |                       |



**8**

Over the last week, how much has your skin created problems with your partner or any of your close friends or relatives?

- (3)** Very much                    **(0)** Not at all
- (2)** A lot                            **(0)** Not relevant
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**9**

Over the last week, how much has your skin caused any sexual difficulties?

- (3)** Very much                    **(0)** Not at all
- (2)** A lot                            **(0)** Not relevant
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**10**

Over the last week, how much of a problem has the treatment for your skin been, for example by making your home messy, or by taking up time?

- (3)** Very much                    **(0)** Not at all
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Over the last week, how itchy, sore, painful or stinging has your skin been?

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Over the last week, how much has your skin influenced the clothes you wear?

- (3)** Very much                    **(0)** Not at all
- (2)** A lot                            **(0)** Not relevant
- (1)** A little

DLQI – week commencing:  to:  week no:

My total DLQI score is:  /30



**5** Over the last week, how much has your skin affected any social or leisure activities?

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|----------------------|-------------------------|
| <b>(3)</b> Very much | <b>(0)</b> Not at all   |
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|----------------|-------------------------|
| <b>(3)</b> Yes | <b>(0)</b> Not relevant |
| <b>(0)</b> No  |                         |

If no: Over the last week, how much has your skin been a problem at work or studying?

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|---------------------|-----------------------|
| <b>(2)</b> A lot    | <b>(0)</b> Not at all |
| <b>(1)</b> A little |                       |



**8** Over the last week, how much has your skin created problems with your partner or any of your close friends or relatives?

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|----------------------|-------------------------|
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| <b>(2)</b> A lot     | <b>(0)</b> Not relevant |
| <b>(1)</b> A little  |                         |

**9** Over the last week, how much has your skin caused any sexual difficulties?

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|----------------------|-------------------------|
| <b>(3)</b> Very much | <b>(0)</b> Not at all   |
| <b>(2)</b> A lot     | <b>(0)</b> Not relevant |
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**10** Over the last week, how much of a problem has the treatment for your skin been, for example by making your home messy, or by taking up time?

- |                      |                         |
|----------------------|-------------------------|
| <b>(3)</b> Very much | <b>(0)</b> Not at all   |
| <b>(2)</b> A lot     | <b>(0)</b> Not relevant |
| <b>(1)</b> A little  |                         |

DLQI – week commencing:  to:  week no:

My total DLQI score is:  /42



## UAS7

The UAS7 can be completed in four easy steps:

- 1 Score your hives and your itch.
- 2 Add together these scores each day, and record this in the third column.
- 3 At the end of each week, you can then add up the values in the third column to get your final score – this is your UAS7 score.
- 4 Make a note of any other medications you are taking, and any other information you think could be important to your doctor.

To make your results as accurate as possible complete the UAS7 at the same time each day. Think about the past 24 hours as a whole, and not just how you feel while you are filling it in.

**Complete the UAS7 every day and total your scores once a week.**

Hives		Itch	
Score	Definition	Score	Definition
0	No hives	0	No itch
1	Less than 20 hives	1	Mild itch (present, but not troublesome)
2	Between 20 and 50 hives	2	Medium itch (troublesome, but no significant impact on daily activities or sleep)
3	More than 50 hives	3	Severe itch (intense itching, with a significant impact on daily activities or sleep)

Day	Hive score	Itch score	Sum of scores for hives & itch	Antihistamines taken & dosage	Activities, triggers & other information
Monday	0 1 2 3	0 1 2 3			
Tuesday	0 1 2 3	0 1 2 3			
Wednesday	0 1 2 3	0 1 2 3			
Thursday	0 1 2 3	0 1 2 3			
Friday	0 1 2 3	0 1 2 3			
Saturday	0 1 2 3	0 1 2 3			
Sunday	0 1 2 3	0 1 2 3			

UAS7 – week commencing:  to:  week no:

My weekly total is:

Day	Hive score	Itch score	Sum of scores for hives & itch	Antihistamines taken & dosage	Activities, triggers & other information
Monday	0 1 2 3	0 1 2 3			
Tuesday	0 1 2 3	0 1 2 3			
Wednesday	0 1 2 3	0 1 2 3			
Thursday	0 1 2 3	0 1 2 3			
Friday	0 1 2 3	0 1 2 3			
Saturday	0 1 2 3	0 1 2 3			
Sunday	0 1 2 3	0 1 2 3			

UAS7 – week commencing:  to:  week no:

My weekly total is:



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Tuesday	0 1 2 3	0 1 2 3			
Wednesday	0 1 2 3	0 1 2 3			
Thursday	0 1 2 3	0 1 2 3			
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UAS7 – week commencing:  to:  week no:

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Sunday	0 1 2 3	0 1 2 3			

UAS7 – week commencing:  to:  week no:

My weekly total is:



**Further information  
from your doctor or  
nurse**

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**A space for you  
to make notes**

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### Possible side effects

Common in patients with CSU (may affect up to 1 in 10 people)

- Feeling of pressure or pain in the cheeks and forehead (sinusitis)
- Headache
- Pain in joints (arthralgia)
- Reactions at the injection site, including pain, swelling, itching and redness
- Upper respiratory tract infection, such as inflammation of the pharynx and common cold

**Seek medical attention immediately if you notice any signs of the following side effects:**

- Severe allergic reactions (including anaphylaxis). Symptoms may include rash, itching or hives on the skin, swelling of the face, lips, tongue, larynx (voice box), windpipe or other parts of the body, fast heartbeat, dizziness and light-headedness, confusion, shortness of breath, wheezing or trouble breathing, blue skin or lips, collapsing and losing consciousness. If you have a history of severe allergic reactions (anaphylaxis) unrelated to Xolair you may be more at risk of developing a severe allergic reaction following use of Xolair.
- Systemic lupus erythematosus (SLE). Symptoms may include muscle pain, joint pain and swelling, rash, fever, weight loss, and fatigue.

### Sources:

- The Dermatology Life Quality Index (DLQI).  
Finlay AY, et al. *Clin Exp Dermatol* 1994;19(3):210–216.
- Urticaria Control Test (UCT).  
Weller K, et al. *J Allergy Clin Immunol* 2014;133(5):1365–1372.
- Weekly Urticaria Activity Score (UAS7).  
Mlynek A, et al. *Allergy* 2008;63(6):777–780.
- Xolair Patient Information Leaflet.
- Xolair UK Summary of Product Characteristics.

### Reporting side effects

If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed on the package leaflet. You can also report side effects directly via the Yellow Card Scheme at <https://yellowcard.mhra.gov.uk/>.

By reporting side effects, you can help to provide more information on the safety of this medicine.

For full details about Xolair, please refer to your patient information leaflet.

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