

This Discussion Guide was developed for people who have been diagnosed with hereditary angioedema or who think they may have it. It is intended to help your conversation with your doctor.

Just answer the questions the best you can and give your completed guide to your doctor at your next appointment. The guide will give your doctor some of the information he or she needs to help you.

You can fill out this editable PDF guide right now on your computer and then print it with your answers or email it directly to your doctor's office. You can also print this guide now and fill it out with a pen or pencil later.

1) When were you diagnosed with hereditary angioedema (HAE)?

- Within the past year
- Within the past 5 years
- Within the past 10 years
- Over 10 years ago
- I have not yet been diagnosed but I think I may have HAE

2) How old were you when you first had an HAE attack? _____

3) If you have been diagnosed with HAE, what was your age at the time of your diagnosis?

4) Has anyone in your family been diagnosed with HAE or has had unexplained symptoms similar to those of a typical HAE attack?

- Yes
- No

5) If yes, indicate the relative who has had HAE symptoms. (Check all that apply.)

- Parent
- Grandparent
- Brother/sister
- Aunt/uncle
- Child

6) Where on your body have you had symptoms of a typical HAE attack? (Check all that apply.)

- Lips
- Other parts of my face
- Hands
- Feet
- Genitals (sex organs)
- Abdomen (stomach)
- Throat

7) On average, how often do you experience HAE attacks?

- Once a year or less
- A few times a year
- Once a month
- Several times a month
- Every week
- Several times a week

8) **During an HAE attack, have you ever felt as if your throat was closing and it was hard to breathe?**

- Yes
- No

9) **Have you ever visited the Emergency Room because of an HAE attack?**

- Yes, often
- Yes, sometimes
- Yes, once
- No

10) **What types of treatment are you interested in?** (Check all that apply.)

- Ongoing treatment to help prevent attacks
- Treatment to stop attacks when they begin
- Not sure
- Not interested in treatment at this time

11) **What is your major concern during an HAE attack?** (Check all that apply.)

- My appearance
- Pain
- Worry that swelling will happen in my throat
- Not being able to go to work or school
- How it affects my ability to perform my usual tasks

12) **Have you ever changed your plans or decided not to take part in an activity because of an HAE attack?**

- Yes, often
- Yes, sometimes
- No

13) **Describe further how HAE has impacted your life and list any questions or concerns that you may have.**