



1. How many HAE attacks are you experiencing per month?



2. When thinking about your attacks, let's consider what they feel like and how they impact your activities.

a. With regards to how they feel like, please select all that apply:

- Uncomfortable, but still able to carry on    Slightly painful, but manageable    Painful  
 Very painful, and it keeps me from doing anything    Requires medical attention

b. With regards to how they impact your activities, please select all those that it interferes with:

- Work    School    Chores/errands    Exercise/sports    Travel    Special events  
 Being there for family and/or friends



3. Where on your body are your attacks happening?



4. What tends to trigger your HAE attacks (if anything)?



5. How are you currently managing your HAE symptoms?



6. Do you know of a family member who has HAE?    Yes    No  
If yes, who else in your family has HAE?



7. Describe how HAE has impacted your quality of life (e.g., prevents you from leaving the house or making plans, affects your ability to work or go to school, etc.).



8. What concerns do you face due to HAE? (e.g., taking a new job, starting a family, going on vacation)