

Angioedema Control Test

(AECT)

Patient name: _____

Date: (dd mmm yyyy): ____ ____ ____

Date of birth (dd mmm yyyy): ____ ____ ____

Instructions: You have recurrent swelling referred to as angioedema. Angioedema is a temporary swelling of the skin or mucous membranes which can occur in any part of the body but most commonly involves the lips, eyes, tongue, hands and feet and which can last from hours to days. Some patients develop abdominal angioedema, which is often not visible but painful. Some forms of swelling can also be associated with hives also known as urticaria.

The following four questions assess your current state of health. For each question, please choose the answer from the five options that *best fits your situation*. Please answer *all questions* and please provide *only one answer to each question*.

1. In the last 3 months, how often have you had angioedema?

very often often sometimes seldom not at all

2. In the last 3 months, how much has your quality of life been affected by angioedema?

very much much somewhat a little not at all

3. In the last 3 months, how much has the unpredictability of your angioedema bothered you?

very much much somewhat a little not at all

4. In the last 3 months, how well has your angioedema been controlled by your therapy?

not at all a little somewhat well very well

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