

## Urticaria-Calendar

This calendar can help you to monitor the course of your urticaria and to find factors/triggers that induce or aggravate your symptoms. Please indicate once a day and every day 1) how many wheals occurred, 2) how itchy your skin was, 3) whether you had additional symptoms (and if so, how strong they were) and 4) whether (and when) you took your urticaria medication.  
 My urticaria medication\*: \_\_\_\_\_

Day	Wheals				Itchiness				Other Symptoms				Urticaria medication*				Triggers
	none	<20	20-50	>50	none	lightly	medium	strong	none	low	strong	maximum	morning	noon	afternoon	at night	
1																	For example: - Stress - Exercise - Food
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