

# Urticaria Activity Score (UAS) Worksheet

Patient name \_\_\_\_\_

Doctor name \_\_\_\_\_

Day 1 date \_\_\_\_\_

## How to Score Your Hives and Itch<sup>1-4</sup>

Score	0	1	2	3
Number of Hives*	None	Mild (1 to 6 hives)	Moderate (7 to 12 hives)	Severe (more than 12 hives)
Severity of Itch	None	Mild (clearly present but minimal awareness)	Moderate (definite awareness that is bothersome but tolerable)	Severe (hard to tolerate)

\*Count each hive separately even if you have more than one hive grouped together with other hives.

## Scoring Table<sup>1-4</sup>

Date	Daily Hives Score	+	Daily Itch Score	=	Daily UAS
Example	0 <b>1</b> 2 3	+	0 1 <b>2</b> 3	=	0 1 2 <b>3</b> 4 5 6
Day 1	0 1 2 3	+	0 1 2 3	=	0 1 2 3 4 5 6
Day 2	0 1 2 3	+	0 1 2 3	=	0 1 2 3 4 5 6
Day 3	0 1 2 3	+	0 1 2 3	=	0 1 2 3 4 5 6
Day 4	0 1 2 3	+	0 1 2 3	=	0 1 2 3 4 5 6
Day 5	0 1 2 3	+	0 1 2 3	=	0 1 2 3 4 5 6
Day 6	0 1 2 3	+	0 1 2 3	=	0 1 2 3 4 5 6
Day 7	0 1 2 3	+	0 1 2 3	=	0 1 2 3 4 5 6

<b>Weekly UAS7 (0-42)</b> (Total of the Daily UAS of Days 1 through 7)	
---	--



**Remember to complete this worksheet and return it to your doctor at your next visit.**

# Urticaria Activity Score (UAS) Worksheet

## General instructions

Complete this worksheet over the **next 7 consecutive days**. Your answers will help your doctor learn more about your chronic spontaneous urticaria (CSU). Answer each question to the best of your ability. There are no right or wrong answers.

Choose the response that describes your experience with your skin condition over the past 24 hours. Try to complete the worksheet at the same time every day.

## To use this worksheet:

1. Fill in your name, doctor's name, and the start date of Day 1.
2. Record the number of hives you have on a daily basis and rate on a scale of 0 to 3.
3. Then rate how severe your itching is daily on a scale of 0 to 3.
4. Add the daily itch and daily hive scores to get your daily UAS (0-6).
5. Add your daily UAS together for all 7 days to get your weekly UAS (0-42).

***Please complete the worksheet on the other side of this page.***



**Remember to complete this worksheet and return it to your doctor at your next visit.**