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URTICARIA/ANGIOEDEMA DIARY

Name: _____

Date of episode: _____ Time of onset: _____

Where were you? _____

What were you doing? _____

How long after eating? _____

List all foods eaten within six hours of onset:

List all medications (including vitamins, herbs, and over-the-counter medicines) taken within six hours:

List any recent environmental exposures (chemicals, animals, unusual activities, etc.):

List any recent contactants (lotions, creams, cosmetics, etc.):
