

Supplementary Material - Study Questionnaire

Stage 1 – Inclusion Criteria

Please answer the following questions to evaluate your eligibility for this study.

1. What is your current age? Please select your age interval.

- ☐ 12 to 17 years old
- ☐ 18 to 30 years old
- ☐ 31 to 40 years old
- ☐ 41 to 50 years old
- ☐ 51 to 60 years old
- ☐ 61 to 70 years old
- ☐ Above 70 years old

2. Have you ever been diagnosed with Chronic Urticaria by a physician?

(Characterized by recurrent, raised, red skin lesions called wheals that itch and may occur alongside swelling [angioedema] for more than 6 weeks)

- ☐ Yes
- ☐ No

Stage 2 – Chronic Urticaria Questionnaire

Please answer the questions below regarding your history and clinical features of chronic urticaria.

1. What is your gender? Please select the option that corresponds to your biological sex.

☐ Female

☐ Male

2. In which region of Brazil do you currently live?

☐ North

☐ Northeast

☐ Central-West

☐ Southeast

☐ South

3. Do your urticaria symptoms appear spontaneously (without any specific trigger) or are they induced (e.g., lesions appear when skin is scratched with a pen or exposed to cold temperatures)?

☐ They appear spontaneously (Spontaneous Urticaria)

☐ They are induced by a specific trigger (Inducible Urticaria)

☐ Both; symptoms are triggered by specific stimuli but also occur spontaneously

4. Have you experienced other distinct episodes of urticaria throughout your life, prior to the current onset?

☐ Yes

☐ No

5. If you answered "yes" to the previous question, how long ago did those previous urticaria episodes occur?

☐ Less than 1 year ago

☐ Between 1 and 3 years ago

☐ Between 4 and 5 years ago

☐ More than 5 years ago

☐ Not applicable (No prior episodes)

6. Do you currently experience or have you ever experienced angioedema (sudden swelling of the face, eyelids, lips, tongue, genitalia, or extremities)?

☐ Yes, urticaria flares are associated with angioedema most or all of the time

☐ Yes, I used to have angioedema associated with urticaria, but I no longer experience it

☐ No, I have never experienced angioedema with my urticaria

☐ I experience isolated angioedema only and have never had typical urticaria skin lesions (wheals)

7. Do you have any of the following dermatological conditions? (You may select more than one option if applicable)

☐ Vitiligo

☐ Psoriasis

☐ Atopic Dermatitis

- ☐ Allergic Contact Dermatitis
- ☐ Discoid Lupus Erythematosus
- ☐ Others
- ☐ Not applicable (I do not have other skin conditions)

8. Do you have any other chronic health conditions (non-dermatological)? *(You may select more than one option if applicable)*

- ☐ Hypertension (High blood pressure)
- ☐ Obesity
- ☐ Type I Diabetes
- ☐ Type II Diabetes
- ☐ Thyroid disorders (e.g., hyperthyroidism, hypothyroidism, Hashimoto's thyroiditis, Graves' disease; excluding simple cysts or benign nodules)
- ☐ Systemic Lupus Erythematosus
- ☐ Asthma
- ☐ Allergic Rhinitis
- ☐ Anxiety disorder
- ☐ Depression
- ☐ Others
- ☐ Not applicable (I do not have other health conditions)

9. How old were you when you received your definitive diagnosis of Chronic Urticaria?

- ☐ 0 to 12 years old
- ☐ 12 to 17 years old

- ☐ 18 to 39 years old
- ☐ 40 to 64 years old
- ☐ 65 to 79 years old
- ☐ Above 80 years old

10. Do you remember how long it took from the onset of your first symptoms until you received a definitive diagnosis?

- ☐ Less than 3 months
- ☐ Between 3 and 6 months
- ☐ Between 6 months and 1 year
- ☐ Between 1 and 2 years
- ☐ 2 years or more

11. If your diagnosis took longer than 3 months, what do you believe were the main reasons for the delay? *(Select all that apply)*

- ☐ I tried treating it at home with antihistamines or other medications (e.g., prednisone) and delayed seeking medical help, thinking the symptoms would improve spontaneously
- ☐ I assumed symptoms were triggered by a specific food or medication (suspecting an acute allergy) and tried excluding them before seeking medical advice
- ☐ I attributed the symptoms to stress, anxiety, or emotional burden and tried alternative therapies before seeking medical advice
- ☐ I received alternative diagnoses and followed other treatments before being correctly diagnosed with Chronic Urticaria
- ☐ Other reasons

☐ Not applicable (My diagnosis took less than 3 months)

12. How many different physicians did you visit before receiving a definitive diagnosis of chronic urticaria? *(Please include emergency room visits driven by urticaria flares)*

☐ 1 to 2 physicians

☐ 3 to 5 physicians

☐ 5 to 10 physicians

☐ More than 10 physicians

13. If you answered that you visited more than 2 physicians, why do you feel it took multiple consultations to reach a diagnosis? *(Select all that apply)*

☐ Lack of disease-specific knowledge by the attending physician

☐ Lack of trust in the attending physician, which led me to seek second opinions

☐ Lack of improvement with the treatment proposed by the initial physician, leading me to seek other opinions

☐ Other reasons

☐ Not applicable (I visited up to 2 physicians and received a prompt diagnosis)

14. Which medical specialties did you consult to evaluate and manage your urticaria symptoms? *(Select all that apply)*

☐ Dermatologist

☐ General Practitioner or Family Physician

☐ Geriatrician

☐ Pediatrician

- ☐ Allergist and Clinical Immunologist
- ☐ Rheumatologist
- ☐ Psychiatrist
- ☐ Emergency Department Physician
- ☐ Others

15. What initial guidance or explanations regarding the cause of your condition did you receive from physicians before being diagnosed with chronic urticaria? (*Select all that apply*)

- ☐ The urticaria was related to an active infection (viral, bacterial, or fungal) requiring specific treatment to resolve the skin lesions
- ☐ The urticaria was an allergic reaction to a food I consumed, and I was advised to initiate dietary restrictions
- ☐ The urticaria was an allergic reaction to a medication I used, and I was advised to discontinue it
- ☐ The urticaria was an allergic reaction to a cosmetic, personal hygiene, or household cleaning product, and I was advised to stop its use, change brands, or switch to hypoallergenic products
- ☐ The urticaria appeared due to psychological stress or anxiety, and I was advised to calm down and seek mental health treatment
- ☐ The urticaria could stem from multiple underlying etiologies, and I was referred directly to a specialist for further investigation
- ☐ The urticaria was a standard allergic reaction that would improve with the temporary treatment provided, without needing a specialist referral
- ☐ Other guidance

16. What barriers or difficulties did you encounter when attempting to access a specialized service or specialist physician? *(Select all that apply)*

- ☐ Difficulty identifying a specialized center/physician due to a general lack of information regarding the disease and the appropriate specialty
- ☐ Scarcity of specialized services or specialists in my city/region, making it difficult to secure an appointment promptly
- ☐ Absence of specialized services/physicians within the public healthcare network in my region, and I do not have private health insurance
- ☐ Other difficulties
- ☐ I did not encounter any difficulties accessing a specialist

17. How long have you been living with Chronic Urticaria?

- ☐ Less than 6 months
- ☐ Between 6 months and 1 year
- ☐ Between 1 and 2 years
- ☐ Between 2 and 5 years
- ☐ More than 5 years

18. To what extent do your urticaria symptoms (skin lesions, itching, and/or angioedema) impair or interfere with your daily activities or work/school performance? *(Rate on a scale from 1 = "no interference" to 6 = "extremely impaired")*

- ☐ 1 - No interference at all
- ☐ 2

- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6 - Extremely impaired

19. To what extent do your urticaria symptoms impair your interpersonal relationships (with friends, family members, co-workers, or partners)? *(Rate on a scale from 1 = "no interference" to 6 = "extremely impaired")*

- ☐ 1 - No interference at all
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6 - Extremely impaired

20. To what extent do your urticaria symptoms impair your sexual health/relationships? *(Rate on a scale from 1 = "no interference" to 6 = "extremely impaired")*

- ☐ 1 - No interference at all
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6 - Extremely impaired
- ☐ Not applicable

21. Are you currently under medical follow-up or have you ever received regular medical care for your urticaria symptoms?

- ☐ Yes, I am actively followed by a physician specialized in chronic urticaria
- ☐ Yes, I am actively followed by a non-specialist physician
- ☐ No, I am not under medical follow-up at the moment, but I have received care in the past

22. If you are not currently under medical follow-up, what were the main reasons for discontinuing care? (Select all that apply)

- ☐ I felt the physician was unable to help me, and I was dissatisfied with the care
- ☐ I can manage and treat the urticaria symptoms effectively on my own
- ☐ I have learned to live with the symptoms or they do not bother me significantly
- ☐ I am currently in disease remission (I no longer have urticaria)
- ☐ I lack regular access to a physician/healthcare service
- ☐ Not applicable (I am currently under medical follow-up)

23. If your disease has resolved, how long did your chronic urticaria last from initial symptom onset until you discontinued medications and remained completely symptom-free?

- ☐ 6 months to 1 year
- ☐ 1 to 2 years
- ☐ 2 to 3 years
- ☐ 3 to 4 years
- ☐ 4 to 5 years

- ☐ More than 5 years
- ☐ Not applicable (My urticaria is still active)

24. Are you currently utilizing any pharmacological treatment to manage your Chronic Urticaria?

- ☐ Yes
- ☐ No

25. If you are currently utilizing medication, which types are you taking? *(Select all that apply)*

- ☐ H1-antihistamines (e.g., Bilastine, Fexofenadine, Desloratadine, Levocetirizine, Cetirizine, Loratadine)
- ☐ Anti-IgE biologic therapy (e.g., Omalizumab)
- ☐ Immunosuppressors (e.g., Cyclosporine A, Methotrexate)
- ☐ Leukotriene receptor antagonists - LTRAs (e.g., Montelukast)
- ☐ Systemic Corticosteroids (e.g., Prednisone, Prednisolone, Dexamethasone)
- ☐ Others
- ☐ I do not know or do not remember the names of my current medications
- ☐ Not applicable (I am not taking medications)

26. If you are currently taking medication, how effectively are your symptoms controlled by your current treatment regimen?

- ☐ It has little or no effect on controlling my symptoms
- ☐ It controls my symptoms partially, but control remains insufficient
- ☐ It achieves complete and total symptom control

☐ Not applicable (I am not on pharmacological treatment)

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27. Have you ever used oral corticosteroids (e.g., prednisone, prednisolone, dexamethasone) to manage your chronic urticaria symptoms?

☐ Yes, I am currently taking oral corticosteroids with an expected duration of use exceeding 20 days

☐ Yes, I am currently taking oral corticosteroids, but prescribed for a short course under 20 days

☐ Yes, I have used them temporarily in the past to manage acute exacerbations/crises

☐ Yes, I have used them for prolonged, continuous periods (months or years) in the past

☐ I have never used oral corticosteroids for my chronic urticaria

28. Have you ever received an intramuscular corticosteroid injection (e.g., betamethasone depot formulations) to control your chronic urticaria?

☐ Yes, I use them frequently (more than 3 times)

☐ Yes, but I have used them only a few times (one or two times)

☐ Yes, but I received it only once

☐ No, I have never used injectable corticosteroids

Stage 3 – Urticaria Control Test (UCT)

Instructions: Please evaluate the status of your disease over the previous 4 weeks by answering the retrospective items below. Select only one answer per question.

29. How much have you suffered from the physical symptoms of the urticaria (itch, hives, and/or swelling) in the last 4 weeks?

- (0) Very much
- (1) Much
- (2) Somewhat
- (3) A little
- (4) Not at all

30. How much was your quality of life affected by the urticaria in the last 4 weeks?

- (0) Very much
- (1) Much
- (2) Somewhat
- (3) A little
- (4) Not at all

31. How often was the treatment for your urticaria in the last 4 weeks not enough to control your symptoms?

- (0) Very often
- (1) Often
- (2) Sometimes
- (3) Seldom
- (4) Not at all

32. Overall, how well have you had your urticaria under control in the last 4 weeks?

(0) Not at all

(1) A little

(2) Somewhat

(3) Well

(4) Very well