## DIARY FOR PATIENTS WITH HEREDITARY ANGIOEDEMA (HAE)

Name:

# Do you need a new diary?

Please ask your treating physician for a new diary.

If you want to know more about HAE, please contact the UK patient organisation: www.haeuk.org.

### **Patient details**

Name:
Address:
Postal code: City:
Country:
Telephone:
Email:
Who to contact in case of emergency Name:
Telephone:
Email:
Name and contact details of treating physician & nurse  Name physician:  Hospital:
Address:
Postal code: City:
Telephone:
Email:
24/7 emergency number physician:
Name nurse:
Name and contact details of caregiver Name:

lame:	
elephone:	
mail:	

Dear patient,

This patient diary was designed for patients with hereditary angioedema (HAE) to document each treatment related to HAE.

Every attack could be different in frequency and severity and it can also vary according to the duration and location of the swelling. Please use this diary to document all the available information in detail.

All information you collect will help you and your doctor to manage your disease as effectively as possible.

Please ensure that you also fill in the batch number of the vial(s) you have used for the management of HAE. Please contact your treating physician in case you have any questions.

The following page contains an illustrated instruction on how to fill in your personal diary.

Warm regards,

The team of Pharming Group N.V.

HAE attack	Date: 2 Jun 2020	Date: 12 Sep 2020	Date:
Beginning of attack	5.45	14.30	
Location(s) of swelling	left foot	right upper arm	
Severity mild / moderate / severe	moderate	mild	
Treatment(s)	Ruconest	Ruconest	
- dose	2 x 2100 units	2 x 2100 units	
- lot / batch number	ML010-01	ML010-01	
Time of treatment	6.30	15.00	
Resolution of attack	7.30	15.45	
Possible triggering factor(s)	stress, infection	stress-	
Any adverse events* or breakthrough attacks	none	headache	

<sup>\*</sup> Please note any special events on the calendar as well, e.g. operation, dental procedures, pregnancy, etc.

HAE attack	Date:	Date:	Date:
Beginning of attack			
Location(s) of swelling			
Severity mild / moderate / severe			
Treatment(s) - dose			
- lot / batch number			
Time of treatment			
Resolution of attack			
Possible triggering factor(s)			
Any adverse events* or breakthrough attacks			

<sup>\*</sup> Please note any special events on the calendar as well, e.g. operation, dental procedures, pregnancy, etc.

HAE attack	Date:	Date:	Date:
Beginning of attack			
Location(s) of swelling			
Severity mild / moderate / severe			
Treatment(s) - dose			
- lot / batch number			
Time of treatment			
Resolution of attack			
Possible triggering factor(s)			
Any adverse events* or breakthrough attacks			

<sup>\*</sup> Please note any special events on the calendar as well, e.g. operation, dental procedures, pregnancy, etc.

HAE attack	Date:	Date:	Date:
Beginning of attack			
Location(s) of swelling			
Severity mild / moderate / severe			
Treatment(s) - dose			
- lot / batch number			
Time of treatment			
Resolution of attack			
Possible triggering factor(s)			
Any adverse events* or breakthrough attacks			

<sup>\*</sup> Please note any special events on the calendar as well, e.g. operation, dental procedures, pregnancy, etc.

HAE attack	Date:	Date:	Date:
Beginning of attack			
Location(s) of swelling			
Severity mild / moderate / severe			
Treatment(s) - dose			
- lot / batch number			
Time of treatment			
Resolution of attack			
Possible triggering factor(s)			
Any adverse events* or breakthrough attacks			

<sup>\*</sup> Please note any special events on the calendar as well, e.g. operation, dental procedures, pregnancy, etc.

HAE attack	Date:	Date:	Date:
Beginning of attack			
Location(s) of swelling			
Severity mild / moderate / severe			
Treatment(s) - dose			
- lot / batch number			
Time of treatment			
Resolution of attack			
Possible triggering factor(s)			
Any adverse events* or breakthrough attacks			

<sup>\*</sup> Please note any special events on the calendar as well, e.g. operation, dental procedures, pregnancy, etc.

HAE attack	Date:	Date:	Date:
Beginning of attack			
Location(s) of swelling			
Severity mild / moderate / severe			
Treatment(s) - dose			
- lot / batch number			
Time of treatment			
Resolution of attack			
Possible triggering factor(s)			
Any adverse events* or breakthrough attacks			

<sup>\*</sup> Please note any special events on the calendar as well, e.g. operation, dental procedures, pregnancy, etc.

HAE attack	Date:	Date:	Date:
Beginning of attack			
Location(s) of swelling			
Severity mild / moderate / severe			
Treatment(s) - dose			
- lot / batch number			
Time of treatment			
Resolution of attack			
Possible triggering factor(s)			
Any adverse events* or breakthrough attacks			

<sup>\*</sup> Please note any special events on the calendar as well, e.g. operation, dental procedures, pregnancy, etc.

HAE attack	Date:	Date:	Date:
Beginning of attack			
Location(s) of swelling			
Severity mild / moderate / severe			
Treatment(s)			
- dose			
- lot / batch number			
Time of treatment			
Resolution of attack			
Possible triggering factor(s)			
Any adverse events* or breakthrough attacks			

<sup>\*</sup> Please note any special events on the calendar as well, e.g. operation, dental procedures, pregnancy, etc.

HAE attack	Date:	Date:	Date:
Beginning of attack			
Location(s) of swelling			
Severity mild / moderate / severe			
Treatment(s) - dose			
- lot / batch number			
Time of treatment			
Resolution of attack			
Possible triggering factor(s)			
Any adverse events* or breakthrough attacks			

<sup>\*</sup> Please note any special events on the calendar as well, e.g. operation, dental procedures, pregnancy, etc.

HAE attack	Date:	Date:	Date:
Beginning of attack			
Location(s) of swelling			
Severity mild / moderate / severe			
Treatment(s) - dose			
- lot / batch number			
Time of treatment			
Resolution of attack			
Possible triggering factor(s)			
Any adverse events* or breakthrough attacks			

<sup>\*</sup> Please note any special events on the calendar as well, e.g. operation, dental procedures, pregnancy, etc.

HAE attack	Date:	Date:	Date:
Beginning of attack			
Location(s) of swelling			
Severity mild / moderate / severe			
Treatment(s) - dose			
- lot / batch number			
Time of treatment			
Resolution of attack			
Possible triggering factor(s)			
Any adverse events* or breakthrough attacks			

<sup>\*</sup> Please note any special events on the calendar as well, e.g. operation, dental procedures, pregnancy, etc.

HAE attack	Date:	Date:	Date:
Beginning of attack			
Location(s) of swelling			
Severity mild / moderate / severe			
Treatment(s) - dose			
- lot / batch number			
Time of treatment			
Resolution of attack			
Possible triggering factor(s)			
Any adverse events* or breakthrough attacks			

<sup>\*</sup> Please note any special events on the calendar as well, e.g. operation, dental procedures, pregnancy, etc.

HAE attack	Date:	Date:	Date:
Beginning of attack			
Location(s) of swelling			
Severity mild / moderate / severe			
Treatment(s) - dose			
- lot / batch number			
Time of treatment			
Resolution of attack			
Possible triggering factor(s)			
Any adverse events* or breakthrough attacks			

<sup>\*</sup> Please note any special events on the calendar as well, e.g. operation, dental procedures, pregnancy, etc.

HAE attack	Date:	Date:	Date:
Beginning of attack			
Location(s) of swelling			
Severity mild / moderate / severe			
Treatment(s) - dose			
- lot / batch number			
Time of treatment			
Resolution of attack			
Possible triggering factor(s)			
Any adverse events* or breakthrough attacks			

<sup>\*</sup> Please note any special events on the calendar as well, e.g. operation, dental procedures, pregnancy, etc.

HAE attack	Date:	Date:	Date:
Beginning of attack			
Location(s) of swelling			
Severity mild / moderate / severe			
Treatment(s) - dose			
- lot / batch number			
Time of treatment			
Resolution of attack			
Possible triggering factor(s)			
Any adverse events* or breakthrough attacks			

<sup>\*</sup> Please note any special events on the calendar as well, e.g. operation, dental procedures, pregnancy, etc.

HAE attack	Date:	Date:	Date:
Beginning of attack			
Location(s) of swelling			
Severity mild / moderate / severe			
Treatment(s) - dose			
- lot / batch number			
Time of treatment			
Resolution of attack			
Possible triggering factor(s)			
Any adverse events* or breakthrough attacks			

<sup>\*</sup> Please note any special events on the calendar as well, e.g. operation, dental procedures, pregnancy, etc.

HAE attack	Date:	Date:	Date:
Beginning of attack			
Location(s) of swelling			
Severity mild / moderate / severe			
Treatment(s) - dose			
- lot / batch number			
Time of treatment			
Resolution of attack			
Possible triggering factor(s)			
Any adverse events* or breakthrough attacks			

<sup>\*</sup> Please note any special events on the calendar as well, e.g. operation, dental procedures, pregnancy, etc.

# **Notes**

Pharming Group N.V. Darwinweg 24 2333 CR Leiden The Netherlands

2020/NP-UK-005

Date of preparation: October 2020

