URTICARIA CONTROL TEST (UCT)

1.How much have you suffered from the **physical symptoms of the urticaria (itch, hives, and or swelling)** in the last four weeks?					
Very much: 0	Much: 1	Somewhat: 2	A little: 3	Not at all: 4	
2. How much was your quality of life affected by the urticaria in the last four weeks?					
Very much: 0	Much: 1	Somewhat: 2	A little: 3	Not at all: 4	
3. How often was the treatment for your urticaria in the last four weeks not enough to control your urticaria symptoms?					
Very often: 0	Often: 1	Sometimes: 2	Seldom: 3	Not at all: 4	
4.Overall, how well have you had your urticaria under control in the last four weeks?					
Not at all: 0	A little: 1	Somewhat: 2	Well: 3	Very well: 4	
TOTAL SCORE:					

- **Poor control: UCT <12**
- **Well-controlled: UCT ≥12**
- **Complete control: UCT=16**

Weller K, Groffik A, Church MK, et al. Development and validation of the Urticaria Control Test: a patient-reported outcome instrument for assessing urticaria control. J Allergy Clin Immunol. 2014;133(5):1365-1372.e13726. doi:10.1016/j.jaci.2013.12.1076