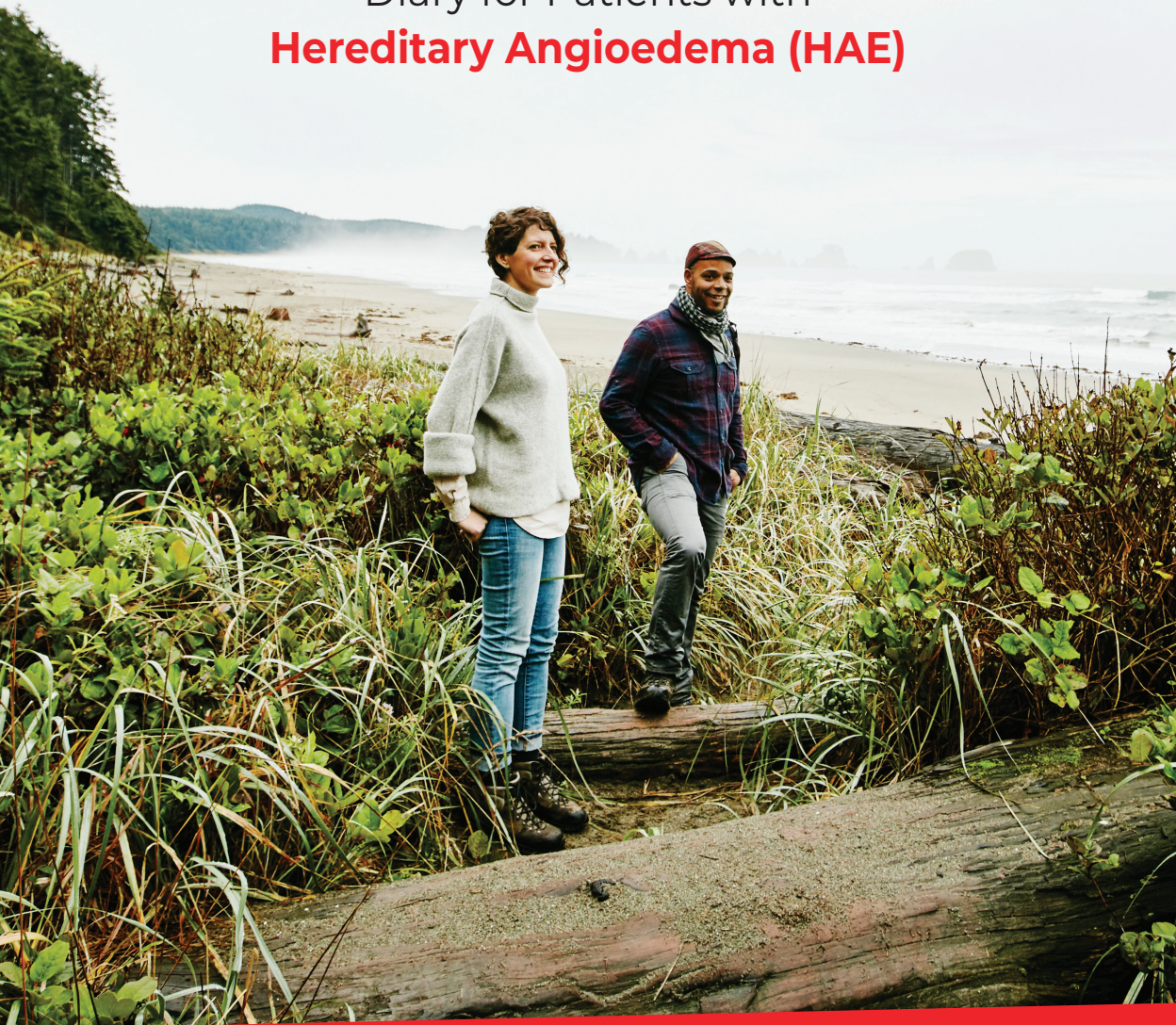


CSL Behring

Symptom and Treatment
Diary for Patients with
Hereditary Angioedema (HAE)



WEEKLY TRACKER

This Weekly Tracker has been specially designed for people with hereditary angioedema (HAE).

The tracker is divided into two sections: **Routine Treatment** (treatment you take routinely to prevent attacks) and **Treating Attacks** (when you treat an HAE attack). Use the tabs to find the respective trackers.

Please use this tracker to:

- Record routine (preventative) treatment you are taking.* *This will help you and your doctor track the consistency of your therapy.*
- Record treatment that is needed to help the swelling (an attack) go down. *If applicable, peel the label off your treatment vial and stick it on the corresponding date of treatment in the tracker.*
 - Also, record the details of these HAE episodes (severity, duration and where on your body they occur).

The information you collect will help you and your doctor manage your condition as effectively as possible.

Yours sincerely,
CSL Behring Canada

** Prophylaxis treatment should not be used to treat an acute attack.*





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Record the details of your dose.

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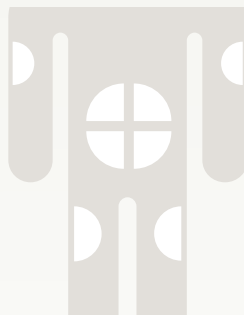
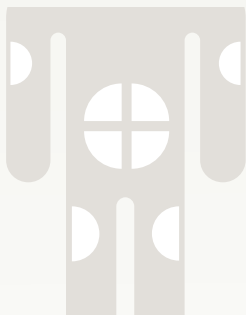
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Injection site

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Additional notes:

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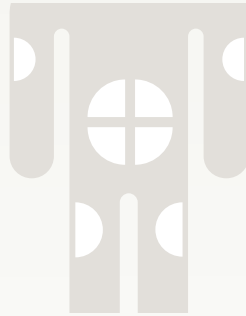
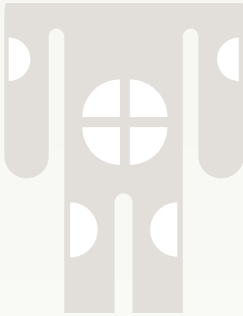
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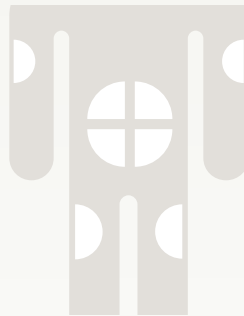
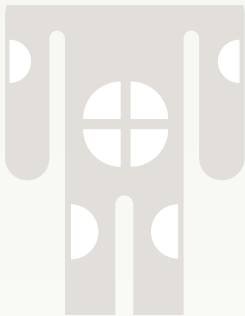
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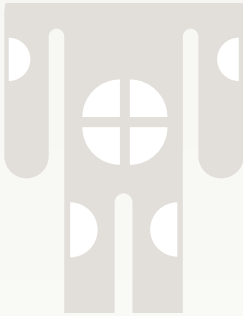
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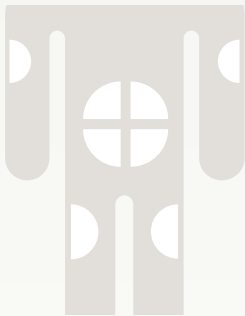
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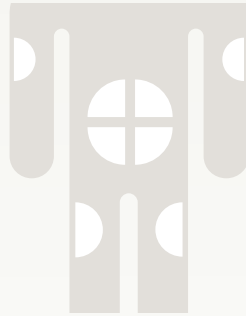
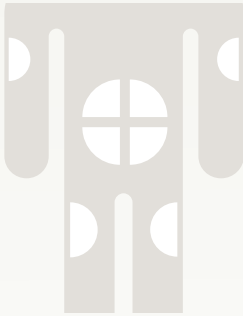
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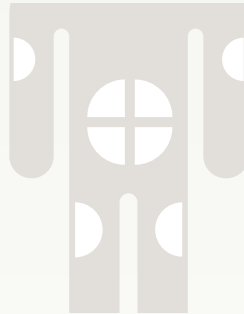
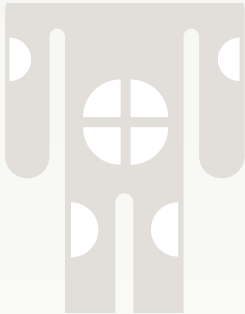
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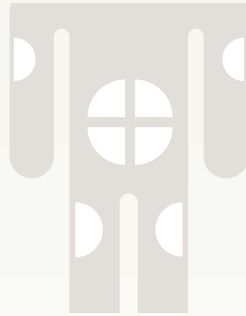
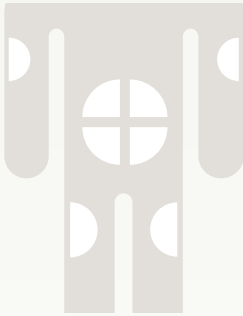
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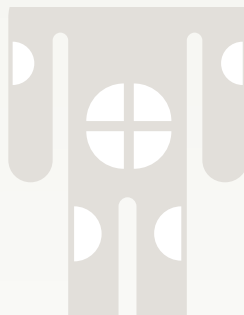
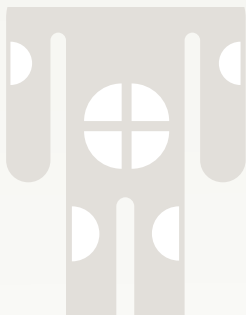
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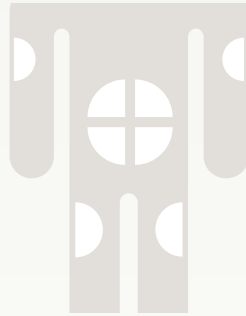
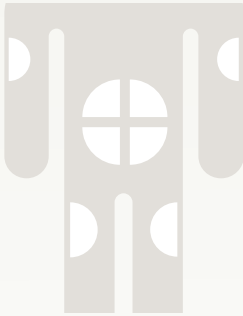
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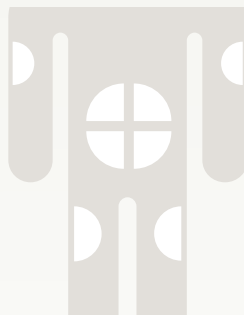
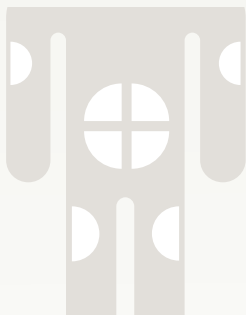
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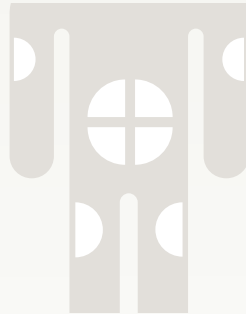
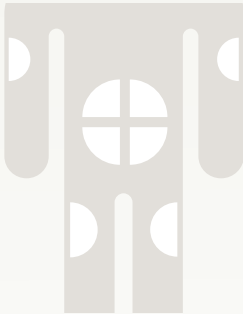
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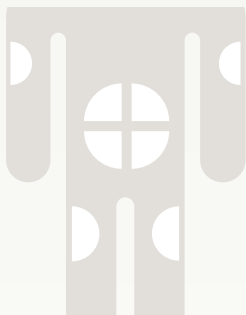
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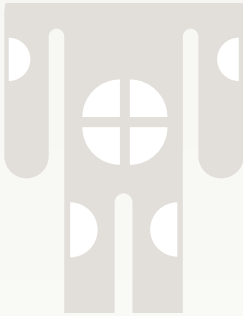
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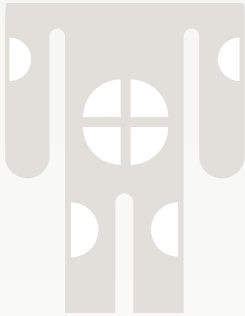
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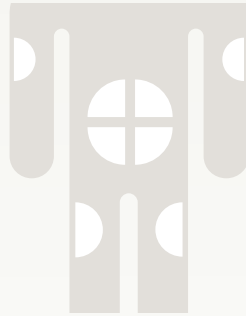
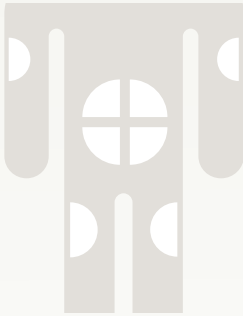
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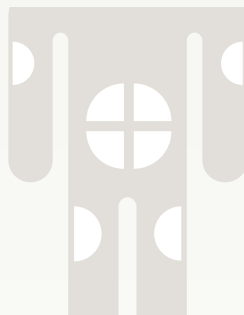
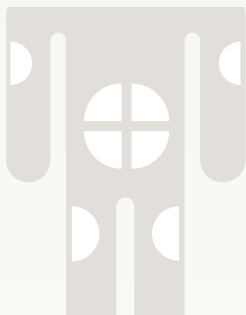
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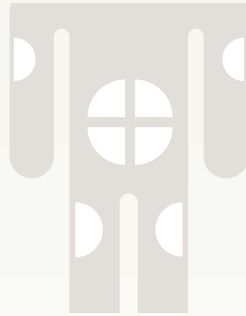
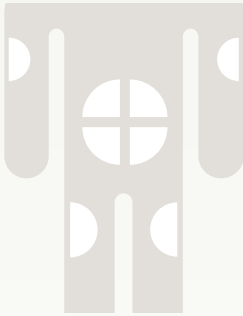
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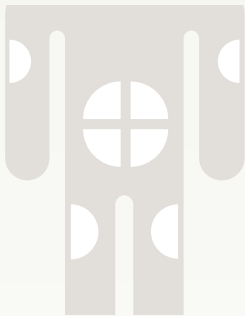
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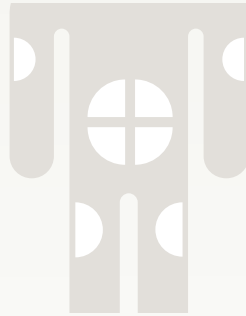
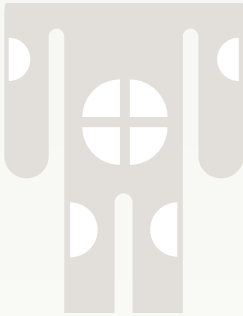
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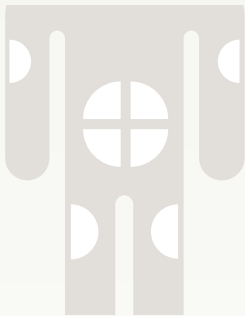
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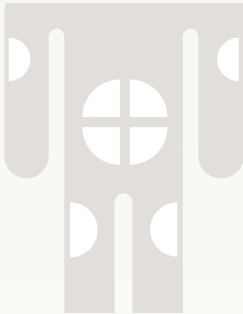
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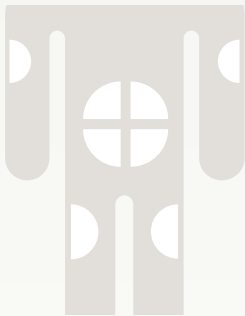
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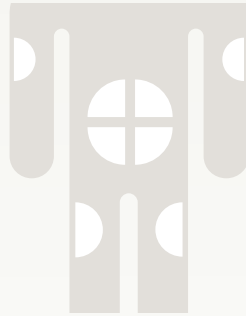
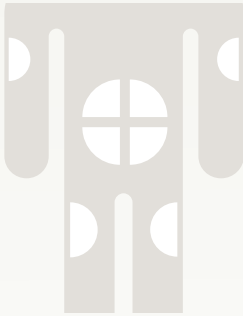
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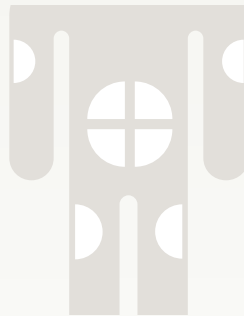
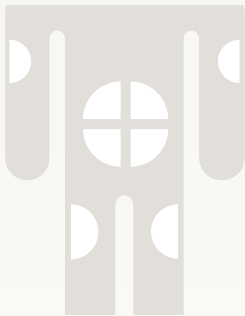
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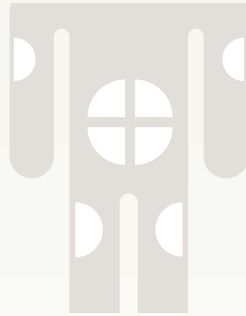
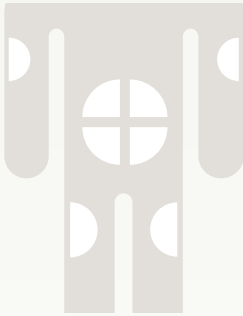
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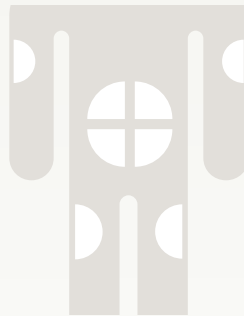
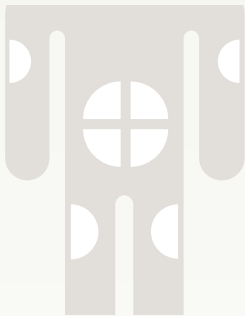
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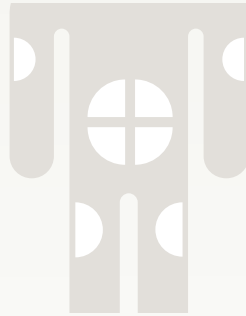
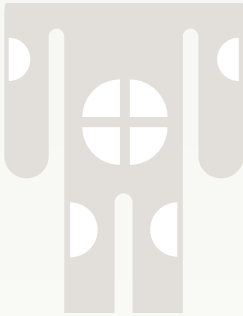
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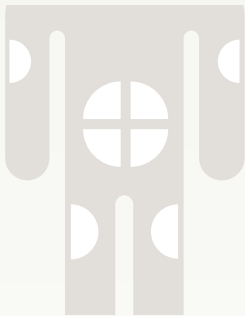
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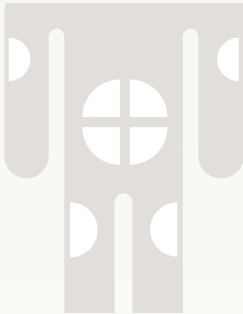
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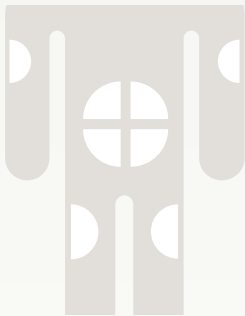
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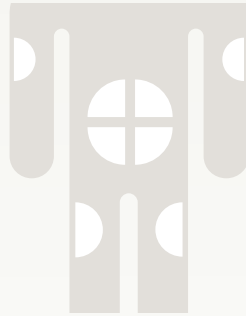
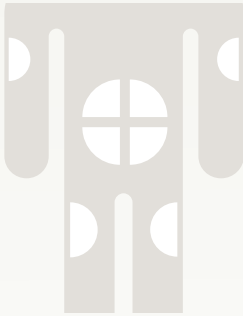
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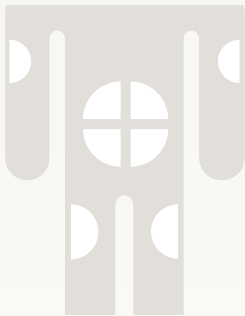
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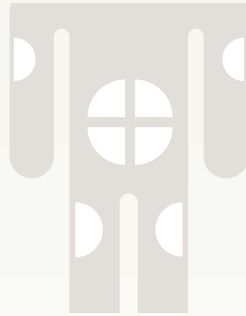
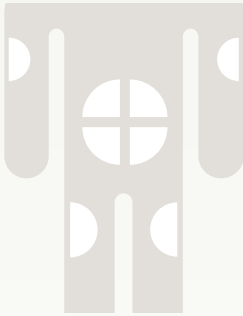
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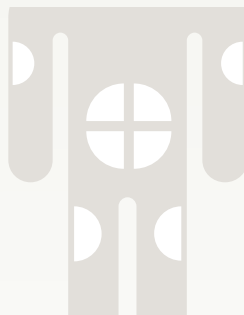
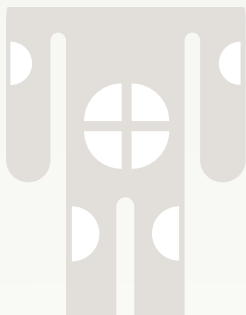
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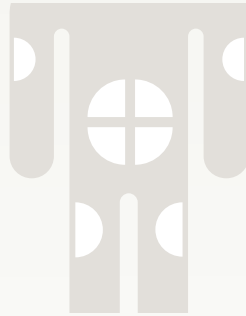
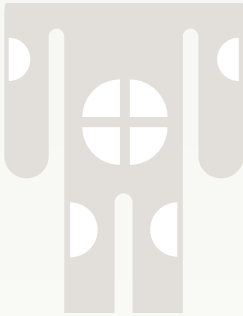
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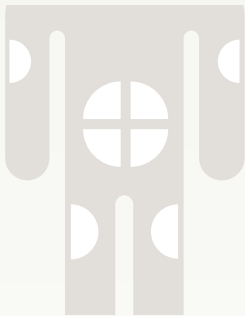
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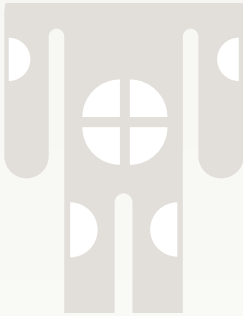
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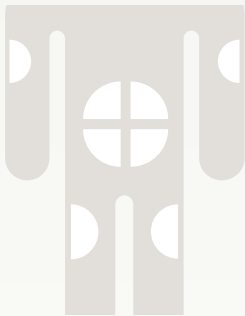
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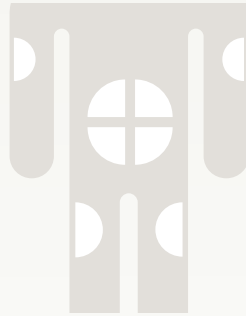
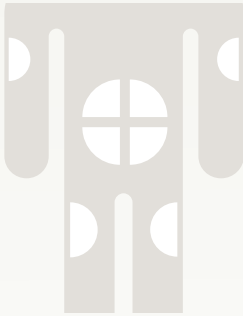
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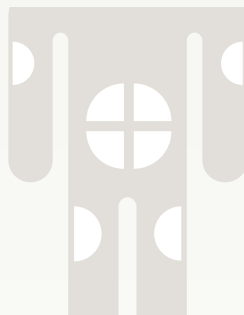
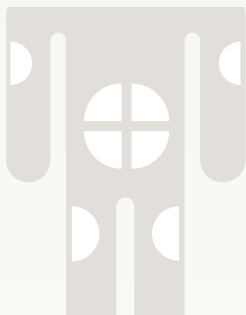
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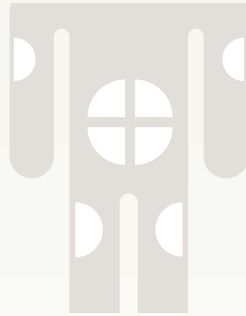
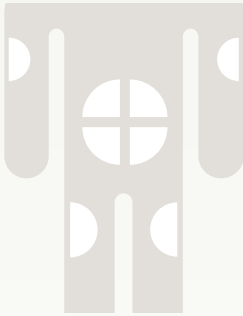
AM | PM

Time

AM | PM

Injection site

Mark location of your injection.



Additional notes:

WEEK OF

Record the details of your dose.

Date

Date

Time

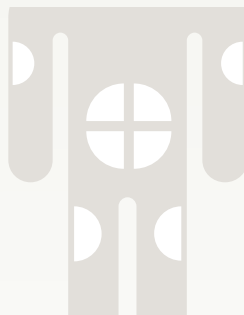
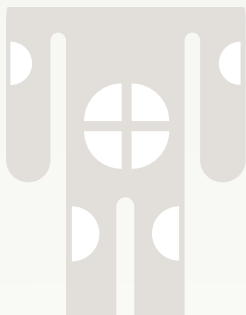
AM | PM

Time

AM | PM

Injection site

Mark location of your injection.



Additional notes:

WEEK OF

Record the details of your dose.

Date

Date

Time

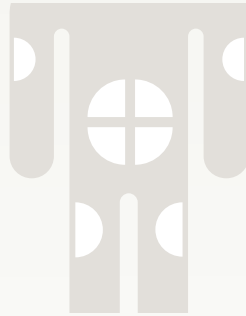
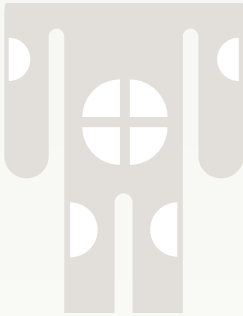
AM | PM

Time

AM | PM

Injection site

Mark location of your injection.



Additional notes:

WEEK OF

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Date

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Time

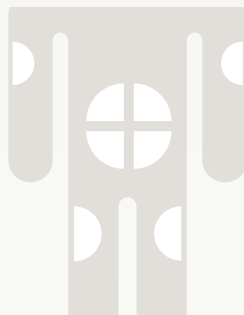
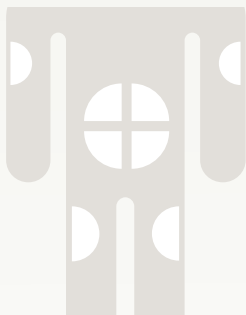
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Additional notes:

WEEK OF

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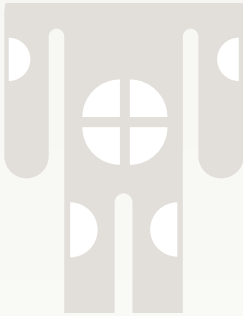
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WEEK OF

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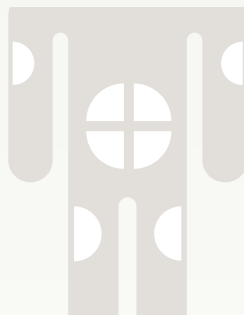
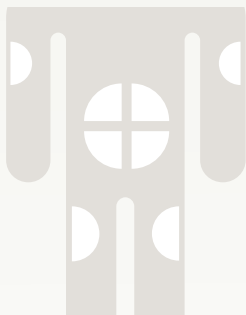
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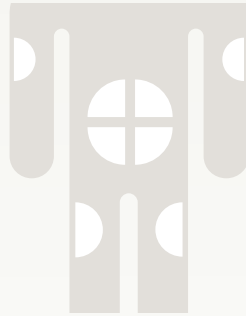
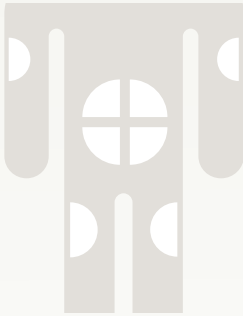
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Time

AM | PM

Injection site

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Additional notes:

WEEK OF

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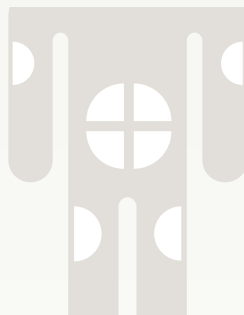
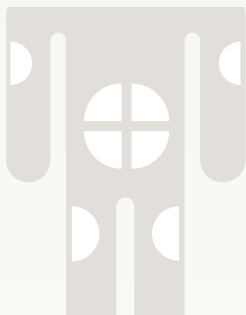
AM | PM

Time

AM | PM

Injection site

Mark location of your injection.



Additional notes:

WEEK OF

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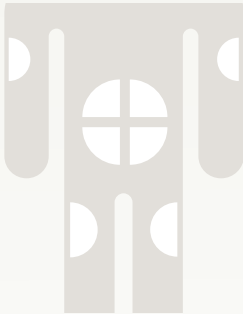
AM | PM

Time

AM | PM

Injection site

Mark location of your injection.



Additional notes:

WEEK OF

Record the details of your dose.

Date

Date

Time

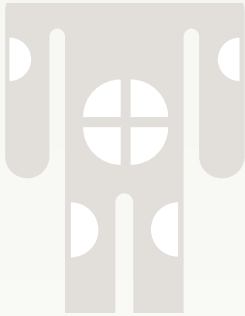
AM | PM

Time

AM | PM

Injection site

Mark location of your injection.



Additional notes:

WEEK OF

Record the details of your dose.

Date

Date

Time

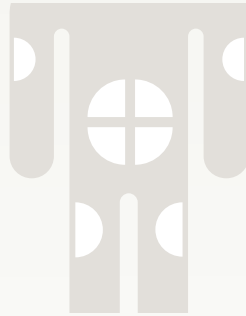
AM | PM

Time

AM | PM

Injection site

Mark location of your injection.



Additional notes:



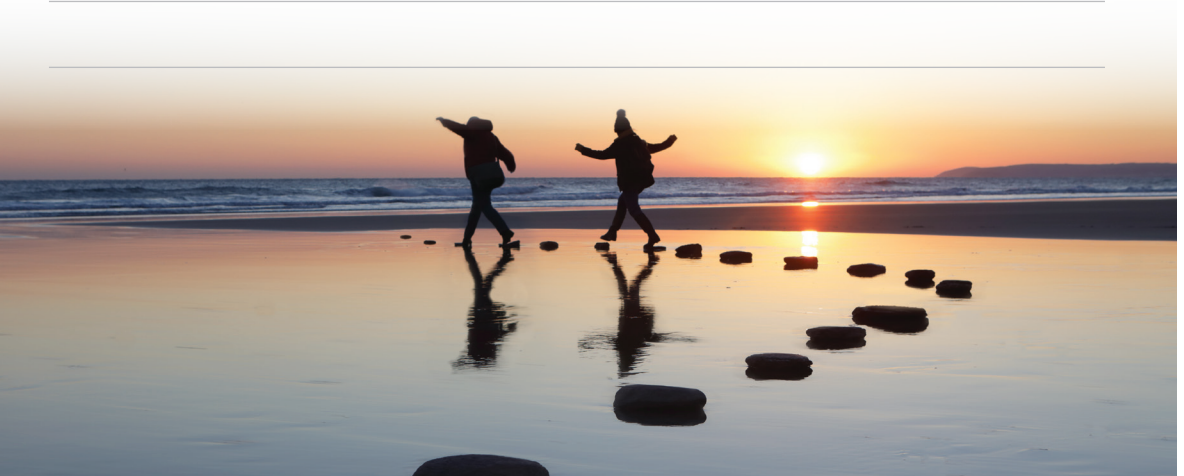
Sample Page

Record the details of your dose and swelling attack.

Date	Time AM/PM	Site of swelling	Severity	Duration	Comments/ triggers	Vial labels <small>Peel and attach vial labels to record lot number, if applicable</small>
	<input type="radio"/> <input type="radio"/>					
<i>March 8</i>	<i>9:15</i> <input checked="" type="radio"/> <input type="radio"/>	<i>Abdominal</i>	<i>Moderate</i>	<i>5 days</i>	<i>Menstruation</i>	
	<input type="radio"/> <input type="radio"/>					
	<input type="radio"/> <input type="radio"/>					
	<input type="radio"/> <input type="radio"/>					
	<input type="radio"/> <input type="radio"/>					
	<input type="radio"/> <input type="radio"/>					

Please note any special events in the tracker (e.g., operations, dental complications or pregnancy).

Additional notes:



Record the details of your dose and swelling attack.

Date	Time AM PM	Site of swelling	Severity	Duration	Comments/ triggers	Vial labels <small>Peel and attach vial labels to record lot number, if applicable</small>
	○ ○					
	○ ○					
	○ ○					
	○ ○					
	○ ○					
	○ ○					
	○ ○					
	○ ○					
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	○ ○					
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	○ ○					
	○ ○					
	○ ○					
	○ ○					
	○ ○					
	○ ○					
	○ ○					
	○ ○					

Additional notes:

Record the details of your dose and swelling attack.

Date	Time AM PM	Site of swelling	Severity	Duration	Comments/ triggers	Vial labels <small>Peel and attach vial labels to record lot number, if applicable</small>
	○ ○					
	○ ○					
	○ ○					
	○ ○					
	○ ○					
	○ ○					
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	○ ○					
	○ ○					
	○ ○					

Additional notes:

CSL Behring

CSLBehring.ca

**If you are on a CSL Behring therapy,
visit the CSL PLUS+™ Patient Portal at
patients.cslbehring.ca**

