

MAST CELL ACTIVATION QUESTIONNAIRE

Name: _____ Birth date: _____ Date: _____

Answer all of the following symptoms/questions, even if they are only slightly bothersome, rarely occurring (for instance, not necessarily present currently but in the past), or may seem not be related to your main problems.

Do you get colds regularly which then turn into bacterial infections such as bronchitis or sinus infections?Yes___ No___

Has the course of your illness been episodic (and/or with attacks)?Yes___ No___

Have the symptom-free periods become shorter and shorter?Yes___ No___

If the statement applies to you, check the box and then enter the intensity level on the line next to the box. The number should be graded when it was present the last time it occurred. If the statement does not apply, do not check the box or enter a number.

Use the range of 1 (very mild) to 10 (unbearable) to reflect the level of your discomfort. Example: 6

The following symptoms occur repeatedly or may be constant:

GENERAL HEALTH

	Applies	Intensity
Significant physical weakness or fatigue doing everyday activities	<input type="checkbox"/>	_____
Extreme fatigue attacks, it can be hard to keep eyes open	<input type="checkbox"/>	_____
At times I lose weight despite maintaining my normal diet	<input type="checkbox"/>	_____

EYES, EARS, NOSE, MOUTH

Ears have ringing or odd sounds	<input type="checkbox"/>	_____
Eyes are dry, itchy, red, burning, or feel gritty	<input type="checkbox"/>	_____
Runny or stuffy nose	<input type="checkbox"/>	_____
Inflammation or ulcers of the mouth	<input type="checkbox"/>	_____

CHEST and HEART

Burning and/or pressure pain in the chest..... _____
 (Normal electrocardiogram or stress test; or not severe enough to go to ER)

Rapid heart rate (rapid palpitations) _____

Redness or flushing of the skin, especially face or upper body _____

Hot flashes (usually with dry skin lasting 2 to 5 minutes, rarely 10 minutes and often occur with nausea or other symptoms. _____
 (these are not menopausal hot flashes with wet sweats)

Sudden dizziness/lightheadedness with fainting or near faint _____

LUNGS

Irritable dry cough or need to cough _____

Feeling of shortness of breath or difficulty taking a full breath _____

Asthma-like complaints (wheezing) _____

ABDOMEN

Attacks of visible bloating or distension within minutes _____

Pain in the abdomen _____

Pain is burning _____

Pain is crampy or spastic _____

Pain is associated with diarrhea (watery or loose stool) _____

Nausea (with or without vomiting) _____

Do antihistamines help reduce nausea (examples: Allegra, cetirizine, Claritin, diphenhydramine, Xyzal, Zyrtec, etc.)? Yes ___ No ___
 (this does not include nausea relief from Zofran or Ondansetron)

URINE/PELVIS

Bladder and/or pelvic pain (this applies to women and men) and is often associated with painful, frequent and/or urgent urination

and may be associated with pain during sex. _____
(during these times bacterial cultures and urine analysis are normal)

NEUROLOGIC and MUSCULOSKELETAL

Migraine-like headaches (throbbing on one side only or have
been diagnosed as a migraine – (these are NOT tension headaches).. _____

Brain fog – word finding problems and/or concentration
difficulties with or without associated insomnia episodes _____

Neuropathy: leg or arm pain and/or altered feelings including
numbness, tingling, burning, sharp pain, and pins and needles. _____
(this does not respond to over-the-counter pain medicine)

Chronic muscle and/or joint pain and tenderness _____

SKIN (see the Photographic Examples at end)

Hives (red raised itchy spots) _____

Hemangiomas (raised or flat bright red spots)..... _____

During attacks there are itchy skin lesions that look like acne in the
corners of the nasal-lip area, as well as, the chin and forehead _____

Knots or nodules under the skin _____

Painless, non-itchy swelling (especially lips, cheeks, eyelids) _____

Itching in area around the anus during attacks..... _____

Sudden, significant hair loss _____

HEMATOLOGIC

Bruising after minor injuries _____

Unusual nose bleeds _____

Women only: significant menstrual bleeding _____

Are any of the symptoms or complaints listed above worsened by:

High histamine foods (such as alcohol, cheese, chocolate, tuna, cured fish/meat, left-over meat, raisins, tomatoes)..... _____

Sleep deprivation (awake for more than 24 hours)..... _____

Hunger or fasting (no food all day)..... _____

BONE

Bone pain that usually occurs in more than one bone _____

Bone density test showed osteoporosis or osteopenia without a known cause _____

and/or

Whole-body nuclear scintigraphy showed areas of increased bone metabolism without a known cause _____

Please make a vertical mark on the following line where

0 is the worst imaginable health and
100 is the best imaginable health

0 25 50 75 100

Do you think you have restless legs syndrome as described below? Yes___ No___

- (a) an urge to move the legs usually in response to discomforting sensations in your legs and/or arms
- (b) worsening of symptoms later in the evening or at night
- (c) worsening of the symptoms while at rest, i.e. lying or sitting; and
- (d) at least partial and temporary relief by activity.

RLS is not jerking while sleeping, nervous foot tapping, or the need to move legs owing to back pain, arthritic pain, or sciatica.

SKIN PHOTOGRAPH EXAMPLE PAGE

Hives



Hives



Hemangiomas



Hemangiomas



Knots or nodules under the skin



Atypical acne



Swelling



Flushing



