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
Significant physical weakness or fatigue doing everyday activities: □ ______

Extreme fatigue attacks, it can be hard to keep eyes open ………..□ ______

At times I lose weight despite maintaining my normal diet ………..□ ______

EYES, EARS, NOSE, MOUTH
Ears have ringing or odd sounds ……………………………………… □ ______

Eyes are dry, itchy, red, burning, or feel gritty ………………… □ ______

Runny or stuffy nose ……………………………………………… □ ______

Inflammation or ulcers of the mouth ……………………………… □ ______
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