



Gaudiani Clinic Mast Cell Activation Syndrome “RASH-PF” Mini-Screen

Use this mini-screen to determine if a patient who does not currently carry the diagnosis of mast cell activation syndrome (MCAS) should proceed to fill out the whole questionnaire:

REACTIONS: Do you feel you have physical reactions to foods, medications, scents, or body products?

Yes

No

ALCOHOL: When you drink alcohol or use alcohol-based products like hand sanitizer, do you get flushed, itchy, have abdominal pain/distress, worsened mood, joint pains, or feel “flu-ish”?

Yes

No

SKIN: Do you often get rashes, hives, or itchy skin?

Yes

No

HEAT: Do you feel unwell, swollen, rashy/itchy, or fatigued after spending time in the heat or sun?

Yes

No

PAIN: Do you experience pain regularly, especially joint, digestive, head, or muscle pain?

Yes

No

FATIGUE: Do you feel chronically or frequently unexpectedly fatigued?

Yes

No

If the patient says yes to 3 or more, proceed to full MCAS Questionnaire.



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Gaudiani Clinic Mast Cell Activation Syndrome Questionnaire **(GC MCAS-Q)**

Providers: The GC MCAS-Q can be used both to help make a clinical diagnosis of MCAS and to monitor response to treatment. Add up symptom presence and severity scores for each system, then sum up system responses for a total score for presence (for “yes” answers) and severity. Because MCAS can present very differently for different patients, the GC MCAS-Q allows comparison of scores over time for each unique patient. The first use of this questionnaire will comprise the individual patient’s baseline, and subsequent results can be compared with the baseline. The GC MCAS-Q is not presently validated to make a definitive clinical diagnosis of MCAS, but positive results in the “Triggers” and “General” section plus 4 or more organ systems makes a trial of treatment for MCAS reasonable if desired by patient.

Patients: If this is the first time you’ve taken this questionnaire, please answer according to whether you have ever had these reactions. Patients taking this questionnaire without a provider may score their results as above over time to monitor symptom presence and severity. If you have taken this questionnaire before, please score based on the last 2 weeks of symptoms. For the “have you ever” questions, ok to continue answering yes even if they haven’t happened recently.

TYPICAL MCAS REACTIONS

The following are common possible reactions that those with MCAS get when exposed to different triggers. These are what will be referred to elsewhere in the questionnaire as “typical MCAS reactions.” Note: everyone’s body reacts differently, and no one has *all* of the symptoms.

Flushing, itching, rash, redness, hives on the skin, tingly scalp
Feeling feverish with or without an actual elevated temperature
Flu-like illness, “feeling like I’m coming down with something”
Pain especially in joints, abdomen, bones, or muscles
Headache
Drippy or stuffy nose, sinus congestion
Throat clearing
Difficulty breathing/cough
Eye irritation
Swelling (edema) especially of the feet, hands, abdomen, or face
Excessive sweating
Digestive distress like pain/nausea/bloating of the abdomen/loose stools
Surge in depression/suicidality
Mouth sores
Brain fog
Worsening of rapid heart rate
Painful lymph node swelling
Fatigue



Do you experience any of these typical MCAS reactions when exposed to the following? If you are never exposed to the following, please choose “N/A.”

1. Alcohol

		No				Yes
Current severity:	N/A	0	1	2	3	(3=extremely severe)

2. Sun

		No				Yes
Current severity:	N/A	0	1	2	3	(3=extremely severe)

3. Heat (e.g., bathing/showering, during or after exercising)

		No				Yes
Current severity:	N/A	0	1	2	3	(3=extremely severe)

4. Artificial or natural scents/chemical scents (e.g., perfume, scented laundry detergent, scented candles, bleach or other cleaning materials)

		No				Yes
Current severity:	N/A	0	1	2	3	(3=extremely severe)

5. Dyes (artificial/FD&C red/yellow/blue, e.g. what gives color to sports drinks, brightly colored candies or medications)

		No				Yes
Current severity:	N/A	0	1	2	3	(3=extremely severe)



6. Food (i.e. reactions to what you typically eat, not how you would react to foods you already know you have to avoid)

		No				Yes	
Current severity:	N/A	0	1	2	3	(3=extremely severe)	

7. Stress (emotional or physical, as with illness or intense movement)

		No				Yes	
Current severity:	N/A	0	1	2	3	(3=extremely severe)	

9. Do you restrict certain foods or food groups specifically to avoid these symptoms?

		No				Yes	
Current severity:	N/A	0	1	2	3	(3=extremely severe)	

10. Have you found you tolerate fewer foods, medications, or body products due to typical MCAS reactions?

		No				Yes	
Current severity:	N/A	0	1	2	3	(3=extremely severe)	

Trigger symptom presence score (each yes = 1):

Trigger severity score:

Trigger percent present (patient presence score/10):

1. Do you experience chronic fatigue, i.e. are you quite tired after doing activities that didn't used to tire you so much?

No Yes

2. Have you ever had an anaphylactic reaction without a clear cause (throat swelling/rash/breathing difficulty)?

No Yes

Current severity: N/A 0 1 2 3 (3=extremely severe)

3. Do you feel you have trouble regulating your body temperature (hot flashes or cold surges)?

N/A (if you have an eating disorder or other known cause) No Yes

Current severity: N/A 0 1 2 3 (3=extremely severe)

4. Do you experience insomnia or sleep disturbance, including being prescribed nightly sleep medication?

No Yes

Current severity: N/A 0 1 2 3 (3=extremely severe)

5. When you went through adolescence/puberty, did you notice a worsening in your general health compared with childhood, often with a number of symptoms no one could explain or said were in your head/due to your being a "sensitive" person?

No Yes

6. Do you have at least one relative (parent, sibling, grandparent, aunt/uncle, cousin, child) who would likely score high on many of these same questions?

Unknown No Yes

Current severity: N/A 0 1 2 3 (3=extremely severe)

7. Have you had typical MCAS reactions to either new or previously tolerated medications?



No Yes

Current severity: N/A 0 1 2 3 (3=extremely severe)

8. Are you a particularly “bleedy” person (unexplained nosebleeds, easy bruising, slow to stop bleeding after getting cut)?

N/A (other known reason for bleediness) No Yes

Current severity: N/A 0 1 2 3 (3=extremely severe)

9. Do you get typical MCAS reactions after air travel or being at high altitude?

No Yes

Current severity: N/A 0 1 2 3 (3=extremely severe)

10. Have you experienced a rise in weight above typical lifelong range (outside of any eating disorder), especially during stress or when you are otherwise feeling many of the above symptoms?

No Yes

11. Do you currently receive tube feedings of any type (NG tube, PEG/PEG-J)?

No Yes

12. Do you currently receive total parental nutrition (TPN), i.e. intravenous nutrition?

No Yes

13. Have you ever been diagnosed with an eating disorder?

No Yes

14. Do you currently have an eating disorder?

No Yes

General symptom presence score (each yes = 1):

General severity score:

General percent present (patient presence score/14):

1. Do you tend to have itchy skin?

		No			Yes	
Current severity:	N/A	0	1	2	3	(3=extremely severe)

2. Do you get hives and/or rashes?

		No			Yes	
Current severity:	N/A	0	1	2	3	(3=extremely severe)

3. Do you have reactions to topical body products (laundry products, makeup, lotions, deodorant, hair products, adhesive), heat, or after exposure to scent/chemicals?

		No			Yes	
Current severity:	N/A	0	1	2	3	(3=extremely severe)

4. Do you tend to get large welts from bug bites?

		No			Yes	
Current severity:	N/A	0	1	2	3	(3=extremely severe)

5. Do you have unexplained skin reactions (e.g., rashes, hives, flushing of chest/neck/face) with heightened emotion?

		No			Yes	
Current severity:	N/A	0	1	2	3	(3=extremely severe)

6. Do you get pruritis (skin itchiness) with exercise?

		No			Yes	
Current severity:	N/A	0	1	2	3	(3=extremely severe)



7. Do you have dermatographia (i.e., if you draw a fingernail gently over your skin, within a minute or two you see a bright red line that may be slightly raised)?

No Yes
Current severity: N/A 0 1 2 3 (3=extremely severe)

8. Do you have a history of cyst formation which can show up as cystic acne, cystic ovaries, cystic breasts, skin cysts, or cartilaginous cysts?

No Yes
Current severity: N/A 0 1 2 3 (3=extremely severe)

9. Do you have delayed or abnormal wound healing, including production of granulation tissue?

No Yes
Current severity: N/A 0 1 2 3 (3=extremely severe)

10. Does your skin feel pain with non-harmful or light touch?

No Yes
Current severity: N/A 0 1 2 3 (3=extremely severe)

11. Do you get very itchy eyes?

No Yes
Current severity: N/A 0 1 2 3 (3=extremely severe)

12. Do you consider yourself to be very flexible, with elbows and knees that hyperextend when straightened? Have you suspected you might have, or have you been diagnosed with Ehlers Danlos Syndrome (a group of inherited or developed disorders of connective tissue that may include skin, blood vessels, joints that regularly dislocate, and slowed digestive function)? (If yes to any, choose "yes.")

No Yes

Skin symptom presence score (each yes = 1):
Skin severity score:
Skin percent present (patient presence score/12):

1. Do you experience digestive distress soon after eating certain foods?

	No					Yes
Current severity:	N/A	0	1	2	3	(3=extremely severe)

2. Do you experience acid reflux/heartburn (including throat clearing, phlegm in the throat) soon after eating certain foods?

	No					Yes
Current severity:	N/A	0	1	2	3	(3=extremely severe)

3. Do you experience abdominal burning after eating certain foods?

	No					Yes
Current severity:	N/A	0	1	2	3	(3=extremely severe)

4. Do you experience nausea after eating certain foods?

	No					Yes
Current severity:	N/A	0	1	2	3	(3=extremely severe)

5. Do you experience abdominal bloating/distention after eating certain foods?

	No					Yes
Current severity:	N/A	0	1	2	3	(3=extremely severe)

6. Do you experience diarrhea (liquid stools)?

	No					Yes
Current severity:	N/A	0	1	2	3	(3=extremely severe)



7. Do you experience constipation (hard stools that are difficult to pass and/or no bowel movement longer than 2-3 days)?

		No			Yes
Current severity:	N/A	0	1	2	3 (3=extremely severe)

8. Do you see undigested food in your stool?

		No			Yes
Current severity:	N/A	0	1	2	3 (3=extremely severe)

9. Do you get painful ulcers in your mouth? (This does not apply to herpes outbreaks.)

		No			Yes
Current severity:	N/A	0	1	2	3 (3=extremely severe)

10. As a child, did you experience chronic constipation?

Unknown	No	Yes
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11. Have you been told you had adhesions (scars) in your abdomen during a first-ever abdominal surgery?

N/A	No	Yes
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Digestive symptom presence score (each yes = 1):

Digestive severity score:

Digestive percent present (patient presence score/11):



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Ears, Nose, Throat (ENT)

1. Do you get a drippy nose after you eat and/or with temperature changes?

No Yes

Current severity: N/A 0 1 2 3 (3=extremely severe)

2. Do you have a history of sinusitis/sinus inflammation more than once a year, or what you think are sinus infections that do not respond swiftly to antibiotics?

No Yes

Current severity: N/A 0 1 2 3 (3=extremely severe)

3. Do you experience deep ear pain or clogging?

No Yes

Current severity: N/A 0 1 2 3 (3=extremely severe)

4. Do you have worse dental and gum health than expected based on oral hygiene habits (e.g., periodontitis, bleeding with flossing, dentist who tells you that your gums are in poor shape at an early age, gum retraction, cavities, tooth pain)?

No Yes

Current severity: N/A 0 1 2 3 (3=extremely severe)

5. Do you experience mouth burning with mild/non-spicy foods/beverages?

No Yes

Current severity: N/A 0 1 2 3 (3=extremely severe)

ENT symptom presence score (each yes = 1):

ENT severity score:

ENT percent present (patient presence score/5):



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Nervous System

1. Do you routinely get headaches or migraines that worsen when other typical MCAS reactions are also flaring?

No Yes

Current severity: N/A 0 1 2 3 (3=extremely severe)

2. Do you routinely experience pain?

No Yes

Current severity: N/A 0 1 2 3 (3=extremely severe)

3. Have you been told by a doctor that “you are overly sensitive” when it comes to pain? And/or have you been accused of being a drug-seeker when you seek pain management?

No Yes

4. Do you get muscle pains not associated with usual use?

No Yes

Current severity: N/A 0 1 2 3 (3=extremely severe)

5. Do you get joint pains not associated with usual use and that may migrate?

No Yes

Current severity: N/A 0 1 2 3 (3=extremely severe)

6. Do you get bone pains?

No Yes

Current severity: N/A 0 1 2 3 (3=extremely severe)

Prolonged/intense pain after injury/healing from surgery No Yes



7. Do you routinely get brain fog?

No Yes

Current severity: N/A 0 1 2 3 (3=extremely severe)

8. Have you been diagnosed with bipolar 2 disorder or have symptoms of mood swings that are worse when other typical MCAS reactions are also flaring?

No Yes

Current severity: N/A 0 1 2 3 (3=extremely severe)

9. Do you get seizures or seizure-like activity that haven't been proven to be epilepsy on electroencephalogram (EEG)? (If never, choose N/A)

No Yes

Current severity: N/A 0 1 2 3 (3=extremely severe)

Nervous system symptom presence score (each yes = 1):

Nervous system severity score:

Nervous system percent present (patient presence score/9):

1. Do you consider yourself to have, or have you been diagnosed with dysautonomia (i.e., dysfunction of the autonomic nervous system that can affect many different body systems)? If you haven't been formally diagnosed and aren't sure what this means, select no.

No Yes

Current severity: N/A 0 1 2 3 (3=extremely severe)

2. Do you carry a diagnosis of postural orthostatic tachycardia syndrome (POTS), or do you find that your heart races when you stand from a seated position, often causing dizziness or even passing out?

No Yes

Current severity: N/A 0 1 2 3 (3=extremely severe)

N/A (if chronically malnourished or dehydrated)

3. Do you experience retention of fluid/swelling in the body tissues (edema) often especially of the feet, hands, abdomen, or face?

No Yes

Current severity: N/A 0 1 2 3 (3=extremely severe)

4. Have you been diagnosed with May-Thurner syndrome (compression of the left common iliac vein by the right common iliac artery) or pelvic congestion syndrome (enlarged veins in the pelvic area), or do you suspect you have either of these?

No Yes

5. Do you get post-exertional malaise (extreme fatigue after physical exertion) or are other symptoms described in this questionnaire worsened when you exercise?

No Yes

Current severity: N/A 0 1 2 3 (3=extremely severe)

Cardiovascular symptom presence score (each yes = 1):

Cardiovascular severity score:

Cardiovascular percent present (patient presence score/5):


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Respiratory

1. When exposed to triggers, do you have wheezing, shortness of breath, and/or trouble breathing that has not responded normally to typical asthma treatments like inhalers or hasn't shown typical findings on pulmonary function tests (PFTs)?

No Yes

Current severity: N/A 0 1 2 3 (3=extremely severe)

2. Do you have a chronic cough that hasn't been explained or find yourself clearing excessive mucus when you wake up/routinely clearing your throat?

No Yes

Current severity: N/A 0 1 2 3 (3=extremely severe)

Respiratory symptom presence score (each yes = 1):

Respiratory severity score:

Respiratory percent present (patient presence score/2):

*Those who do not menstruate for any reason, have a known reason for altered period such as birth control pill, IUD, pregnancy, eating disorder, malnutrition of other cause: Choose N/A for current severity.

*Those with a suspected diagnosis of polycystic ovarian syndrome (PCOS) or endometriosis: Do not choose N/A. Instead, please choose a number.

1. Do you get pelvic pain?

		No			Yes	
Current severity:	N/A	0	1	2	3	(3=extremely severe)

2. Have you been diagnosed with polycystic ovarian syndrome (PCOS)?

N/A	No	Yes
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3. Have you been diagnosed with interstitial cystitis or do you get pain/frequency with urination that feels like an infection but is found not to be on testing?

		No			Yes	
Current severity:	N/A	0	1	2	3	(3=extremely severe)

4. For those who menstruate, have you felt you are “allergic” to your period (e.g, heavy, extremely crampy periods, worsening of mood the week before and week of the period)? For those who are postmenopausal or not currently having periods, the first time you take this, you can answer based on when you last had a period.

	N/A	No	Yes			
Current severity:	N/A	0	1	2	3	(3=extremely severe)

5. For those who menstruate, are other symptoms described in this questionnaire worse around the time of your period?

	N/A	No	Yes			
Current severity:	N/A	0	1	2	3	(3=extremely severe)



6. For those who menstruate, is your period currently irregular or absent?*

N/A (I have never menstruated.) No Yes

Current severity: N/A 0 1 2 3 (3=extremely severe)

7. Do you have a history of pregnancy miscarriage?

N/A No Yes

8. Do you have a history of seeking fertility support?

N/A No Yes

Genitorurinary symptom presence score (each yes = 1):

Genitourinary severity score:

Genitourinary percent present (patient presence score/8):

Today's sum of symptom presence scores:

Today's sum of severity scores:

Today's average of percent present:

Enter patient's last set of scores if applicable:

Prior symptom presence score:

Prior severity score:

Prior average of percent present:

Progress metrics, percent change:

Today's symptom presence score/**Prior** symptom presence score:

Today's severity score/**Prior** severity score:

Today's average of percent present/**Prior** average of percent present: