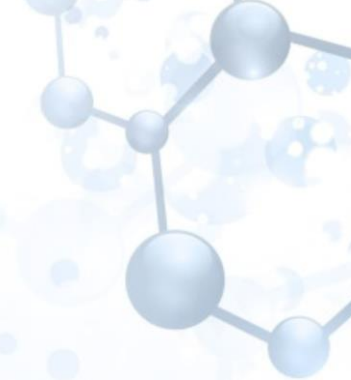


Mast Cell Activation Disease Questionnaire

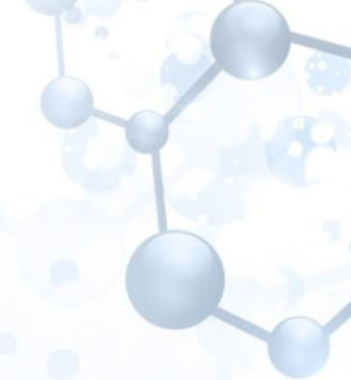


The indicated values for those items acknowledged by or found in the patient are summed. A total score above 8 but less than 14 indicates a pathological activation of mast cells. At a total score of 14 and more, a systemic mast cell mediator release syndrome is clinically verified.

CLINICAL SIGNS			
1.	The patient complains about recurring or continuing burning and/or crampy abdominal pain of unknown cause, and/or recurring or continuing diarrhoea of unknown cause, and/or frequently intense meteorism/gassiness (independent of the composition of diet), and/or about episodically occurring nausea.	<input type="checkbox"/>	1
2.	The symptoms respond to treatment with H1-antihistamines.	<input type="checkbox"/>	1
3.	The progression of the symptoms occurred in episodes	<input type="checkbox"/>	1
4.	The progression of the symptoms occurred in episodes with symptom-free periods becoming shorter.	<input type="checkbox"/>	1
5.	The patient complains about episodically occurring burning and/or choking chest pain attacks, which are often experienced as life-threatening. Electro cardiographic findings are without pathological signs.	<input type="checkbox"/>	1
6.	The patient complains about occasional or continuing pain in the urinary bladder and/or pelvis, accompanied by painful desire to void and/or blood in the urine. There is no bacteriuria.	<input type="checkbox"/>	1
7.	The patient complains about occasional or continuing paresthesia (burning, pins and needles, numbness) and/or pain which does not respond to treatment with analgesics.	<input type="checkbox"/>	1
8.	Gastroscopy and biopsies from the stomach and duodenum are:	<input type="checkbox"/>	0
	a. Without pathological findings.	<input type="checkbox"/>	1
	b. Or show minor signs of inflammation.	<input type="checkbox"/>	3
	c. Or show Helicobacter pylori - and NSAID-negative erosion and/or ulcer.	<input type="checkbox"/>	10
	d. Or show clusters of mast cells and/or a considerable number of spindle-shaped mast cells and/or CD25-positive mast cells.	<input type="checkbox"/>	10
9.	Colonoscopy and intestinal biopsies are without:	<input type="checkbox"/>	0
	a. Pathological findings.	<input type="checkbox"/>	1
	b. Or show minor signs of inflammation.	<input type="checkbox"/>	1
	c. Or show melanosis coli (abuse of anthra-cenediones ruled out).	<input type="checkbox"/>	10
	d. Or show clusters of mast cells, and/or a considerable number of spindle-shaped mast cells, and/or CD25-positive mast cells.	<input type="checkbox"/>	10
10.	The patient reports the following signs of episodically occurring symptoms of autonomic dysfunction:	<input type="checkbox"/>	1
	a. Tachycardia or palpitation/dysrhythmia.	<input type="checkbox"/>	2
	b. Flush (redness, feeling of heat).	<input type="checkbox"/>	2
	c. Hot flash, sweat.	<input type="checkbox"/>	2
	d. Paroxysmal hypo/hypertension with dizziness to the point of syncope.	<input type="checkbox"/>	2



Mast Cell Activation Disease Questionnaire



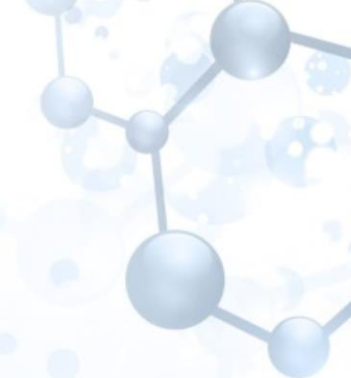
11.	Although there are no pathological findings in routine laboratory parameters and imaging methods, the patient presents with: a. A pronounced asthenia.	<input type="checkbox"/>	1
	b. Fatigue.	<input type="checkbox"/>	1
	c. Loss in weight.	<input type="checkbox"/>	1
12.	During the symptomatic periods of the disorder the patient is: a. Afflicted with anal pruritus and/or anal eczema.	<input type="checkbox"/>	1
	b. Intestinal adhesions are present without prior history of abdominal surgery	<input type="checkbox"/>	1
SECTION TOTAL			0

TRIGGERING FACTORS			
13.	Deprivation of sleep	<input type="checkbox"/>	1
14.	Fasting for 24 hours	<input type="checkbox"/>	1
15.	Histamine containing food (e.g. red wine, cheese, tuna)	<input type="checkbox"/>	1
SECTION TOTAL			0

LABORATORY PARAMETERS			
16.	The patient shows signs of a bleeding diathesis (e.g. abnormal secondary bleeding or bruises after minimal trauma and/or lesions).	<input type="checkbox"/>	1
17.	During the symptomatic periods of the disorder the patient showed, at least once, hyperbilirubinemia (up to 2.5 mg/dL), and/or an increase of trans amidases (up to twice their upper limits of normal), and/or diet-independent hypercholesterolemia (up to 7.8 mmol/L).	<input type="checkbox"/>	1
18.	There are low titers of autoantibodies without clinical signs in the organs or tissues against which the autoantibodies are directed.	<input type="checkbox"/>	1
19.	a. The serum total tryptase was normal.	<input type="checkbox"/>	0
	b. The serum total tryptase was elevated > 11 and < 20 ng/mL.	<input type="checkbox"/>	3
	c. The serum total tryptase was elevated more than 20 ng/mL.	<input type="checkbox"/>	10
20.	a. The level of heparin in blood was normal.	<input type="checkbox"/>	0
	b. The level of heparin in blood was elevated > 0.05 anti-Factor Xa units/mL.	<input type="checkbox"/>	3
21.	a. The level of N-methylhistamine in a 12-hurine collection was normal.	<input type="checkbox"/>	0
	b. The level of N-methylhistamine in a 12-hurine collection was marginally elevated.	<input type="checkbox"/>	1
	c. The level of N-methylhistamine in a 12-hurine collection was elevated up to tenfold of the reference value.	<input type="checkbox"/>	5
	d. The level of N-methylhistamine in a 12-hurine collection was elevated by more than tenfold of the reference value.	<input type="checkbox"/>	10
SECTION TOTAL			0



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IMAGING METHODS			
22.	The patient has splenomegaly and/or hepatomegaly.	<input type="checkbox"/>	1
23.	The patient has bone pain with signs of osteoporosis and/or osteopenia and/or osteosclerosis.	<input type="checkbox"/>	1
SECTION TOTAL			0

MEDICAL HISTORY			
24.	The patient shows involvement of the skin in terms of:	<input type="checkbox"/>	2
	a. Brown-reddish maculopapulous rash/eruption.	<input type="checkbox"/>	2
	b. Angioedema of the lips, lids of the eye, infraorbital.	<input type="checkbox"/>	1
	c. Pruritus (itching) without rash/eruption and/or disease-related folliculitis.	<input type="checkbox"/>	1
	d. A clear increase in the number of telangiectasias.	<input type="checkbox"/>	1
25.	The patient reports sudden attacks of migraine-like headache.	<input type="checkbox"/>	1
26.	The patient reports memory loss (ability to remember names or words) and/or concentration difficulty and/or sleep disturbances.	<input type="checkbox"/>	1
27.	The patient reports tinnitus attacks and/or ocular discomfort (dry eyes, red eyes, stinging eyes), and/or rhinorrhea/chronic nasal congestion and/or stomatitis. (Score if two or more of these symptoms are present)	<input type="checkbox"/>	1
28.	The patient reports non-allergic respiratory ailments, such as asthma, compulsion to clear the throat, titillating/ticklish feeling in the respiratory tract and/or shortness of breath during routine tasks.	<input type="checkbox"/>	1
29.	In the past, common viral infections of the upper respiratory tract were frequently complicated by bacterial superinfection.	<input type="checkbox"/>	1
30.	The patient can state precisely the date of the first clinical manifestation of the mast cell mediator release syndrome because it appears to them to be associated with an infectious disease.	<input type="checkbox"/>	1
SECTION TOTAL			0
GRAND TOTAL			0

