



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

Providers: The GC MCAS-Q can be used both to help diagnose 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 5 or more organ systems makes a trial of treatment for MCAS reasonable.

Patients: For each of the below questions, please answer regarding **both** the presence of symptoms (yes/no) and their severity (0-3) according to how you are *currently* feeling (within the last week). 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.

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

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

Presence of symptom currently No Yes

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

2. Sun

Presence of symptom currently No Yes

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

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

Presence of symptom currently 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)

Presence of symptom currently 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)

Presence of symptom currently 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)

Presence of symptom currently No Yes



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

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

Presence of symptom currently No Yes

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

8. High altitude or air travel

Presence of symptom currently 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

10. In the past month, have you found you tolerate fewer foods, medications, or body products due to typical MCAS reactions?

No Yes

Not counted toward scoring

In the past week, when you get one of these reactions, how soon after exposure do you first notice the symptoms?

Within 15 minutes 15 min-2 hours later More than 2 hours later

Typical MCAS reactions symptom presence score (each yes = 1):

Typical MCAS reactions severity score:

SKIN

11. Do you have sensitive skin that reacts with hives, rashes, and/or itchiness, because of which you are careful about what you put on your skin (body products, laundry products, makeup)? Do you tend to get large welts from bug bites? Does your skin react badly to tape or adhesive? Have you noticed a rash in/around either armpit? (If yes to any, choose "yes.")

No Yes

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



12. 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)

13. 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)

14. 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)

15. 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:

DIGESTIVE

16. Do you regularly experience digestive distress (e.g., nausea, fullness, burning/crampy/spastic pain, bloating soon after eating, acid reflux, change in bowel function like diarrhea or constipation)?

No Yes

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



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

Unknown

No

Yes

18. Have you been told you had adhesions (scars) in your abdomen during a first-ever abdominal surgery?

N/A

No

Yes

Digestive symptom presence score (each yes = 1):

Digestive severity score:

HEAD

19. Do you get a drippy nose after you eat?

No

Yes

20. Do you routinely get headaches or migraines that worsen when the other symptoms mentioned in this questionnaire are also flared up?

No

Yes

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

21. 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

22. 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

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

No

Yes

Head symptom presence score (each yes = 1):



Head severity score:
NERVOUS SYSTEM

24. Do you routinely experience pain?

No Yes

25. Circle yes for each type of pain you regularly feel:

Fibromyalgia	No	Yes
Muscle pains	No	Yes
Bone pains	No	Yes
Headache	No	Yes
Joint pains (that often migrate)	No	Yes
Pelvic pain	No	Yes
Abdominal pain	No	Yes
Bladder pain/interstitial cystitis	No	Yes
Recurrent bladder infections that never grow bacteria	No	Yes
Prolonged/intense pain after injury/healing from surgery	No	Yes
Questioned about being a drug-seeker due to pain	No	Yes
Restless legs syndrome (even if not painful)	No	Yes
Skin painful even with non-harmful touch	No	Yes
Burning mouth syndrome	No	Yes
Back pain	No	Yes
Told by a doctor "you're oversensitive" due to pain	No	Yes

26. Taken all together, what is the general severity of your pain in the last week? (First time questionnaire takers can answer in the last few months.)

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

27. Do you routinely get brain fog?

No Yes

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

28. Have you been diagnosed with bipolar 2 disorder or have symptoms of mood swings that are worse when other symptoms from this questionnaire are flared?

No Yes



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

29. 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)

30. 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)

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

Nervous system severity score:

HEART

31. Do you carry a diagnosis of postural orthostatic tachycardia syndrome (POTS)?

No Yes

32. Do you find that your heart races when you stand from a seated position, often causing dizziness or even passing out?

N/A (if chronically malnourished or dehydrated) No Yes

33. What is the severity of the above heart/dizziness symptoms in the last week? (First time questionnaire takers can answer in the last few months.)

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

Heart symptom presence score (each yes = 1):

Heart severity score:



BREATHING

34. Do you have an asthma-like problem 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)	

35. 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)	

Breathing symptom presence score (each yes = 1):

Breathing severity score:

HORMONES

36. 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, you can answer based on when you last had a period.

		N/A (I have never menstruated.)			No			Yes		
Current severity:	N/A	0	1	2	3	(3=extremely severe)				

Choose N/A for current severity: All those who do not menstruate for any reason

37. 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)				

*Choose N/A for current severity: All those who do not menstruate for any reason, known reason for altered period such as birth control pill, IUD, pregnancy, eating disorder,



malnutrition of other cause. Do NOT use N/A for those with a suspected diagnosis of polycystic ovarian syndrome (PCOS) or endometriosis; instead, please choose a number.

38. 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)

Hormones symptom presence score (each yes = 1):
Hormones severity score:

BLOOD

39. 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)

Blood symptom presence score (each yes = 1):
Blood severity score:

GENERAL

40. Do you experience chronic fatigue?

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

41. In the past month, have you had typical MCAS reactions to either new or previously tolerated medications? (First time questionnaire takers: Do you have a history of typical MCAS reactions to multiple medications?)

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



42. 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)

43. 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)

44. 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)

45. 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

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

46. 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

47. Have you experienced weight loss or medical malnutrition (outside of any eating disorder)?



No

Yes

48. If you have experienced weight loss/medical malnutrition, do you currently need to receive tube feedings of any type or total parenteral nutrition (TPN)?

No

Yes

49. 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

General symptom presence score (each yes = 1):

General severity score:

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

No

Yes

51. Do you currently have an eating disorder?

No

Yes

52. Have you seen three or more different medical specialists (e.g., dermatologist, allergist, gastroenterologist, primary care doctor) for what you thought were unrelated issues and been told that “everything looks normal”?

No

Yes

Today’s sum of symptom presence scores:

Today’s sum of severity scores:

Use patient’s last set of scores if applicable:

Patient-specific most recent symptom presence score:

Patient-specific most recent severity score:

Progress metrics:

Most recent symptom presence score/today’s sum of symptom presence score:

Most recent severity score /today’s sum of severity score: