| Name: | |
|-------|--|
| | |
| Date: | |

Symptoms log



| Symptom type notes | Describe your main symptoms | How bo symptor 0 = le | ns? | (ci | ircl | e or | ne, with |
|--|-----------------------------|-----------------------------|-----|-----|------|------|----------|
| Skin symptoms e.g. itching, hives, redness | | 0 | 1 | 2 | 3 | 4 | 5 |
| Breathing e.g. wheezing, asthma, runny nose | | 0 | 1 | 2 | 3 | 4 | 5 |
| Digestive/gastroinestinal e.g. nausea, vomiting, constipation, reflux | | 0 | 1 | 2 | 3 | 4 | 5 |
| Urinary e.g. urgency, incontience, pain | | 0 | 1 | 2 | 3 | 4 | 5 |
| Musculoskeletal e.g. pain in joints or muscles | | 0 | 1 | 2 | 3 | 4 | 5 |
| Neurological e.g. headache, numbness, tingling, anxiety | | 0 | 1 | 2 | 3 | 4 | 5 |
| Sleep disturbances e.g. difficulty falling or staying asleep, waking unrefreshed | | 0 | 1 | 2 | 3 | 4 | 5 |
| Other | | 0 | 1 | 2 | 3 | 4 | 5 |

| Suspected triggers |
|---|
| Foodstuffs: |
| |
| |
| |
| Medicines: |
| |
| |
| |
| Environmental* |
| |
| |
| |
| |
| *Possible environmental triggers include |
| mould, pesticides, fragrances, chemicals, weather, temperature, |
| barometric pressure, pollen index, |
| exercise or exertion, emotions, anxiety |

| Name: | | |
|-------|--|--|
| | | |
| Date: | | |

Symptoms log



Capturing the full picture of your symptoms. Circle any symptoms on the following diagram that you have experienced:

If possible, prepare a photo with the best example for each reaction. Have them ready for your doctor's appointment so you don't need to scroll through your phone.

Nasal-ocular (nose and eyes)

- · Nose congestion
- · Eye watering and itching

Respiratory (lungs & breathing)

- Sore throat
- Hoarsness
- Wheezing
- Shortness of breath
- Throat swelling

Musculoskeletal

- Joint & muscle pain
- Osteoporosis (brittle bones)
- Loss of bone mass

Genital and urinary

- Genital pain or swelling
- Pain when urinating
- · Vaginal pain, discharge or itching
- · Bladder urgency or loss of control

Dermographic (skin)

- Flushing/redness
- · Hives or wheals
- · Itching with or without a rash
- Swelling



General

Extreme tiredness

· Anaphylaxis, which can be life threatening

· Brain fog (memory and

Neurologic (brain and nerves)

- concentration difficulties)
- Numbness, pain or tingling skin
- Anxiety

Headache

Behavioural issues, rages

Cardiovascular

- · Chest pain
- Low blood pressure
- Fast heart rate
- · Fainting or light-headedness

Gastrointestinal (digestive system)

- Bloating
- Stomach cramps or pain
- Reflux
- Feeling or being sick
- Diarrhoea
- Constipation
- Dumping syndrome
- · Food allergies or intolerance

Other observations:

For example when and where do specific symptoms happen? When did they start? How often do they happen?

Do you have a diagnosis of POTS or EDS?

If so, what are your overlapping symptoms?

| Name: Date: | Symptoms log | MAST CELL ACTION |
|--------------------------|--------------|---------------------|
| Current medications: | | |
| Previous investigations: | | |
| Other diagnosis: | | |

References:

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