MAST CELL ACTION

Symptoms log

This symptoms log has been designed to allow you to track your symptoms and help you to identify the key triggers which are causing these.

Having a record of your symptoms and how much these are impacting your day-to-day life can be helpful when speaking to health professionals. Sometimes, you may be able to receive help or support for specific symptoms without having an MCAS diagnosis.

Treatment for specific symptoms is an important part of managing MCAS and can help with your overall stability. Remember that other conditions can have similar symptoms and experiencing some of the symptoms listed in this log does not mean that you have MCAS.

It is important to work with your doctor and other health professionals to find the cause of your symptoms and get relief where possible, ruling out other conditions where appropriate as part of this process.

CONTENTS

1 Symptoms log

Use this section to highlight the symptoms you are experiencing and to record your key symptoms in the appropriate area.

Record any additional observations, co-morbidities and over-lapping symptoms.

2 Triggers

Record your known and suspected triggers, breaking these down into different categories.

By tracking suspected triggers, we can revisit these at a later date to confirm if they are causing symptoms. Remember that sometimes it is a combination of things which lead to a reaction - take a look at The Histamine Bucket Theory on the Mast Cell Action website for more information.

3 Sharing information with health professionals

At times, it may be appropriate to share all of the information you have recorded with your medical team. However, there are other occasions where time restraints would make it difficult for all of this information to be reviewed in an appointment.

You could use the summary sheet to detail your key observations and share this to highlight your findings. It may still be useful to take all of your symptoms and trigger logs to appointments in case they are needed.

MAST CELL ACTION

Symptoms log

Name:	
Date:	

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)

- Nasal 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

Neurologic (brain and nerves)

- Headache
- Brain fog (memory and concentration difficulties)
- Numbness, pain or tingling skin
- Anxiety
- 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

General

- Extreme tiredness
- Anaphylaxis, which can be life threatening

MAST CELL ACTION

Symptoms log

Name:	
Date:	

Describe your main symptoms in the table below:

Skin symptoms e.g. itching, hives, redness	**How bothersome are these symptoms?** **0 = least & 5 =most**
	0 1 2 3 4 5
Breathing e.g. wheezing, asthma, runny nose	
	0 1 2 3 4 5
Environmental Possible environmental triggers include mould, pesticides, fragrances, chemicals, weather, temperature, barometric pressure, pollen index, exercise or exertion, emotions, anxiety	
	0 1 2 3 4 5

MAST CELL ACTION

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Name:	
Date:	

Describe your main symptoms in the table below:

Digestive/ gastrointestinal e.g. nausea, vomiting, constipation, reflux	**How bothersome are these symptoms?** **0 = least & 5 =most**
	0 1 2 3 4 5
Urinary e.g. urgency, incontinence, pain	
	0 1 2 3 4 5
Musculoskeletal e.g. pain in joints or muscles	
	0 1 2 3 4 5

MAST CELL ACTION

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Name:	
Date:	

Describe your main symptoms in the table below:

Neurological e.g. headache, numbness, tingling, anxiety	**How bothersome are these symptoms?** **0 = least & 5 =most**
	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

MAST CELL ACTION

Symptoms log

Name:	
Date:	

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?

MAST CELL ACTION

Triggers

Name:	
Date:	

Foodstuffs:

Medicines:

Environmental

Possible environmental triggers include mould, pesticides, fragrances, chemicals, weather, temperature, barometric pressure, pollen index, exercise or exertion, emotions, anxiety

MAST CELL ACTION

Symptoms log

Name:	
Date:	

Current medications:
Previous investigations:
Other diagnosis:

References:

Afrin LB, Molderings GJ. A concise, practical guide to diagnostic assessment for mast cell activation disease. World J Hematol 2014;3(1):1-17.
Petra AI, Panagiotidou S, Stewart JM, Conti P, Theoharides TC. Spectrum of mast cell activation disorders. Expert Rev Clin Immunol 2014;10(6):729-739.
Theoharides TC, Tsilioni I, Ren H. Recent advances in our understanding of mast cell activation - or should it be mast cell mediator disorders? Expert Rev Clin Immunol 2019;15(6):639-656.

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Sharing information

Name:	
Date:	

Key symptoms
List the key symptoms which are bothering you at this time

Suspected triggers
List the sources you have highlighted as possible triggers

Other
Detail any additional information which would be helpful to share with health professionals