What's Triggering Your Symptoms?

MCAS SYMPTOM + EXPOSURE JOURNAL

Date: _____

Day of menstrual cycle, if applicable: _____

Overall day: ☺ Good ☐ Fair ☹ Difficult

1 WHAT DID YOU EXPERIENCE?

Rate each symptom from 0–3: 0 = None 1 = Mild 2 = Moderate 3 = Severe

SYMPTOM	AM (Morning)	MIDDAY (Midday)	PM (Evening)
Hives, itching, or flushing			
Congestion or breathing changes			
Headache or migraine			
Dizziness or lightheadedness			
Racing or pounding heart			
Bloating, cramping, or nausea			
Diarrhea or bowel changes			
Brain fog			
Fatigue			
Anxiety or feeling "wired"			
Other: _____			

2 WHAT WERE YOU EXPOSED TO TODAY?

FOODS + DRINKS

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks/drinks: _____

_____

MEDICATIONS + SUPPLEMENTS

_____

_____

POSSIBLE ENVIRONMENTAL EXPOSURES

Check any that apply:

- ☐ Pollen/allergens
- ☐ Mold or musty environment
- ☐ Fragrances/perfumes
- ☐ Cleaning products
- ☐ Smoke or pollution
- ☐ Pets
- ☐ Heat or temperature change
- ☐ Insect bite or sting
- ☐ New skincare or personal care product
- ☐ Other: _____

3 OTHER POSSIBLE TRIGGERS

Stress level: 0 1 2 3 4 5

(0 = none, 5 = extreme)

Sleep last night: _____ hours

Exercise/physical exertion: _____

Illness/infection symptoms: _____

_____

Hormonal/menstrual changes: _____

_____

4 DID YOU NOTICE A REACTION?

What happened? _____

_____

When did it begin? _____ How long did it last? _____

What happened in the 1–4 hours beforehand? _____

_____

What seemed to help? _____

_____

5 YOUR PATTERN OF THE DAY

One thing I noticed today: _____

_____

Look for patterns. You do not need to identify a trigger after one reaction. Tracking symptoms, foods, medications, exposures, stress, hormones, and timing over several days or weeks may help you and your healthcare provider recognize patterns that are difficult to see day to day.

Call Physicians Preference Pharmacy with questions at 281-828-9088.