

Reactive Episode Observation Form — Adult

To be completed by the individual, ideally within a few hours of the episode.

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■ General Information

Last name / First name: _____

Date of birth: _____

Date and time of onset: _____

Location: _____

General context (work, rest, mealtime, physical activity...):

■ 1. Possible Trigger (check one or more)

- Specific food:
- Tomato
 - Citrus
 - Chocolate / cocoa
 - Dairy / fermented products
 - Strawberry
 - Alcohol
 - Histamine-rich food (charcuterie, smoked fish, aged cheese...)
 - Other: _____
- Heat / sun / cold / temperature change
- Physical exertion
- Stress / intense emotions / cognitive overload
- Odours (perfume, cleaning products, solvents, tobacco)
- Medication or supplement:
 Which one: _____
- Phase of menstrual cycle (if applicable):
 Pre-menstrual / ovulation / other: _____
- Onset of infection (fever, cold...)
- Lack of sleep / significant fatigue
- No identifiable trigger

■ 2. Systems Involved — check all that occurred (60–90 min around the episode)

A. Skin

- Sudden redness (facial flush, neck, chest)
- Patches / urticaria
- Dermographism (skin marks at the slightest friction)
- Swelling (eyelids, lips, hands, feet)
- Pruritus (itching of eyes, face, body)
- Burning sensation on skin without visible lesion

B. Digestive

- Abdominal pain / cramps
- Sudden diarrhoea
- Nausea / vomiting
- Acid reflux / heartburn
- Significant and sudden bloating
- Sudden hypersalivation or dry mouth

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■ 3. Episode Severity

- Mild — uncomfortable but I can continue my activity
- Moderate — I had to stop and rest
- Significant — I had to lie down or interrupt my day
- Very severe — breathing difficulties, syncope, emergency care required

■ 4. Episode Duration

Onset: _____

End: _____

- Spontaneous resolution
- Improvement after antihistamine (which one, dose): _____
- Improvement after rest / sleep
- Other measure that helped: _____

■ 5. Hormonal Context (if applicable)

Optional but very useful for identifying cycle-related patterns.

Estimated cycle phase (D1 = 1st day of period): D _____

- Pre-menstrual (D21–D28)
- Menstrual (D1–D5)
- Ovulatory (D12–D16)
- Post-ovulatory (D17–D20)
- No cycle (menopause, hormonal contraception, other)
 - Specify: _____

■ 6. Free Comments

(Precise description, emotional context, unusual sensations, link to previous episodes...)

■ 7. Photo (optional)

■ Add a photo of rashes, redness, swelling, or dermographism if possible.

■ **This form serves as clinical evidence**, even in the absence of formal biological criteria (difficult to obtain outside an acute episode). With several completed forms, it becomes possible to identify recurring triggers, affected systems, episode frequency, and elements compatible with a mast cell activation background.