

**IDIOPATHIC ANAPHYLAXIS QUESTIONNAIRE  
ACAAI DRUGS AND ANAPHYLAXIS COMMITTEE**

(Please duplicate and complete one per patient)

PATIENT : (initials or ID#)-----Age-----Age at diagnosis-----Age at onset-----

REFERRED BY:  Self  Dr.  Hospital  Other    **DIAGNOSED BY:**  Reporting allergist  Prior allergist  Other

PATTERN:  Random  Hormonal  Enhanced by:  Food  Medication  Food ingestion with exercise  Other factors

FREQUENCY:-----Total episodes,-----Times per year-----Total emergency room visits-----Hospital admissions-----

**CLASSIFICATION OF ANAPHYLAXIS: (See back for Dr. Patterson's classification of Idiopathic anaphylaxis)**

IA-G-F  IA-G-I  IA-A-F  IA-A-I  IA-Q  IA-V  USIA

**CLINICAL PRESENTATION:**

System	Subjective	Objective
<b>General:</b>	<input type="checkbox"/> Malaise <input type="checkbox"/> Weakness <input type="checkbox"/> Sweating	<input type="checkbox"/> Cyanosis <input type="checkbox"/> Pallor
<b>Dermal:</b>	<input type="checkbox"/> Hives <input type="checkbox"/> Angioedema <input type="checkbox"/> Itching <input type="checkbox"/> Flushing	<input type="checkbox"/> Urticaria <input type="checkbox"/> Angioedema
<b>Mucosal:</b>	<input type="checkbox"/> Nasal congestion <input type="checkbox"/> Swelling of conjunctiva	<input type="checkbox"/> Peri orbital swelling <input type="checkbox"/> Mucosal edema
<b>Respiratory:</b>	<input type="checkbox"/> Sneezing <input type="checkbox"/> Runny nose <input type="checkbox"/> Coughing <input type="checkbox"/> Difficulty in breathing <input type="checkbox"/> Hoarseness of voice <input type="checkbox"/> Constriction in throat	<input type="checkbox"/> Stridor <input type="checkbox"/> Wheezing <input type="checkbox"/> Hyperinflation
<b>GI symptoms:</b>	<input type="checkbox"/> Diarrhea <input type="checkbox"/> Nausea, <input type="checkbox"/> Vomiting <input type="checkbox"/> Abdominal pain	<input type="checkbox"/> Increased peristalsis
<b>Cardiovascular:</b>	<input type="checkbox"/> Palpitations <input type="checkbox"/> Chest pain <input type="checkbox"/> Dizziness <input type="checkbox"/> Syncope	<input type="checkbox"/> Hypotension <input type="checkbox"/> Bradycardia <input type="checkbox"/> Tachycardia <input type="checkbox"/> Cardiac Arrhythmias <input type="checkbox"/> EKG changes
<b>CNS:</b>	<input type="checkbox"/> Anxiety <input type="checkbox"/> Seizures	<input type="checkbox"/> Altered consciousness
<b>Other:</b>		

**WORK UP COMPLETED BEFORE DIAGNOSIS: (Check all that apply)**

<input type="checkbox"/> CBC	<input type="checkbox"/> Cl q esterase inhibitor	<input type="checkbox"/> Serum Histamine	Skin Tests:	RAST Tests:
<input type="checkbox"/> SMAC	<input type="checkbox"/> Complement levels	<input type="checkbox"/> Serum Tryptase	<input type="checkbox"/> Prick- inhalants	<input type="checkbox"/> Inhalant
<input type="checkbox"/> SED RATE	<input type="checkbox"/> IgE	<input type="checkbox"/> Urinary Histamine	<input type="checkbox"/> ID- inhalant	<input type="checkbox"/> Foods
<input type="checkbox"/> Thyroid function tests	<input type="checkbox"/> IgG, IgM, IgA	<input type="checkbox"/> 24 hour urine for	<input type="checkbox"/> Prick-Foods	<input type="checkbox"/> Latex
<input type="checkbox"/> Thyroid antibodies		<input type="checkbox"/> CXR	<input type="checkbox"/> Drugs	
<input type="checkbox"/> ANA		<input type="checkbox"/> Bone Scan	<input type="checkbox"/> Latex	
		<input type="checkbox"/> Bone Marrow	<input type="checkbox"/> Venoms	

**MAINTENANCE TREATMENT : (Check all that apply)**

H-1 Antihistamines ( list name and dose)----- H-2 Antihistamines ( list name and dose)-----

Beta-Adrenergic( list name and dose)-----

Oral Steroids:  No  Yes, if yes  Episodic  Continual, if Continual  Daily  Alternate day. Current maintenance dose-----

Inhaled topical steroids ( list drug and dose)----- Mast Cell inhibitors( list name and dose)-----

Other-----

**CURRENT PATIENT STATUS:**

Resolved  If resolved, time from onset of the condition-----

Persistent  If persistent  Completely controlled with medications  Partially controlled with medications  Uncontrolled

# of episodes after diagnosis -----# of emergency room visits-----# hospitalizations after diagnosis ---

Deceased  Duet to Idiopathic anaphylaxis  Due to other reasons

Lost to follow up

**OTHER ATOPIC CONDITIONS:**

Allergic rhinoconjunctivitis  Asthma  Chronic sinus infection  Eczema  Food allergy  Insect allergy  Medication related

Urticaria- Chronic.

(REQUESTED BUT NOT REQUIRED):

ACAAI MEMBER REPORTING:-----

Address:-----

Phone:-----Fax:-----

## CLASSIFICATION OF IDIOPATHIC ANAPHYLAXIS (IA)

Abbreviation	Disease	Description	Episodes/year
IA-G-I	Idiopathic anaphylaxis-generalized-infrequent	Urticaria or angioedema with bronchospasm, hypotension, syncope, or gastrointestinal symptoms with or without upper airway compromise with infrequent episodes.	<6
IA-G-F	Idiopathic anaphylaxis-generalized-frequent	Same as above but frequent	>6
IA-A-I	Idiopathic anaphylaxis-angioedema-infrequent	Urticaria or angioedema with upper airway compromise such as laryngeal edema, severe pharyngeal edema, or massive tongue edema without other systemic manifestations with infrequent episodes.	<6
IA-A-F	Idiopathic anaphylaxis-angioedema-frequent	Same as above but frequent	>6
IA-Q	Idiopathic Anaphylaxis-Questionable	Diagnosis is applied to a referred pt. with a presumptive dx of IA for which repeated attempts at documentation of objective findings are unsuccessful, response to appropriate doses of prednisone does not occur, and the dx of IA become uncertain.	
IA-V	Idiopathic anaphylaxis-variant	Diagnosis is applied when symptoms and physical findings of IA vary from classic findings of IA, and patient doesn't fall into other category.	
USIA	Undifferentiated somatoform Idiopathic Anaphylaxis	Symptoms mimic IA but no objective findings are seen and there is no response to the regimen for IA.	

Please Mail or Fax the completed Questionnaire to :

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