

MELISA® Questionnaire



MELISA® tests for a Type-IV allergy to metals, a condition which has been found present in patients suffering from various diseases such as chronic fatigue syndrome, rheumatoid arthritis and multiple sclerosis. A reaction to metals can be mild or acute and can manifest itself in many ways.

This form will allow us to make pre-testing diagnosis, checking for the typical signs of hypersensitivity and approximating your current exposure to metals. This questionnaire, if completed properly, will supply us with a preliminary indication of whether you may suffer a Type-IV metal allergy and can also establish which metals should be included in the testing panel.

Please fill in as many details as you can. If you don't know some of the dates, please give your estimate. The more accurate the data, the more accurate the evaluation will be. It is in your own interest to fill in the form as honestly as possible.

If you need more space for the questions, please use extra sheets making clear which question you are responding to. Where there are alternatives to an answer, please tick the box of your choice.

For more information about the MELISA® test or the connection between metals and diseases, please see www.melisa.org

Personal details

Name:

Date of birth:

Address:

Town:

Country: Post code:

Telephone: Fax:

Email:

Current profession:

Past profession(s):

Diagnosed disease if any:

1 Your dental record

Dental restorations are the most common cause of metal allergy.

1.1 Current Dental Fillings

Material	How many and year of placement
Amalgam ("Silver fillings")	
Gold crowns or bridges	
Metal-bound ceramics	
Titanium crowns or bridges	
Cobalt-Chrome-Nickel crowns or bridges	
Non-metallic ceramics	
Composites (other)	

1.2 Root fillings

Material	How many and year of placement
Amalgam ("Silver fillings")	
Gutta-percha	
Calcium hydroxide	
Other	

1.3 Do you have any dental implants in your mouth?

Yes No

Material	How many, year of placement, manufacturer, model and material composition (as available)
Titanium with gold	
Titanium only	
Zirconium	
Other (specify)	

1.4 a) Do you wear dentures or braces?

Yes No

1.4 b) Have you ever worn dentures or braces?

Yes No

If yes, please give details what material and for how long you have worn them.

Do/did you experience any side effects such as pain or swelling in the mouth, metallic taste, abnormal fatigue or other local or systemic symptoms after wearing these?

1.5 Replacing dental fillings

Replacing fillings is a complex process, and there is a danger that some of the metal alloys removed or replaced in your oral cavity can be released into your body. This can initiate or worsen metal-induced inflammation.

a) Have you had your dental fillings replaced? (If "no", go straight to question 1.11)

Yes No

b) Please give details and year of treatment

c) Is the treatment complete or ongoing?

Complete **Ongoing**

Name and location of dentist (if known):

1.6 Which material did you change to?

Gold Cobalt-Chrome-Nickel crowns

Composites (plastic) Metal-bound ceramics

Ceramics (porcelain) Titanium crowns or bridges

Other material (specify):

1.7 If you are in the process of changing your fillings, or have completed the treatment, did you feel any local or general symptoms afterwards which you suspect may have been connected to the dental treatment?

Yes No

If so, when did the symptoms start and how long did they last? Please, describe the symptoms.

1.8 Since the replacement of your fillings, did your health change as compared to your health prior the replacement?

Short-term (2 days-1 month):

Improved **Worsened** **No real change**

Long term:

Improved **Worsened** **No real change**

If so, when did the symptoms start and how long did they last? Please, describe the symptoms.

1.9 Since the replacement of your fillings, have you suffered from oral burning, itching or irritation of tissues in your mouth?

Yes No

If yes, when did this start and what were the symptoms?

1.10 Since the replacement of your fillings, have you observed any new symptoms you did not have before, such as eczema, tiredness, etc?

Yes No

If yes, please specify:

1.11 Do your gums bleed when you brush your teeth?

Yes No

If so, do they bleed every time? How much do they bleed?

1.12 Do you suffer from gum inflammation and gum bleeding?

Yes No

If yes, since when?

2.2 Do you have any tattoos?

Yes No

If yes, how many do you have and when did you get them done?

1.13 Do you grind your teeth and wake up with headache in the morning?

Yes No

If yes, since when?

2.3 Have you been ever been exposed to metals in the work place?

Workplace exposure to metals is a common cause of metal hypersensitivity. Please give this question some thought. It can include everything from factory-work to being in regular contact with mercury-containing thermometers.

Yes No

What was your occupation, and, if possible, which metals were you exposed to?

2 Metal exposure

Advances in science have introduced metals into a whole range of new products, from toothpastes and medicines to orthopedic implants and pacemakers in the body. This section describes some of the most frequent metal exposure, which you might or might not be aware of.

2.1 Do you have or have you ever had any metal implants in your body (implants, screws, pins, staples, pacemakers etc)?

Yes No

If yes, please give details:

2.4 Is anyone in your family exposed to unusually high amounts of metals through their occupation?

Yes No

If yes, please give details:

2.5 Smoking

a) Do you smoke?

Yes No

If so how much?

How long have you been a smoker?

b) Have you smoked previously?

Yes No

How much did you use to smoke?

How long were you a smoker for?

c) Are you exposed to passive smoking at home or at work?

Yes No

2.6 Vaccines

Several vaccines contain metals, either as part of the preservative or as a residual trace from the production procedure. Manufacturers who use Thimerosal, for example, argue the mercury it contains is so small that it will not cause a toxic effect. If you are hypersensitive, however, the smallest amount of mercury can trigger a reaction.

a) Have you ever been given a Gamma globulin vaccine?

Yes No Unsure

b) Have you ever received a flu vaccine?

Yes No

c) Have you ever reacted badly to any vaccines in the past?

Yes No

If so, please give details:

Which ones do you react to?
(If possible, please give product and brand name)

2.7 Eye drops / Nose drops

Many brands of eye drops / nose drops solutions contain Thimerosal, a preservative which contains mercury.

a) Do you currently use eye or nose drops?

Yes No

b) Have you ever regularly used eye or nose drops?

Yes No

If yes, please give the name of product, if you have it available, and how long you used it for.

c) Did you notice any side effects?

Yes No

If yes, please give details:

2.8 Contact lenses

This is another source of Thimerosal.

a) Do you use soft contact lenses?

Yes No

b) Have you ever used soft contact lenses?

Yes No

If yes, which contact lens solution have you been using, and for how long?

Have you noticed any side effects?

Yes No

If yes, please give details:

c) Have you noticed any side effects?

Yes No

If so, please give details:

2.9 Cosmetics

Most brands of make-up contain metal extracts of various kinds

a) Do you use cosmetics?

Yes No

If yes, how often and which brands?

b) Does your skin react badly to any cosmetics?

Yes No

2.10 Have you ever been treated with colloidal gold (a substance used for treating arthritis)?

Yes No

2.11 Earrings and piercings

a) Do you wear earrings?

Yes No

b) Did you use to wear earrings?

Yes No

c) Are you pierced in any other place?

Yes No

If so, please specify:

d) Do you experience discomfort with earrings or piercing?

Yes No

With which materials do you notice the discomfort?
(Nickel, gold, silver, etc)

2.12 Do you suffer skin irritation when in contact with the likes of jeans buttons, wristwatches, rings, jewellery or other such items?

Yes No

If yes, please give details:

2.13 Have you ever taken any injections for allergy treatment?

Some people are treated with a dosage of the allergen (pollen, bee extract, etc, to build up long-term immunity).

Yes No

If yes, please give details:

2.14 Diet

Do you eat fish and seafood?

Yes No

What kind and how often?

2.15 Everyday items

Several confectionaries (Smarties, Skittles etc) are coated with titanium dioxide to give them a crunchy coating. Many types of toothpaste also contain sodium lauryl sulphate (a skin irritant) and titanium dioxide, which some people are hypersensitive to.

a) Do you use chewing gum?

Yes No

If yes, what brand and how often do you use it?

b) What brand of toothpaste do you use?

c) Do you eat crunchy-coated or multi-colored confectionery?

Yes No

If yes, what brand and how often do you eat it?

2.16 Patch test for metal allergy

This is a form of metal allergy testing, but as it involves placing metal salts against the skin, it can have side effects.

a) Have you ever done a skin test/patch test for metal allergy?

Yes No

If yes, please supply as many of the following details as you can:

Date of testing:

Clinic:

Test results:

b) Did you experience any changes in your health following skin testing?

Yes No

If so, which symptoms?

2.17 Do you live, or have you ever lived, close to anywhere likely to exude amounts of metal vapour? Typical examples include factories, industrial plants, freeways/motorways, airports, crematories and dental offices. If so, please give details:

Where:

Where:

Where:

Where:

Where:

Where:

Where:

3 For women: (men skip to section 4)

3.1 Have you ever had breast implants?

Yes No

If yes, what kind of implants and when were they fitted?

3.2 If you have given birth,

Do you belong to the RH-negative blood group?

Yes No

Did you receive anti-RH-globulin after delivery?

Yes No

If yes, when?

If you happen to know the date of treatment and name of the anti-RH-globulin product, please give details below.

3.3 IU-devices

This is a metal insert, often made of a material that can start a hypersensitive reaction.

Have you ever used an IU device?

Yes No

Have you experienced discomfort using the IU device?

Yes No

Please give details:

4 Allergies and illnesses

4.1 Are you allergic to any antibiotics (penicillin, sulpha etc)?

Yes No

If yes, which one?

4.2 Do you have any food allergies?

Yes No

If yes, which foods?

What are the symptoms?

When did you first notice the allergy?

4.3 Do you have any other allergies?

Yes No

If yes, please specify:

4.4 Do you have any diagnosed illness?

Name of illness:

b) Autoimmune diseases:

When was it diagnosed?

c) Skin diseases:

If possible, please give the name and location of the diagnosing doctor.

d) Heart/artery diseases:

Are there any special characteristics of your condition?

e) Diabetes:

4.5 Do you have any other symptoms, which have not been clearly diagnosed? If so, please supply full details.

f) Cancer/tumors:

g) Reactions to electro-magnetic fields (such as photocopiers, microwave ovens, fluorescent tube lamps in shops):

4.6 Your family health

Please give details if any members of your family suffer from any of the following diseases. Please give full details on a separate page, if necessary.

a) Allergies:

h) Chemical sensitivity:

i) Psychological illnesses:

j) Other:

4.7 Are you currently taking any medication?

Some medication may bring on their own set of side effects, which must be separated from signs of metal allergy. Also, some forms of medication may interfere with the MELISA[®] blood test. Patients should not be taking any immune suppressive drugs such as steroids when tested in MELISA[®] as this may affect the test results. Please always check with your doctor before stopping any medication.

Yes No

If yes, please give details, including period of treatment.

4.8 Do you take vitamin or mineral supplements?

Yes No

Please give details:

4.9 Do you notice any side effects from these supplements?

Yes No

If yes, please give details:

4.10 Do you recall being bitten by a tick in the last 5 years?

Yes No

a) If so, when?

b) Have you been tested for any infectious tick-borne diseases, such as Lyme/Borrelia?

Yes No

c) Which tests and what were the results?

5 Any additional information

The complex nature of metal allergies means it may manifest itself in ways not addressed by the above questions. If you have any unexplained symptoms, any other information you feel relevant or any personal suspicions on what may be behind your illness, please detail as much as you can below.

For evaluation of your questionnaire please send it to:

Email: questionnaire@melisa.org (use submit button below)

MELISA Diagnostics Ltd
Phone: +44 (0)20 8133 5166
Fax: +44 (0)20 8711 5958

© COPYRIGHT MELISA Medica Foundation, May 2012
