Mold Questionnaire

Date Taken

CHECK **ALL SYMPTOMS** EXPERIENCED IN THE **PAST 3-6 MONTHS**

CATEGORY 1

- ☐ Brain fog
- ☐ Feel tired all the time
- ☐ Frequent runny nose
- ☐ Blow your nose often
- ☐ Sneezing
- ☐ Sinusitis
- ☐ Post-nasal drip
- ☐ Nose bleeds
- ☐ Swollen glands
- ☐ Shortness of breath
- ☐ Frequent yawning or sighing
- ☐ Heart palpitations
- ☐ Headaches
- ☐ Hay fever
- ☐ Eye irritation
- ☐ Blurry vision
- ☐ Frequent change in vision
- ☐ Allergies
- ☐ Dark circles under eyes
- ☐ Sensitivity to sunlight
- ☐ Nervousness/can't settle
- ☐ Low mood or depressed
- ☐ Feeling overwhelmed
- ☐ Episodic/chronic dry cough
- ☐ Irritated lungs
- ☐ Blood-streaked mucous
- ☐ Nasal polyps
- ☐ Coated tongue
- ☐ Sores in the mouth
- ☐ Bumps on back of throat
- ☐ Thrush
- ☐ Sore or itchy ear canals
- ☐ Ringing in the ears
- ☐ Bothered by loud noises
- ☐ Skin rash
- ☐ Burning or itchy skin
- ☐ Easy bruising
- ☐ Spider veins
- ☐ Bothered by tags and seams on clothing
- ☐ Anemia
- ☐ Protruding veins on limbs
- ☐ Lower extremity edema
- ☐ Clear your throat often
- ☐ Sore throat
- ☐ Frequent colds
- ☐ Delayed recovery from colds
- ☐ Exhausted from exercise
- ☐ Frequent static shocks
- ☐ Increased thirst
- ☐ Trouble sleeping
- ☐ Feeling of internal vibration
- ☐ Dizziness
- ☐ Vertigo
- ☐ Drunken feeling
- ☐ Frequent urination
- ☐ Yeast infection
- ☐ Change in appetite
- ☐ Intestinal gas
- ☐ Nausea
- ☐ Feeling bloated
- ☐ Constipation
- ☐ Crave sweets
- ☐ Crave alcohol

TOTAL **CATEGORY 1** BOXES MARKED: _____

0-4 boxes marked = Score 0
5-9 boxes marked = Score 1
10-15 boxes marked = Score 2
16+ boxes marked = Score 3

CATEGORY 1 SCORE _____

CATEGORY 2

- ☐ Wheezing
- ☐ Asthma
- ☐ Burning lungs
- ☐ Recurrent respiratory infections
- ☐ Migraine
- ☐ Allergies aren't well controlled by medication
- ☐ Voice sounds nasally
- ☐ Plugged or clogged ears
- ☐ Chronic sinusitis
- ☐ Vomiting
- ☐ Alternating constipation/ diarrhea
- ☐ Diarrhea
- ☐ Irritable bowel
- ☐ Food sensitivities
- ☐ Chemical sensitivities
- ☐ Abnormal reaction to antibiotics
- ☐ Epstein-Barr virus
- ☐ Recurrent yeast infections
- ☐ Bacterial vaginosis
- ☐ Recurrent athlete's foot, jock itch, or toenail fungus
- ☐ Peeling/sloughing skin
- ☐ Episodes of fast heart rate
- ☐ Chest pain
- ☐ Raynaud's syndrome
- ☐ Non-obstructive sleep apnea
- ☐ Difficulty thinking clearly
- ☐ Disorientation
- ☐ Balance Issues
- ☐ Slow reflexes
- ☐ Incoordination
- ☐ Numbness or tingling
- ☐ Nerve pains
- ☐ Unexplained menstrual changes
- ☐ Overactive bladder
- ☐ Bladder infection
- ☐ React to musty spaces

TOTAL **CATEGORY 2** BOXES MARKED: _____

0-2 boxes marked = Score 0
3-5 boxes marked = Score 1
6-9 boxes marked = Score 2
10+ boxes marked = Score 3

CATEGORY 2 SCORE _____

Continue to Category 3

CHECK **ALL SYMPTOMS** EXPERIENCED IN THE **PAST 3-6 MONTHS**

CATEGORY 3

- ☐ Daily use of sinus spray, sinus prescription, or Neti pot
- ☐ Sinus surgery at any time in your life
- ☐ Chronic inflammatory response syndrome (CIRS)
- ☐ MARCoNS
- ☐ Peanut allergy
- ☐ Chronic fatigue syndrome
- ☐ Difficulty walking
- ☐ Dysautonomia
- ☐ Postural Tachycardia Syndrome (PoTS)
- ☐ Hearing loss
- ☐ Confusion
- ☐ Dementia
- ☐ Memory loss
- ☐ Tremors
- ☐ Sarcoidosis
- ☐ Asthma that's difficult to control with medication
- ☐ Idiopathic pneumonitis
- ☐ Lung scarring or nodules
- ☐ Respiratory distress
- ☐ Aspergillosis
- ☐ Arrhythmia
- ☐ Coagulation abnormalities
- ☐ Atriovenous abnormalities
- ☐ Churg Strauss Syndrome
- ☐ Histamine intolerance
- ☐ Erythema nodosum
- ☐ Eosinophilic esophagitis
- ☐ Ulcer
- ☐ Non-celiac intestinal disease
- ☐ Blood in stool
- ☐ Cyclical vomiting syndrome
- ☐ Liver pain or swelling
- ☐ Fatty liver
- ☐ Non-alcoholic steatohepatitis (NASH)
- ☐ Interstitial cystitis
- ☐ Kidney pain or swelling
- ☐ Kidney disease
- ☐ Nephritis
- ☐ Chronic pelvic pain
- ☐ Infertility
- ☐ Hepatocellular carcinoma
- ☐ Previous or current cancer diagnosis
- ☐ Mast cell activation syndrome (MCAS)
- ☐ Exposure to water-damaged building any time in your life
- ☐ Exposure to mold
- ☐ Positive Shoemaker tests

TOTAL **CATEGORY 3** BOXES MARKED: _____

Score 1 for each box marked
Boxes marked and score will
be the same for this category

CATEGORY 3 SCORE _____

Continue to Results

TOTAL MOLD RISK **RESULTS**

Gather your Category scores
from the 3 previous categories

CATEGORY 1 SCORE: _____ +
CATEGORY 2 SCORE: _____ +
CATEGORY 3 SCORE: _____ = **TOTAL MOLD RISK** _____

TOTAL MOLD RISK
RESULTS

0-4 = Not Likely Mold Sickness
5-9 = Possible Mold Sickness
10+ = Probable Mold or Biotoxin Sickness

OTHER THINGS TO CONSIDER:

- LYME DISEASE, MSIDS, TICK-BORNE COINFECTIONS (USE HORROWITZ MSIDS-LYME QUESTIONNAIRE)
- OTHER ENVIRONMENTAL TOXINS (IE: MERCURY, LEAD, PM2.5, GLYPHOSATE, PESTICIDES, VOCs)
- INTESTINAL PARASITES, CHRONIC VIRAL SYNDROMES, OR OTHER STEALTH INFECTIONS
- FOOD SENSITIVITIES
- CVIDS OR IMMUNODEFICIENCY SYNDROMES

This tool is intended as a clinical information aid, and is not intended to diagnose or treat disease. Symptoms listed have been reported in mold illness patients. Not all symptoms have been proven in studies.