Mold Illness Questionnaire

CATEGORY I:

GENERAL:	EENT:	CARDIOVASCULAR:
\square Fatigue that doesn't otherwise	☐ Allergies/hay fever year-round	☐ Easy bruising
make sense	\square Eye irritation	☐ Heart palpitations
□ Trouble sleeping	□ Dark circles under eyes	\square Lower extremity edema
\square Worse after eating	☐ Floaters in your vision	\square Protruding veins on limbs
☐ Worse after exercise	\square Vision blurry, frequently	
☐ Increased thirst	changes, or difficulty reading	DIGESTIVE:
☐ Stubborn weight gain	\square Sneezing or persistent runny	□ Nausea
☐ Anemia	nose	\square Bloated abdomen or flatulence
	☐ Acute sense of smell for mold	\square Unexplained change in
SENSITIVITY:	Recent sinusitis	digestion/bowels
☐ Bothered by tags and seams	☐ Ears feel plugged or clogged	☐ Recent change in appetite
on clothing	☐ Itchy or sore ear canals	\square Crave carbs, sweets, or alcohol
☐ Chemical sensitivities	☐ Sores in the mouth	
☐ Sensitive to light, sound, or touch	☐ Post-nasal drip or frequent	GENITOURINARY:
toden	throat clearing	☐ Overactive bladder
HEAD/MIND:	☐ Chronically sore throat☐ Coated tongue	☐ Bladder infections
☐ Slowed thinking or brain fog	□ Coated tollgue	CIVINI
☐ Unsettled feeling, unquieted	RESPIRATORY:	SKIN:
mind, overwhelm	☐ Easily irritated lungs	☐ Skin rash, redness or flushing
☐ Headaches	☐ Episodic cough	IMMUNE:
□ Dizziness, vertigo, or drunken	☐ Shortness of breath, air hunger,	☐ Frequent infections or delayed
feeling	or yawn/sigh often	recovery from colds
\square Unexplained mood changes,	or yammong.r order.	receivery menn cones
anxiety, or depression		MUSCULOSKELETAL:
		☐ Increased body pain
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Total CATEGORY I boxes chec	cked :	
0 - 4 symptoms = Scor	e 0	
5 - 7 symptoms = Scor	e I	
8 - 10 symptoms = Scor	re 2	
II+ symptoms = Scor		
ENTER CATEGORY I SCOR	г.	
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CATEGORY 2:

GENERAL:	RESPIRATORY:	GENITOURINARY:
\square Voice sounds nasally	\square Asthma or wheezing	☐ Unexplained menstrual
\square Frequent or strong static	☐ Chronic cough	changes
shocks	☐ Burning lungs	☐ Bacterial vaginosis
☐ Histamine intolerance		\square Kidney pain or swelling
☐ Non-obstructive sleep apnea	CARDIOVASCULAR:	
☐ React poorly to musty spaces	☐ Episodes of fast heart beat	SKIN:
	☐ Chest pain	\square ltchy or burning skin
SENSITIVITY:	☐ Low platelets	\square Peeling or sloughing skin
☐ Sensitivity to EMFs	·	☐ Raynaud's syndrome
	DIGESTIVE:	☐ Eczema or psoriasis
HEAD/MIND:	☐ Increased food sensitivities	
☐ Migraines	☐ Frequent vomiting	IMMUNE:
\square Difficulty thinking clearly or	☐ Irritable bowel or alternating	☐ Epstein-Barr virus activation
memory loss	constipation/diarrhea	
\square Confusion or disorientation	\square Digestive ulcer or blood in	MUSCULOSKELETAL:
	the stool	\square Slow reflexes
EENT:	☐ Celiac or non-celiac	☐ Balance issues or
\square Allergies are not well-	intestinal disease	incoordination
controlled by medication	☐ Fatty liver	☐ Joints easily injured
☐ Chronic sinusitis	□ Liver pain or swelling	☐ New or worsening nerve pair
☐ Nose bleeds		numbness or tingling
\square Ear ringing or ear pain that's		☐ Muscle weakness or spasm
new or worsening		
Total CATECORY 2 haves	ah a alsa d	
Total CATEGORY 2 boxes	спескеа:	
0 - 2 symptoms =	Score 0	
3 - 5 symptoms =	Score I	
, ,	Score 2	
, ,	Score 3	
7. 3/mptoms =	500.03	
ENTER CATEGORY 2 SC	CORE :	



CATEGORY 3:

GENERAL:	RESPIRATORY	
 □ Current exposure to mold □ Previous exposure to damp, musty or water-damaged building any time in your life □ Mold allergy □ Abnormal reaction to medications or supplements □ Autism or sensory processing disorder □ Chronic fatigue syndrome □ Chronic inflammatory response syndrome (CIRS) 	RESPIRATORY Asthma that's difficult to control with medication Lung scarring or nodules Pulmonary Edema Idiopathic Pulmonary Fibrosis Respiratory distress or Idiopathic pneumonitis Lung cancer CARDIOVASCULAR: Arrhythmia Coagulation abnormalities	□ IgA nephropathy, nephrotic syndrome, nephritis, or other kidney disease □ Kidney cancer SKIN: □ Recurrent yeast infections or fungal skin infections, including athlete's foot, jock itch or yeast vaginitis □ Erythema nodosum
or positive Shoemaker tests	☐ Arteriovenous abnormality	☐ Toenail fungus
SENSITIVITY:	☐ Churg Strauss Syndrome	IMMUNE:
☐ Feeling of an internal vibration	DIGESTIVE:	☐ Autoimmunity ☐ Mast cell activation syndrome
HEAD/MIND:	☐ Peanut allergy	(MCAS)
□ Dysautonomia or Postural Tachycardia Syndrome	 ☐ Cyclical vomiting syndrome ☐ Eosinophilic esophagitis 	☐ Aspergillosis, current or history of
(PoTS) □ Dementia	□ Non-alcoholic steatohepatitis(NASH)□ Hepatocellular carcinoma or	 Previous or current cancer diagnosis, not otherwise specified
EENT:	other liver cancer	☐ Aplastic anemia
☐ Daily use of sinus spray, sinus prescription, or Neti pot	GENITOURINARY:	☐ Sarcoidosis
☐ Nasal polyps	☐ Infertility	MUSCULOSKELETAL:
☐ Sinus surgery at any time in your life	☐ Chronic pelvic pain☐ Interstitial cystitis	☐ Hypermobility or Ehlers- Danlos syndrome
☐ Hearing loss	\square History of kidney stones	☐ Tremors or tics
☐ MARCoNS ☐ Oral thrush	☐ Reduced GFR (glomerular filtration rate)	□ Difficulty walking
Total CATEGORY 3 boxes chec	cked :	
Score I for each box check	ked. e Category Score will be the same	for this category.
ENTER CATEGORY 3 SCOR	E.	
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TOTAL MOLD RISK RESULTS

Gather your	Category	Scores	from	the 3	previous	categories.
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CATEGORY I SCORE:	
CATEGORY 2 SCORE:	
CATEGORY 3 SCORE:	

Add Category Scores together to calculate your total mold risk.

TOTAL MOLD RISK

0 - 4 = Not Likely Mold-Related Illness

5 - 9 = Possible Mold-Related Illness

10+ = Probable Mold- or Biotoxin-Related Illness

OTHER THINGS TO CONSIDER:

Lyme Disease, MSIDS, Tick-Borne Co-Infections (Use HOROWITZ MSIDS-LYME QUESTIONNAIRE)
Other environmental toxins (IE: glyphosate, mercury, lead, PM2.5, VOCs, etc.)
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. Items listed have been reported in mold illness patients. Not all symptoms have been proven in studies.

To request the referenced version, please email support@drcrista.com

