# Mold Illness Questionnaire

# **CATEGORY I:**

GENERAL:	EENT:	CARDIOVASCULAR:
☐ Fatigue that doesn't otherwise	☐ Allergies/hay fever year-round	☐ Easy bruising
make sense	☐ Eye irritation	☐ Heart palpitations
□ Trouble sleeping	☐ Dark circles under eyes	☐ Lower extremity edema
☐ Worse after eating	☐ Floaters in your visio	$\square$ Protruding veins on limbs
☐ Worse after exercise	☐ Vision blurry, frequently	- -
☐ Increased thirst	changes, or difficulty reading	DIGESTIVE:
□ Stubborn weight gain	$\square$ Sneezing or persistent runny	□ Nausea
☐ Anemia	nose	☐ Bloated abdomen or flatulence
	☐ Acute sense of smell for mold	☐ Unexplained change in
SENSITIVITY:	☐ Recent sinusitis	digestion/bowels
$\square$ Bothered by tags and seams	$\square$ 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	☐ Post-nasal drip or frequent	GENITOURINARY:
touch	throat clearing	□ Overactive bladder
LIEAD/MINID	☐ Chronically sore throat	☐ Bladder infections
HEAD/MIND: Slowed thinking or brain fog	☐ Coated tongue	
Unsettled feeling, unquieted		SKIN:
mind, overwhelm	RESPIRATORY:	$\square$ Skin rash, redness or flushing
Headaches	☐ Easily irritated lungs	
Dizziness, vertigo, or drunken	☐ Episodic cough	IMMUNE:
feeling	$\square$ Shortness of breath, air hunger,	$\square$ Frequent infections or delayed
Unexplained mood changes,	or yawn/sigh often	recovery from colds
anxiety, or depression		
		MUSCULOSKELETAL:
		☐ Increased body pain
T   CATECODY		
Total CATEGORY I boxes check	ked:	
0 - 4 symptoms = Score	ė 0	
5 - 7 symptoms = Score	<u>.</u>	
8 - 10 symptoms = Score		
<i>,</i> ,		
II+ symptoms = Score	2.3	
ENTER CATEGORY I SCORI	E:	



## **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	
GENERAL:  □ 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	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	<ul> <li>□ IgA nephropathy, nephrotic syndrome, nephritis, or other kidney disease</li> <li>□ Kidney cancer</li> <li>SKIN:</li> <li>□ Recurrent yeast infections or</li> </ul>
disorde  Chronic fatigue syndrome  Chronic inflammatory response syndrome (CIRS) or positive Shoemaker tests	CARDIOVASCULAR:  ☐ Arrhythmia ☐ Coagulation abnormalities ☐ Arteriovenous abnormality	fungal skin infections, including athlete's foot, jock itch or yeast vaginitis  Erythema nodosum  Toenail fungus
SENSITIVITY:	☐ Churg Strauss Syndrome	IMMUNE:
☐ Feeling of an internal vibration	DIGESTIVE:  ☐ Peanut allergy	☐ Autoimmunity ☐ Mast cell activation syndrome
HEAD/MIND:  Dysautonomia or Postural Tachycardia Syndrome (PoTS) Dementia  EENT:	<ul> <li>☐ Cyclical vomiting syndrome</li> <li>☐ Eosinophilic esophagitis</li> <li>☐ Non-alcoholic steatohepatitis</li> <li>(NASH)</li> <li>☐ Hepatocellular carcinoma or other liver cancer</li> </ul>	(MCAS)  ☐ Aspergillosis, current or history of ☐ Previous or current cancer diagnosis, not otherwise specified ☐ Aplastic anemia
□ Daily use of sinus spray, sinus prescription, or Neti pot	GENITOURINARY:	☐ Sarcoidosis
<ul> <li>Nasal polyps</li> <li>Sinus surgery at any time in your life</li> <li>Hearing loss</li> <li>MARCoNS</li> <li>Oral thrush</li> </ul>	<ul> <li>☐ Infertility</li> <li>☐ Chronic pelvic pain</li> <li>☐ Interstitial cystitis</li> <li>☐ History of kidney stones</li> <li>☐ Reduced GFR (glomerular filtration rate)</li> </ul>	MUSCULOSKELETAL:  Hypermobility or Ehlers- Danlos syndrome Tremors or tics Difficulty walking
Total CATEGORY 3 boxes chec	:ked :	
Score I for each box check Total items checked and th	ked. e Category Score will be the same	for this category.
ENTER CATEGORY 3 SCOR	F·	



#### **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

