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Mold, Gut, & Autoimmune
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Mold Symptom Questionnaire

Instructions: Please review the symptoms that you or your family may be experiencing, circle the appropriate number, and add up the total points.

**If you don't know or understand a question, include an unusual or similar symptom next to the question and rate the prevalence of that symptom.

	Never	Monthly	Weekly	At Least Daily
Fatigue and/or muscle weakness	0	1	2	3
Headache	0	1	2	3
Poor memory or memory loss	0	1	2	3
Unusual skin sensations or rashes	0	1	2	3
Flu-like symptoms, or irritability	0	1	2	3
Asthma, shuddering breathing, or bluish lips	0	1	2	3
Chronic cough or stuffy nose	0	1	2	3
Blurred vision, changes in vision, red or irritated eyes	0	1	2	3
Depression, anxiety, or mania	0	1	2	3
Abdominal pain or bloating	0	1	2	3
Sensitivity to lots of foods and/or chemicals, food allergies	0	1	2	3
Ringling in ears or hearing loss	0	1	2	3
Static shocks	0	1	2	3
Feeling lightheaded or dizzy, falling into things	0	1	2	3
Unusual weight gain or loss, not hungry	0	1	2	3
Changes in sleep, particularly insomnia or dark circles under eyes	0	1	2	3

Total:

Scoring: 0 to 13: Low likelihood of mold illness
14 to 29: Moderate likelihood of mold illness
30 to 48: High likelihood of mold illness

If you have a high score on this questionnaire, seeing a mold-literate practitioner for a workup that can include testing is vital.