

Name:

Date:

**Please note, this tool is strictly for information and is not intended to diagnose any medical condition or treat disease.**

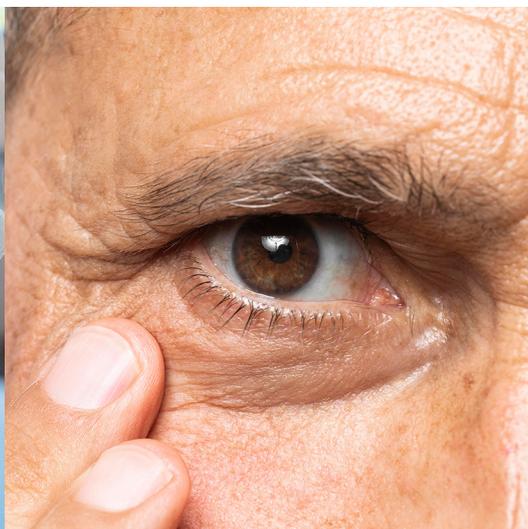
The following are all symptoms that are reported by people experiencing mould illness. They are not necessarily proven or verified in the medical literature or conventional medical system.

Please be aware that all of these symptoms may be associated with other root cause issues such as allergies, infections or immune system dysfunction.

For example, people with complex chronic health issues may have concurrent underlying issues such as Mould AND infection.

## Check all symptoms experienced in the last 3 months

- |   |   |
|---|---|
| <input type="checkbox"/> Brain fog                        | <input type="checkbox"/> Headaches                                |
| <input type="checkbox"/> Feel tired all the time          | <input type="checkbox"/> Hayfever                                 |
| <input type="checkbox"/> Frequent runny nose              | <input type="checkbox"/> Wheezing                                 |
| <input type="checkbox"/> Blow your nose often             | <input type="checkbox"/> Asthma                                   |
| <input type="checkbox"/> Sneezing                         | <input type="checkbox"/> Irritated eyes                           |
| <input type="checkbox"/> Sinusitis                        | <input type="checkbox"/> Unexplained blurry vision                |
| <input type="checkbox"/> Post-nasal drip                  | <input type="checkbox"/> Allergies                                |
| <input type="checkbox"/> Recurrent respiratory infections | <input type="checkbox"/> Dark circles under eyes                  |
| <input type="checkbox"/> Swollen glands                   | <input type="checkbox"/> Sensitivity to sunlight or bright lights |
| <input type="checkbox"/> Frequent yawning or sighing      | <input type="checkbox"/> Feelings of nervousness/can't settle     |
| <input type="checkbox"/> Unexplained heart palpitations   | <input type="checkbox"/> Feeling flat, low mood                   |



- |  |  |
|--|--|
| <input type="checkbox"/> Sore throat   | <input type="checkbox"/> Feeling overwhelmed   |
| <input type="checkbox"/> Frequent colds  | <input type="checkbox"/> Episodic/chronic dry cough  |
| <input type="checkbox"/> Delayed recovery from colds                                     | <input type="checkbox"/> Nasal polyps/chronic sinusitis                                    |
| <input type="checkbox"/> Exhausted from exercise   | <input type="checkbox"/> Coated tongue   |
| <input type="checkbox"/> Frequent static shocks  | <input type="checkbox"/> Sores in the mouth  |
| <input type="checkbox"/> Increased thirst  | <input type="checkbox"/> Bumps on back of throat   |
| <input type="checkbox"/> Trouble sleeping  | <input type="checkbox"/> Recurrent Thrush  |
| <input type="checkbox"/> Feeling of internal vibration                                   | <input type="checkbox"/> Sore or itchy ear canals  |
| <input type="checkbox"/> Dizziness   | <input type="checkbox"/> Ringing in the ears   |
| <input type="checkbox"/> Migraine  | <input type="checkbox"/> Bothered by loud noises   |
| <input type="checkbox"/> Vertigo   | <input type="checkbox"/> Skin rashes   |
| <input type="checkbox"/> Yeast infection   | <input type="checkbox"/> Burning or itchy skin   |
| <input type="checkbox"/> Intestinal gas  | <input type="checkbox"/> Easy bruising   |
| <input type="checkbox"/> Alternating constipation/diarrhoea                              | <input type="checkbox"/> Spider veins  |
| <input type="checkbox"/> Diarrhoea   | <input type="checkbox"/> Unexplained Anaemia   |
| <input type="checkbox"/> IBS   | <input type="checkbox"/> Protruding veins on limbs   |
| <input type="checkbox"/> Food sensitivities  | <input type="checkbox"/> Lower extremity oedema<br>(swollen ankles/legs)                   |
| <input type="checkbox"/> Chemical sensitivities  | <input type="checkbox"/> Clear your throat often   |
| <input type="checkbox"/> Adverse reactions to antibiotics                                | <input type="checkbox"/> Daily use of sinus spray, sinus<br>prescription, or Neti pot      |
| <input type="checkbox"/> EBV   | <input type="checkbox"/> Chronic fatigue syndrome  |
| <input type="checkbox"/> Recurrent yeast infections of any kind,<br>anywhere in the body | <input type="checkbox"/> Difficulty walking  |
| <input type="checkbox"/> Raynaud's   | <input type="checkbox"/> Dysautonomia  |
| <input type="checkbox"/> Unexplained numbness or tingling                                | <input type="checkbox"/> Postural Tachycardia Syndrome (PoTS)                              |
| <input type="checkbox"/> Balance issues  | <input type="checkbox"/> Histamine intolerance   |
| <input type="checkbox"/> Bladder infections  | <input type="checkbox"/> Interstitial cystitis   |
| <input type="checkbox"/> Reactions to musty spaces                                       | <input type="checkbox"/> Mast cell activation syndrome (MCAS)                              |
| <input type="checkbox"/> Nausea  | <input type="checkbox"/> Known exposure to water-damaged<br>building any time in your life |
| <input type="checkbox"/> Feeling bloated   | <input type="checkbox"/> Known exposure to mould   |
| <input type="checkbox"/> Constipation  |  |
| <input type="checkbox"/> Craving sweets  |  |
| <input type="checkbox"/> Craving alcohol   |  |

## Results

**0-4 Not likely.** **5-10 Possible:** Should be considered. **>10 Likely:** Should be investigated.