

## Mold Exposure Questionnaire

If positive for more than 6 of these symptoms, you may have been exposed to mold at some point in your life. Once you have been exposed to mold for extended periods of time the mold and its toxins (Mycotoxins) live in the body until they are intentionally eliminated with treatment. Take the questionnaire to determine if testing for urine mycotoxins is the appropriate next step on your health journey.

### Do you have the following symptoms?

- Fatigue
- Weakness
- General achiness
- Unusual pain that a cause has been undetermined
- Ice pick pain or lightning bolt sensations
- Joint pain
- Muscle cramps
- Buzzing or tremor sensation in the body
- Headaches
- Numbness or tingling
- Light sensitivity
- Skin sensitivity
- Red eyes
- Blurred vision
- Frequent sinus infections
- Sinus congestion

- Productive cough
- Shortness of breath
- Excessive thirst
- Inability to lose weight
- Intense anxiety and/or depression
- Poor memory or poor word recall
- Difficulty focusing or concentrating
- Dizziness
- Abdominal pain
- Diarrhea
- Night sweats

**Mold Exposure:**

Have you had any of the following in your current or past residence?

- Roof leaks?
- Window leaks?
- Broken water pipes?
- Any water stains on ceilings or walls?
- Any rooms in the home that smell musty?
- Do you suspect that your home has or had mold in it?
- Is any amount of mold visible around the shower/tub or sinks in your home?
- Have you worked in an older building or known of water damage or mold to be present?