# MOLD HISTORY QUESTIONNAIRE

## BIOTOXIN EXPOSURE

| *Have you ever been exposed or had contact to* | | |
|---|---|---|
| Blue-green algal blooms | ☐ Yes | ☐ No |
| Building with Odors? | ☐ Yes | ☐ No |
| Building that Occupants Consider Sick? | ☐ Yes | ☐ No |
| Fungus? | ☐ Yes | ☐ No |
| Poisonous Organism? | ☐ Yes | ☐ No |
| Farm Abandoned Due to Re-cropping problems? | ☐ Yes | ☐ No |
| Flooding in Any Building Structure? | ☐ Yes | ☐ No |
| Front Loading Washing Machine? | ☐ Yes | ☐ No |
| Ill After Eating Fish? | ☐ Yes | ☐ No |
| Leaks in Any Building Structure? | ☐ Yes | ☐ No |
| Spider Bite? | ☐ Yes | ☐ No |
| Tick Bites (to rule out Lyme)? | ☐ Yes | ☐ No |
| Unexplained Rashes? | ☐ Yes | ☐ No |
| Warped wood floor boards in home? | ☐ Yes | ☐ No |
| Other (Please list) Specify other here | ☐ Yes | ☐ No |

Adapted from http://www.survivingmold.com/diagnosis/the-biotoxin-pathway

## ENVIRONMENTAL EXPOSURE

| | | |
|---|---|---|
| *Have lived near/in or worked near/in:* | | |
| 9/11/ Chernobyl Nuclear plant disaster | ☐ Yes | ☐ No |
| Apple/Peach orchard or tobacco farm or Agricultural area | ☐ Yes | ☐ No |
| Central air conditioning or heat | ☐ Yes | ☐ No |
| Dental office | ☐ Yes | ☐ No |
| Gas station | ☐ Yes | ☐ No |
| Golf course | ☐ Yes | ☐ No |
| Health service maintenance | ☐ Yes | ☐ No |
| Highway or busy street | ☐ Yes | ☐ No |
| Lived in house built before 1978 | ☐ Yes | ☐ No |
| Mercury/Phosphate mine | ☐ Yes | ☐ No |
| Mobile home | ☐ Yes | ☐ No |
| Mold problem | ☐ Yes | ☐ No |
| Nickel refinery or Coal-burning power plant | ☐ Yes | ☐ No |
| Photographic darkroom | ☐ Yes | ☐ No |
| Wall to wall carpeting | ☐ Yes | ☐ No |
| Water damaged building | ☐ Yes | ☐ No |
| *Have you worked in manufacturing or fabricating:* | | |
| Batteries or Electronics | ☐ Yes | ☐ No |
| Ceramics | ☐ Yes | ☐ No |
| Glass or Fiberglass | ☐ Yes | ☐ No |
| Paper or Textiles | ☐ Yes | ☐ No |
| Petroleum Products, Plastics or Rubber | ☐ Yes | ☐ No |
| *Have you been significantly exposed to:* | | |
| Alloys or Mercury | ☐ Yes | ☐ No |
| Asbestos | ☐ Yes | ☐ No |
| Fertilizers, Fungicides, Herbicides or Pesticides or Rodenticides | ☐ Yes | ☐ No |
| Lead paint or pipes | ☐ Yes | ☐ No |
| Mold | ☐ Yes | ☐ No |
| Mothballs | ☐ Yes | ☐ No |
| Organic Solvents, Dyes , Paints and thinners or Wood Preservatives | ☐ Yes | ☐ No |
| Persistent Organo-Chlorine Compounds | ☐ Yes | ☐ No |
| *Have you ever done:* | | |
| Chemical processing | ☐ Yes | ☐ No |
| Electroplating | ☐ Yes | ☐ No |
| Leather Tanning | ☐ Yes | ☐ No |
| Metal Cutting or Soldering or Welding | ☐ Yes | ☐ No |
| Metal Smelting (Cooper, lead, zinc, etc.) | ☐ Yes | ☐ No |
| Renovated an old house | ☐ Yes | ☐ No |
| Set off fireworks | ☐ Yes | ☐ No |

| LIFESTYLE | | |
|---|---|---|
| *Do you or have you ever used/had:* | | |
| More than 9 silver colored dental fillings | ☐ Yes | ☐ No |
| Adverse reactions to medications | ☐ Yes | ☐ No |
| Aerosol spray - like hair spray | ☐ Yes | ☐ No |
| Acrylic finger nails | ☐ Yes | ☐ No |
| Air ducts – Last cleaned: Type date here | ☐ Yes | ☐ No |
| Air filters – Date last changed: Type date here | ☐ Yes | ☐ No |
| Air purifier | ☐ Yes | ☐ No |
| Candida or yeast infection | ☐ Yes | ☐ No |
| Air fresheners | ☐ Yes | ☐ No |
| Candles or incense | ☐ Yes | ☐ No |
| Changed residence or job due to health | ☐ Yes | ☐ No |
| Drink well water | ☐ Yes | ☐ No |
| Dry cleaning | ☐ Yes | ☐ No |
| Eat seafood more than three times a month | ☐ Yes | ☐ No |
| Exposed second hand smoke | ☐ Yes | ☐ No |
| Exterminator | ☐ Yes | ☐ No |
| Fabric softeners | ☐ Yes | ☐ No |
| Gas furnace | ☐ Yes | ☐ No |
| Gas or oil heat | ☐ Yes | ☐ No |
| Gas Stove, woodstove, fireplace | ☐ Yes | ☐ No |
| Gas water heater | ☐ Yes | ☐ No |
| Hair coloring | ☐ Yes | ☐ No |
| Heat food microwave | ☐ Yes | ☐ No |
| Lived in home new carpet, new furniture or new construction | ☐ Yes | ☐ No |
| Implants (stainless steel, Teflon, silicone, etc.) in body | ☐ Yes | ☐ No |
| Pets | ☐ Yes | ☐ No |
| Pets treated tics or fleas | ☐ Yes | ☐ No |
| Root canals, implants or bridgework | ☐ Yes | ☐ No |
| Scented soaps, detergents, potpourri, perfumes | ☐ Yes | ☐ No |
| Smoke cigarettes, cigars, snuff, chewing tobacco | ☐ Yes | ☐ No |
| Taken herbal medicine from China | ☐ Yes | ☐ No |
| Vaccinations | ☐ Yes | ☐ No |
| Water filter – Date last changed: Type date here | ☐ Yes | ☐ No |
| Waterbed | ☐ Yes | ☐ No |
| Windows always closed | ☐ Yes | ☐ No |