

Table B: Questions for Patients with Common Symptoms

1. What is your current occupation?
2. What are your current job and job tasks?
3. Do you notice any change in symptoms at home, work, or in any environment in particular?
4. Do you associate your symptoms with any activity or hobby?
5. Are you exposed to chemicals, fumes, or dusts at work?
6. Are there areas of your home or work that have recurrent moisture problems?

**Table C: Environmental Questionnaire
(For Patients with Sentinel Conditions, Symptoms that Vary by Environment, or
a History of Recurrent Moisture Incursion)**

About hour home

| | | |
|--|-----------|---------------|
| Do you have a central humidifier or air conditioner ? | D Yes | D No |
| If yes, is the system cleaned infrequently? | D Yes | D No |
| Do you have room humidifiers or air conditioners ? | D Yes | D No |
| If yes, is the system cleaned infrequently? | D Yes | D No |
| Is there wall-to-wall carpet in your bedroom? | D Yes | D No |
| Do you regularly see mold on tiles, ceilings, walls, or floors in your bathroom (other than occasionally on the shower curtain or tub enclosure)? | D Yes | D No |
| Do you see mold in your basement on walls, ceilings, or floors ? | D Yes | D No |
| Do you usually smell a musty odor anywhere in your home? | D Yes | D No |
| Does your roof leak ? | D Yes | D No |
| If yes, how often? D Daily | D Monthly | D Once a year |
| Does the plumbing in your kitchen or bathroom leak ? | D Yes | D No |
| If yes, how often? D Daily | D Monthly | D Once a year |
| Are there wet spots anywhere in your home, including your basement ? | D Yes | D No |
| Do you often see condensation (fog) on the inside of windows and/or on cold inside surfaces ? | D Yes | D No |

Environmental Tobacco Smoke*

| | | |
|---|----------|------------|
| How many people who live in your home, or visit it regularly, smoke on a daily basis? | _ Adults | _ Children |
|---|----------|------------|

*We include this question because of the broad and often synergistic health effects from exposure to environmental tobacco smoke.

Table C: Environmental Questionnaire (Continued)
(For Patients with Sentinel Conditions, Symptoms that Vary by Environment, or a History of Recurrent Moisture Incursion)

About other environments

Sometimes people experience symptoms in places other than the home. Children spend considerable time in school environments. For adult patients, please consider the locations and work environments where you spend most of your time outside your home to answer these questions. For children or their parents, please answer about the child's school.

Outside the home, I (or my child) spend(s) most time at

For adults, my occupation is

| | |
|--|---------------|
| How many days a week are you at your workplace or are you (or your child) at school? | Days per week |
|--|---------------|

| | |
|---|---------------|
| How many hours each day are you at your workplace or are you (or your child) at school? | Hours per day |
|---|---------------|

| | | |
|--|-------|------|
| Do you see mold anywhere (including ceilings and walls) in this place or general work area? | D Yes | D No |
|--|-------|------|

| | | |
|---|-------|------|
| Do you usually smell a musty odor anywhere in this place or general work area? | D Yes | D No |
|---|-------|------|

| | | |
|--|-------|------|
| Are there areas with recurring wet spots in this place or your general work area? | D Yes | D No |
|--|-------|------|

| | | |
|--|-------|------|
| Has there been a history of leaks or flooding in the building at this place or at work? | D Yes | D No |
|--|-------|------|

| | | |
|---|-------|------|
| Do you often see condensation (fog) on the inside surface of windows and/or on cold inside surfaces such as metal shelves? | D Yes | D No |
|---|-------|------|

| | | |
|---|-------|------|
| Is there carpet in this place or classroom, or at your general work area? | D Yes | D No |
|---|-------|------|

| | | |
|--|-------|------|
| Has it been frequently wetted by spills and/or leaks? | D Yes | D No |
|--|-------|------|

Positive responses to the questions on Table C indicate that further discussion with the patient on the environment would be helpful to explore if it is contributing to symptoms or disease. Negative responses to the questions regarding moisture and mold reassure the provider and the patient that mold is unlikely to be playing a significant role in the patient's presenting problem.

**Table D: Current Symptoms - History and Relationship to Home, Work, or School
(For Patients in Which a Potential Exposure to Mold Exists)**

| Symptoms that may be related to mold | Please circle your response | | | | | | | | Comments |
|---|-----------------------------|---|--------------------|-------|------|------------------------------|-------|------|----------|
| | Are you troubled by: | | How is it at home? | | | How is it at work or school? | | | |
| Wheezing or whistling in your chest? | Y | N | Better | Worse | Same | Better | Worse | Same | |
| Waking up first thing in the morning with a feeling of tightness in your chest? | Y | N | Better | Worse | Same | Better | Worse | Same | |
| Waking up during the night with shortness of breath? | Y | N | Better | Worse | Same | Better | Worse | Same | |
| Shortness of breath when you are not doing anything strenuous? | Y | N | Better | Worse | Same | Better | Worse | Same | |
| Waking up during the night by an attack of coughing? | Y | N | Better | Worse | Same | Better | Worse | Same | |
| Chest tightness when you were in a dusty part of the house or with animals (for instance dogs, cats, or horses) or near pillows (including quilts)? | Y | N | Better | Worse | Same | Better | Worse | Same | |
| Chills or fever? | Y | N | Better | Worse | Same | Better | Worse | Same | |
| Aching all over? | Y | N | Better | Worse | Same | Better | Worse | Same | |
| Runny, blocked, or stuffy nose? | Y | N | Better | Worse | Same | Better | Worse | Same | |
| Headaches? | Y | N | Better | Worse | Same | Better | Worse | Same | |
| Extreme or unusual lethargy and/or tiredness? | Y | N | Better | Worse | Same | Better | Worse | Same | |
| Frequent sinus congestion? | Y | N | Better | Worse | Same | Better | Worse | Same | |
| Frequent nose bleeds? | Y | N | Better | Worse | Same | Better | Worse | Same | |
| Hoarseness? | Y | N | Better | Worse | Same | Better | Worse | Same | |
| Feelings of unsteadiness when walking? | Y | N | Better | Worse | Same | Better | Worse | Same | |
| Memory loss? | Y | N | Better | Worse | Same | Better | Worse | Same | |
| Difficulty recalling names of people you know? | Y | N | Better | Worse | Same | Better | Worse | Same | |
| Nausea? | Y | N | Better | Worse | Same | Better | Worse | Same | |
| Vomiting? | Y | N | Better | Worse | Same | Better | Worse | Same | |
| Diarrhea? | Y | N | Better | Worse | Same | Better | Worse | Same | |
| Skin conditions? | Y | N | Better | Worse | Same | Better | Worse | Same | |