## CHECK ALL SYMPTOMS EXPERIENCED IN THE PAST 3-6 MONTHS

## CATEGORY 1

| $\square$ Brain fog | $\square$ Feeling overwhelm | $\square$ Sore throat |
| :---: | :---: | :---: |
| $\square$ Feel tired all the time | $\square$ Eppisodic/chronic | $\square$ Frequent colds |
| frequent runny nose |  |  |
| $\square$ Blow your nose often | $\square$ Iritated lungs | - momeoras |
| Sneezing | $\square \mathrm{Blood}$-straked | DExhausted from |
| $\square$ Sinusitis | $\square$ Nasal polyps | $\square \mathrm{Frequent} \mathrm{static} \mathrm{s}$ |
| QPost-nasal drip | $\square$ Coated tongue | $\square \mathrm{Ilcreased}$ thist |
| $\square$ Nose bleeds | $\square$ Sores in the mout | $\square$ Trouble s |
| $\square$ Swollen glands | $\square$ Bumps on back of tl | $\square$ Feeeing of |
| $\square$ Shorness of breath | $\square$ Thrush | Quibration |
| R Frequent yawning | $\square$ Sore or itchy ear can <br> $\square$ Ringing in the ears | $\square$ Dizines <br> IVerigo |
| $\square$ Heart papipitaions | $\square$ Bothered by loud noises | $\square$ Drunken |
| $\square$ Headaches | 口Skin rash | $\square$ Frequent urina |
| $\square$ Hay fever | $\square$ Burning or itch | $\square$ Yeast infection |
| $\square$ Eye iritation | Deasy bruising | $\square$ Change in app |
| $\square$ Burry vision | $\square$ Spider veins | stinal gas |
| Q Frequent change | $\square$ Bothered by tags and | $\square$ Nausea |
| $\square$ in vision $\square$ Allergies | $\square$ seams on clothing | $\square$ Feeling bloated |
| $\square$ Dark circles under eyes | $\square$ Protuding veins on | $\square$ Crave swe |
| $\square$ Sensitivity to sunlight | limbs | $\square$ Crave alcohol |
| $\square$ Nowousness moant or depestesed | $\square \mathrm{Cle}$ |  |

TOTAL CATEGORY 1 BOXES MARKED $\qquad$
$0-4$ boxes marked $=$ Score 0
$5-9$ boxes marked = Score 1
$10-15$ boxes marked $=$ Score 2
$16+$ boxes marked $=$ Score 3
CATEGORY 1 SCORE $\qquad$

## CATEGORY 2

| Wheezing | Food sensitivities | $\square$ Non-obstructive sleep |
| :---: | :---: | :---: |
| Asthma | Chemical sensitivities | apnea |
| Burning lungs | Abnormal reaction to | Difficulty thinking clearly |
| Recurrent respiratory | antibiotics | $\square$ Disorientation |
| infections | $\square$ Epstein-Barr virus | Balance Issues |
| $\square$ Migraine | $\square$ Recurrent yeast | $\square$ Slow reflexes |
| Allergies | infections | coordination |
| controlled by medicatio | $\square$ Bacterial vaginosis | Numbness or tingling |
| Voice sounds nasally | $\square$ Recurrent athlete's foot, | Nerve pains |
| Plugged or clogged ears | toena | $\square$ Unexplained menstrual |
| $\square$ Chronic sinusitis | fungus | $\square$ changes |
| Vomiting | $\square$ Peeling/sloughing skin | $\square$ Overactive bladder |
| Alternating constipation/ diarrhea | Episodes of fast heart rate | $\square$ Bladder infection |
| Diarrhea | Chest pain | $\square$ React to musty space |
| Irritable bowel | $\square$ Raynaud's syndrome |  |

TOTAL CATEGORY 2 BOXES MARKED: $\qquad$

$$
\begin{aligned}
\text { 0-2 boxes marked } & =\text { Score } 0 \\
3-5 \text { boxes marked } & =\text { Score } 1 \\
6-9 \text { boxes marked } & \text { Score } 2 \\
10+\text { boxes marked } & =\text { Score } 3
\end{aligned}
$$

CATEGORY 2 SCORE $\qquad$
Continue to Category 3

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## CATEGORY 3

| $\square$ Daily use of sinus spray, sinus prescription, or Neti pot | Asthma that's difficult to control with medication Idiopathic pneumonitis | Liver pain or swelling Fatty liver Non-alcoholic |
| :---: | :---: | :---: |
| Sinus surgery at any | Lung scarring or nodules | steatohepatitis (NASH) |
| e in your | Respiratory distress | $\square$ Interstitial cystitis |
| $\square$ Chronic inflammatory | Aspergillosis | $\square$ Kidney pain or swelling |
| response syndrome (CIRS) | Arrhythmia | $\square$ Kidney disease |
| MARCoNS | Coagulation | Nephritis |
| Peanut aller | abnormalities | $\square$ Chronic pelvic pain |
|  | Atriovenous | $\square$ Infertility |
| syndrome | abnormalities | Hepatocellular |
| Difficulty walking | Syndrome | arcinoma |
| Dysautonomia | Histamine intolerance | Previous or curre |
| Postural Tachycardia | Erythema nodosum | $\square$ Mast cell activation |
| Syndrome (PoTS) | Eosinophilic esophagitis | syndrome (MCAS) |
| Hearing loss | Ulcer | $\square$ Exposure to water- |
| Confusion | Non-celiac intestinal | damaged building any |
| Dementia | disease | time in your life |
| Memory loss | $\square$ Blood in stool | $\square$ Exposure to mold |
| Tremors | $\square$ Cyclical vomiting | $\square$ Positive Shoemaker |
| Sarcoidosis | syndrome | tests |

TOTAL CATEGORY 3 BOXES MARKED: $\qquad$
Score 1 for each box marked Boxes marked and score will be the same for this category

CATEGORY 3 SCORE $\qquad$
Continue to Results

## TOTAL MOLD RISK RESULTS

Gather your Category scores
from the 3 previous categories
CATEGORY 1 SCORE: $\qquad$ $+$
CATEGORY 2 SCORE: $\qquad$ +
CATEGORY 3 SCORE: $\qquad$ = TOTAL MOLD RISK $\qquad$

TOTAL MOLD RISK

## RESULTS

$0-4=$ Not Likely Mold Sickness
$5-9=$ Possible Mold Sickness
$10+=$ Probable Mold or Biotoxin Sickness

## OTHER THINGS TO CONSIDER:

- LYME DISEASE, MSIDS, TICK-BORNE COINFECTIONS (USE HORROWITZ MSIDS-LYME QUESTIONNAIRE)
- OTHER ENVIRONMENTAL TOXINS (IE: MERCURY, LEAD, PM2.5, GLYPHOSATE, PESTICIDES, VOCs)
- INTESTINAL PARASITES, CHRONIC VIRAL SYNDROMES, OR OTHER STEALTH INFECTIONS
- FOOD SENSITIVITIES
- CVIDS OR IMMUNODEFICIENCY SYNDROMES

This tool is intended as a clinical information aid, and is not intended to diagnose or treat disease. Symptoms listed have been reported in mold illness patients. Not all symptoms have been proven in studies.

