



# Mold & Mycotoxin Self-Assessment

Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Mold & Mycotoxin Self-Assessment

## For Practitioner Use – Patient Screening Tool

This questionnaire is for educational purposes only and does not diagnose or treat any condition. Share your results with a qualified healthcare provider.

### Section 1: Environment & Exposure

Check all that apply:

- Have you ever lived or worked in a building with visible mold growth?
- Have you noticed a musty or earthy odor in your home, workplace, or car?
- Has your home or workplace ever had water damage (flood, roof leak, plumbing leak, damp basement)?
- Have you experienced symptom improvement when away from your home or workplace for more than 48 hours?
- Do you currently live in a building constructed before 2000 that has not had mold-preventive renovations?

### Section 2: Energy & Neurological

Check all that apply:

- Do you experience unexplained fatigue that is not relieved by rest?
- Do you struggle with memory, focus, or word-finding (often called “brain fog”)?
- Have you had frequent headaches or migraines without a clear trigger?
- Do you experience dizziness, imbalance, or feeling “off” in your coordination?

### Section 3: Respiratory & Sinus

Check all that apply:

- Do you have chronic nasal congestion, postnasal drip, or sinus headaches or infections?
- Do you experience shortness of breath, chest tightness, or wheezing?
- Are you sensitive to dust, perfumes, cleaning products, or smoke?

## Section 4: Immune, Pain, & Inflammation

Check all that apply:

- Do you get frequent colds, infections, or have slow recovery from illness?
- Do you have unexplained joint or muscle pain?
- Do you experience swelling, puffiness, or unexplained weight gain?

## Section 5: Digestive & Detox

Check all that apply:

- Do you have ongoing bloating, diarrhea, constipation, or abdominal discomfort?
- Do you have food sensitivities or intolerances?
- Do you notice feeling worse after eating certain foods such as corn, peanuts, soy, or grains?

## Section 6: Mood & Sensory

Check all that apply:

- Do you experience anxiety, depressive feelings, irritability, or mood swings without a clear reason?
- Are you sensitive to light, sound, or temperature changes?

## Scoring (for educational purposes only):

Totals from each section:

Section 1: \_\_\_\_\_ Section 2: \_\_\_\_\_ Section 3: \_\_\_\_\_

Section 4: \_\_\_\_\_ Section 5: \_\_\_\_\_ Section 6: \_\_\_\_\_

**Total from all sections:** \_\_\_\_\_

- 0–4 “Yes” answers: Low likelihood based on self-screen – still possible, but less suggestive.
- 5–9 “Yes” answers: Possible mold-related involvement – consider exploring environmental testing.
- 10+ “Yes” answers: High likelihood of mold/mycotoxin exposure – seek professional guidance.

## Products to Consider:

### MOLD Phase 1 Symptom Relief



### Each MOLD Phase 1 package contains:

#### Homeopathic Products:

- 2 MOLD:SSR
  - for temporary relief of symptoms including cough, fever, fatigue, and nausea.
- 2 MOLD:PLUS
  - for the temporary relief of symptoms including wheezing, cough, burning throat, headache, fatigue, and joint pain.
- 1 AnXious
  - for the temporary relief of the symptoms related to stress including anxiety, worry, fear, and the feeling of being overwhelmed.

#### Dietary Supplement Products:

- 1 Liposomal Resveratrol Curcumin
  - Resveratrol & Curcumin in a liposomal delivery system to support antioxidant activity and healthy aging.
- 2 8oz Smart Silver
  - a systematic approach to advanced immune support and balanced wellness.

### 1 SSR Pathway Practitioner Guide