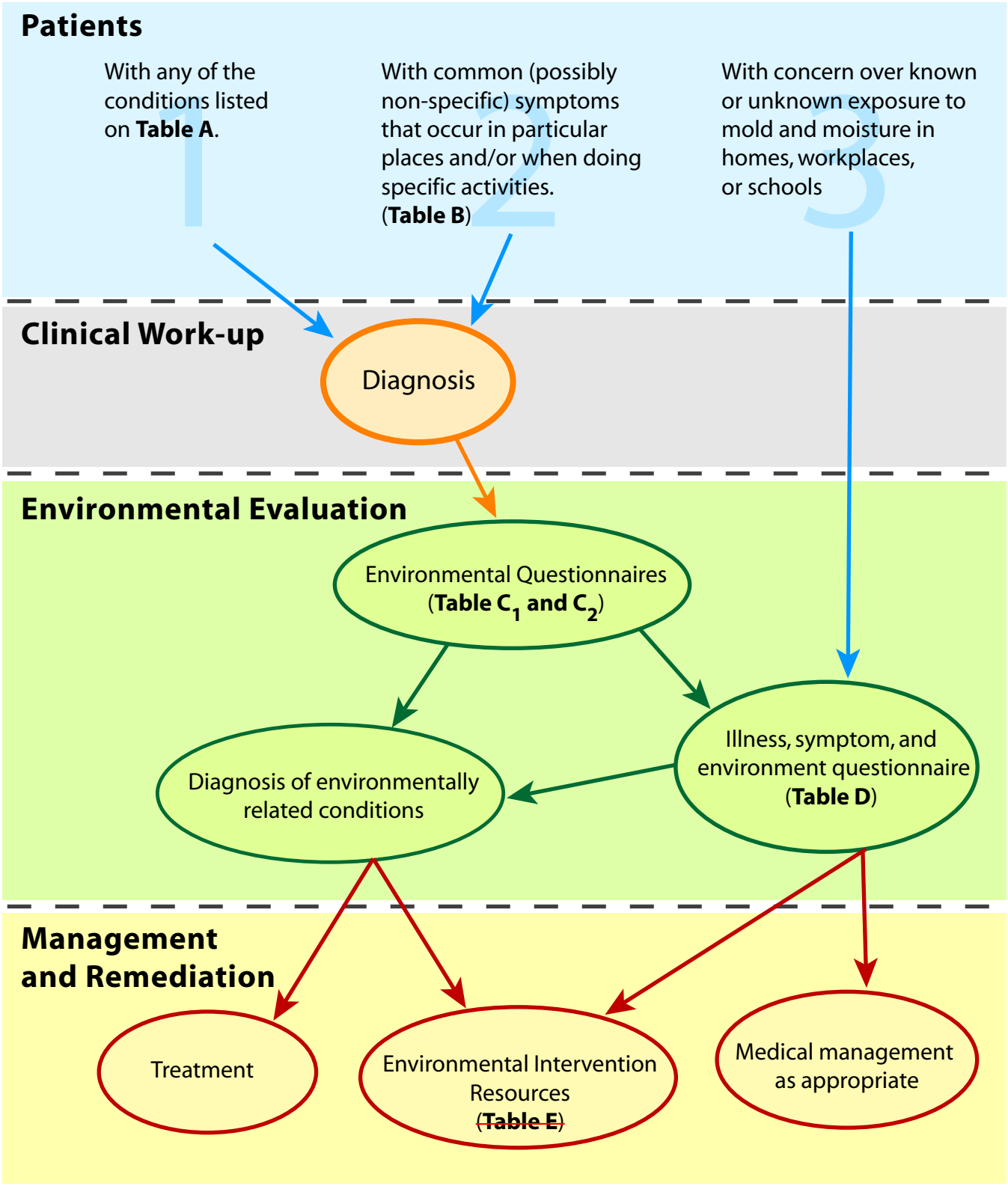
Mold and Moisture-Related Illness
Recognition and Management
A Key for the Clinician's Office



University of Connecticut Health Center · Center for Indoor Environments and Health · 263 Farmington Ave., Farmington, CT 06030-6210

Clinic Name:	Patient Name:
Provider name/number:	Patient ID#
Insurance:	Date of Birth: Male or Female
Co-pay: $	Appointment date & time:

Table A: Sentinel Conditions*

Conditions that may suggest patient's exposure to mold or moisture contributed to their illness in the absence of an alternative explanation

Conditions of Concern		
New onset asthma	❑ Yes ❑ No	❑ Under evaluation
Exacerbated asthma	❑ Yes ❑ No	❑ Under evaluation
Interstitial lung disease	❑ Yes ❑ No	❑ Under evaluation
Hypersensitivity pneumonitis	❑ Yes ❑ No	❑ Under evaluation
Sarcoidosis	❑ Yes ❑ No	❑ Under evaluation
Pulmonary hemorrhage in infants**	❑ Yes ❑ No	❑ Under evaluation
Mucosal irritation	❑ Yes ❑ No	❑ Under evaluation
Recurrent rhinitis/sinusitis	❑ Yes ❑ No	❑ Under evaluation
Recurrent hoarseness	❑ Yes ❑ No	❑ Under evaluation

* "Sentinel condition" has great utility as a concept in the broader area of occupational and environmental health. The diagnosis of an individual with a "sentinel" illness associated with exposures in a particular environment may indicate that these exposures may also deleteriously act on others. Intervention in the environment to limit identified exposures is an opportunity for primary prevention.

**The American Academy of Pediatrics has developed a policy statement advising pediatricians when treating infants with pulmonary hemorrhage to inquire about mold and water damage in the home and, when mold is present, to encourage parents to try to find and eliminate sources of moisture (American Academy of Pediatrics 1998). Suspected cases should be reported to State Health authorities (CDC 2004).

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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?

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Table C_1: Environmental Questionnaire about Your Home

For patients with conditions listed on Table A, symptoms that vary by environment, or a history of recurrent moisture incursion

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

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Table C_2: Environmental Questionnaire about Work or School

For patients with conditions listed on Table A, 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?	❑ Yes	❑ No
Do you usually **smell a musty odor** anywhere in this place or general work area?	❑ Yes	❑ No
Are there areas with recurring **wet spots** in this place or your general work area?	❑ Yes	❑ No
Has there been **a history of leaks or flooding** in the building at this place or at work?	❑ Yes	❑ No
Do you often see **condensation (fog) on the inside surface of windows and/or on cold inside surfaces such as metal shelves**?	❑ Yes	❑ No
Is there **carpet** in this place or classroom, or at **your general work area**?	❑ Yes	❑ No
Has it been frequently wetted by spills and/or leaks?	❑ Yes	❑ No

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Table D:

Current Symptoms - History and relationship to home, work, or school

For patients in which a potential exposure to mold exists

	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	

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