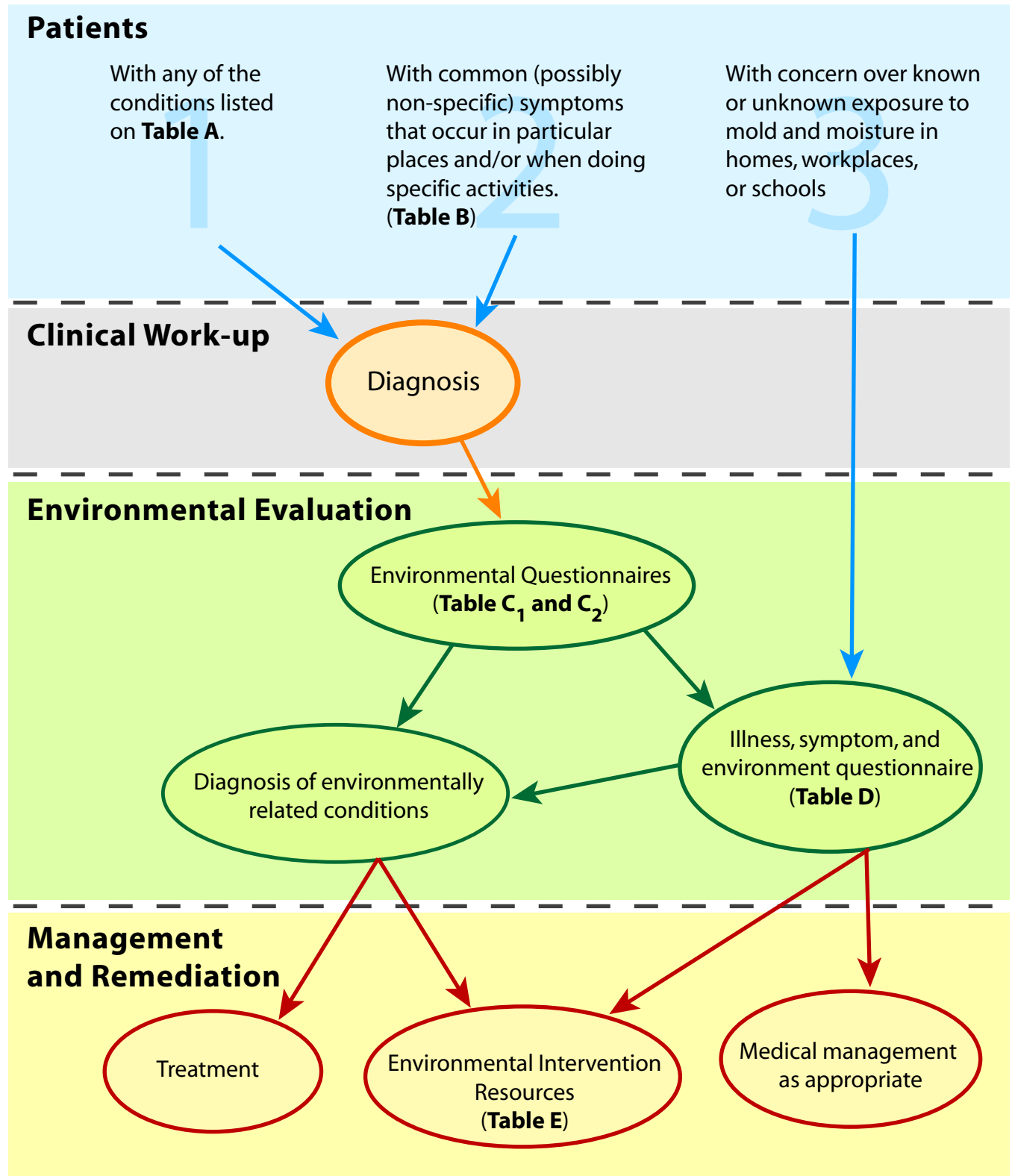


Mold and Moisture-Related Illness Recognition and Management A Key for the Clinician's Office



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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Under evaluation
Exacerbated asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Under evaluation
Interstitial lung disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Under evaluation
Hypersensitivity pneumonitis	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Under evaluation
Sarcoidosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Under evaluation
Pulmonary hemorrhage in infants**	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Under evaluation
Mucosal irritation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Under evaluation
Recurrent rhinitis/sinusitis	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Under evaluation
Recurrent hoarseness	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 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?

Clinic Name:	Patient Name:
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Table C₁: 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 ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, is the system cleaned infrequently?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have room humidifiers or air conditioners ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, is the system cleaned infrequently?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there wall-to-wall carpet in your bedroom?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you see mold in your basement on walls, ceilings, or floors ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you usually smell a musty odor anywhere in you home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your roof leak ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how often? <input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Once a year		
Does the plumbing in your kitchen or bathroom leak ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how often? <input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Once a year		
Are there wet spots anywhere in your home, including your basement ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you often see condensation (fog) on the inside of windows and/ or on cold inside surfaces ?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.		

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

Table C₂: 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		
<p>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.</p>		
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you usually smell a musty odor anywhere in this place or general work area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there areas with recurring wet spots in this place or your general work area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has there been a history of leaks or flooding in the building at this place or at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you often see condensation (fog) on the inside surface of windows and/or on cold inside surfaces such as metal shelves?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there carpet in this place or classroom, or at your general work area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has it been frequently wetted by spills and/or leaks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Clinic Name:	Patient Name:
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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	

continued on back

Table D: (continued)
Current Symptoms - History and Relationship to Home, Work, or School

		Please circle your response		Comments
Are you troubled by:		How is it at home?	How is it at work or school?	
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	

Patient Name:

Table E: Environment Intervention Guidance

Selected Internet resources
Check materials provided to patient

United States Environmental Protection Agency	
<input type="checkbox"/> Indoor Air-Mold	http://www.epa.gov/mold/
<input type="checkbox"/> Mold Remediation in Schools and Commercial Buildings	http://www.epa.gov/iaq/molds/mold_remediation.html
<input type="checkbox"/> A Brief Guide to Mold, Moisture and Your Home	http://www.epa.gov/iaq/molds/moldguide.html
<input type="checkbox"/> Flood Cleanup and the Air In Your Home	http://www.epa.gov/mold/flood/flood_booklet_en.pdf
<input type="checkbox"/> Mold Course - Introduction to Mold and Mold Remediation for Environmental and Public Health Professionals	http://www.epa.gov/mold/moldcourse/chapter1/home.html

United States Centers for Disease Control and Prevention	
<input type="checkbox"/> Mold Prevention Strategies and Possible Health Effects in the Aftermath of Hurricanes and Major Floods	http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5508a1.htm
<input type="checkbox"/> Appendix: Publications on Exposure to Mold and Related Health Effects	http://www.cdc.gov/mold/pdfs/rr5508_app.pdf

New York City Department of Health and Mental Hygiene, Bureau of Environmental and Occupational Disease Epidemiology	
<input type="checkbox"/> "Guidelines on Environmental Assessment and Remediation of Fungi in Indoor Environments"	http://home2.nyc.gov/html/doh/html/epi/moldrpt1.shtml#remed

EPA Publications Source - <http://www.epa.gov/epahome/publications.htm>

Suggested patient materials and order numbers	
<input type="checkbox"/> Item: 402K07002	Flood Cleanup and the Air in Your Home
<input type="checkbox"/> Item: 402K07003	Flood Cleanup and the Air in Your Home {Spanish}
<input type="checkbox"/> Item: 402K02003	Brief Guide to Mold, Moisture, and Your Home
<input type="checkbox"/> Item: 402E04001	Moisture Control is the Key to Mold Control {Ammg}
<input type="checkbox"/> Item: 402K01001	Mold Remediation In Schools and Commercial Buildings
<input type="checkbox"/> Item: 402F04008	Dusty: Asthma Goldfish and His Asthma Triggers Funbook: Educational Tool to Help Parents and Children Learn More About Asthma Triggers {Activity Book}
<input type="checkbox"/> Item: 402E05001	Dusty the Asthma Goldfish {Bookmark} {English/Spanish}
<input type="checkbox"/> Item: 402F04009	Dusty: La Carpa Dorada Del Asma Y Sus Provocadores Del Asma Revista De Muneq uitos {Dusty: Asthma Goldfish and His Asthma Triggers Funbook} {Activity Book} {Spanish}
<input type="checkbox"/> Item: 402F03030	Asthma Home Environment {Checklist}
<input type="checkbox"/> Item: 402F04021	Help Your Child Gain Control Over Asthma
<input type="checkbox"/> Item: 402F05021	Ayude A Su Nino A Controlar El Asma {Help Your Child Gain Control Over Asthma} {Spanish}