

# Patient Symptom Questionnaire for Biotoxin Illness

Positive = **6 or more positive symptom clusters**

- Fatigue
- Weakness
- Aches
- Cramps
- Unusual Pain
- Ice Pick Pain
- Headache
- Light Sensitivity
- Red Eyes
- Blurred Vision
- Tearing
- Sinus
- Cough
- Shortness of Breath
- Abdominal Pain
- Diarrhea
- Joint Pain
- Morning Stiffness
- Memory
- Focus/Concentration
- Sweats - especially night sweats
- Word Recollection
- Decreased Assimilation of New Knowledge
- Confusion
- Disorientation
- Skin Sensitivity
- Mood Swings
- Appetite Swings
- Temperature Regulation
- Excessive Thirst

- Increased Urination
- Static Shocks
- Numbness
- Tingling
- Vertigo
- Metallic Taste
- Tremors

## Environmental Exposures

- 1.) Do you have exposure to the interior building of a water damaged building and/or microbial growth?
  - a.) Do you have samples/evidence of spore or genus and species of fungus (air test, ERMI test, etc.)
  - b.) Is there visible microbial growth (mold)?
  - c.) Is there a presence of musty smells?
- 2.) Do you remember a tick bite occurring before your illness beginning?
  - a.) Did you have an unexplained rash after the bite?
  - b.) Did you experience flu-like illness after the bite?
- 3.) Have you had a brown recluse or other poisonous spider bite?
  - a.) Did you experience flu-like illness after the bite?
- 4.) Did you become ill after eating fish?
- 5.) Did you become ill after exposure to a body of fresh water?
- 6.) Did you become ill after exposure to the ocean during a 'Red Tide' or other bloom?
- 7.) Did you become ill after exposure an estuary fish kill?
- 8.) Did you become ill after exposure to a closed shell fish bed area?