

THE FAST FIVE

Five questions about the building you live in.

Your home is part of your health history. These five questions take about a minute, and they tell your provider something no lab test can: what the building has been through, and whether your body is responding to it.

NAME	DATE	WHICH BUILDING?
		☐ Home ☐ Work ☐ School ☐ Other

1

HISTORY

Has this building ever had water where it shouldn't be?

A leak, a flood, a burst or frozen pipe, a roof or window leak, a damp basement or crawlspace, an overflowed appliance, ice damming, or a sewer backup — **even if it was cleaned up, and even if it was years ago.**

☐ Yes ☐ No ☐ Not sure If yes — roughly when, and where? _____

2

SEE IT?

Can you see mold, water staining, or condensation anywhere?

Look at window sills and frames, under sinks, the basement or crawlspace, ceiling corners, and walls behind furniture. Peeling paint, bubbling drywall, warped or buckled flooring and rust or discoloration all count.

☐ Yes ☐ No ☐ Not sure If yes — where, and bigger or smaller than a sheet of paper? _____

3

SMELL IT?

Do you notice a musty, earthy, or "old building" smell?

Easiest to catch in the first few seconds after you walk in following a few days away — or in a basement, closet, cabinet under a sink, or bathroom.

☐ Yes ☐ No ☐ Not sure If yes — where is it strongest? _____

Use any of these? If so, answer above for how it smells **without them.** ☐ Air fresheners or plug-ins ☐ Scented candles
☐ Essential-oil diffuser ☐ Scented cleaning / laundry ☐ None

4

FEEL IT?

Do your symptoms change with the building — better away, worse when you come back?

Think vacations, hotel stays, a few nights somewhere else, or a long day out. Answer yes only if it has happened **more than once**.

☐ Yes ☐ No ☐ Not sure If yes — how long ago before you notice? _____

☐ Congestion / sinus ☐ Cough or wheeze ☐ Headache ☐ Brain fog ☐ Fatigue ☐ Itchy eyes

☐ Skin irritation ☐ Poor sleep ☐ Mood change **Others in the building, incl. pets?** ☐ Yes ☐ No ☐ Not sure

5

CHANGE

Has anything about the building changed in the last year or two?

A remodel or renovation, new construction, new flooring, carpet, paint or furniture, new windows or insulation, a new or serviced HVAC system, a roof job, a move — or a recent water event.

☐ Yes ☐ No ☐ Not sure If yes — what changed, and when? _____

**See something, smell something,
feel something — do something.**

Any yes: look closer. Two or more: look now.
 The Fast Five doesn't diagnose mold — it's a signal-detection framework
 that tells you whether the building belongs in the workup.

WHY EACH QUESTION MATTERS

You'd never diagnose a patient from one lab. The building deserves the same workup.

History physical observation — then labs confirm what you already suspect. The Fast Five is the building's history and physical. It costs no equipment and about a minute of intake, and it surfaces the one variable that almost never gets asked about.

1 History — the building remembers even when nobody does.

Dampness, not any single organism, is the exposure the evidence supports: WHO concluded the responsible species **"cannot be identified,"** and named dampness itself the consistent indicator of risk. Materials wet past roughly **24–48 hours** begin to grow. A leak from six years ago still counts — the assembly and the settled dust hold the record.

2 See It? The highest-yield thing a patient can report.

Measured against dust sampling, **identification of visible mould has the highest sensitivity** of any self-report item, and **growth larger than a sheet of paper the highest specificity** — which is why the form asks about size.

Both directions: patients over-report visible mould and under-report dampness and water damage, so a yes is worth confirming — and a no clears nothing, because growth inside a wall cavity is invisible by definition.

3 Smell It? A musty smell is an exposure, not a nuisance.

That smell is microbial VOCs off actively growing colonies, and it often arrives **before anything is visible** — which is why it sits next to See It rather than under it. Patients go nose-blind to their own building, so the moment to ask about is **re-entry after time away**. And the cover-up **isn't neutral**: air fresheners, plug-ins, scented candles and diffusers leave the moisture source intact and add a second one — dozens of VOCs, fewer than 4% on the label, whose terpenes react with indoor ozone to form formaldehyde and ultrafine particles.

Scope it: emissions and chemistry are well documented; dose-response and causation are not. EPR-3 lists perfumes, cleaning agents and sprays among irritants to reduce. Worth removing in a damp house — not worth alarm.

4 Feel It? The pattern, and the one no panel can produce.

WHO and the IOM both found sufficient evidence of association with asthma development and exacerbation, respiratory infections, cough, wheeze and dyspnoea; Mendell 2011: **"evidence strongly suggested causation of asthma exacerbation in children."** But the decisive part is the timing — reliable improvement away and deterioration on return is the clinical fingerprint of building-related illness, and no panel can produce it. **Kinetics before chemistry.**

Two traps: a slow washout doesn't rule it out — some need a week away. And one vacation confounds badly (different food, sleep, stress), which is why the form asks if it repeated.

5 Change — three insults at once, and nobody contains them.

Renovation **disturbs growth nobody knew was there**, and adds construction dust and fresh VOCs on top. Remediation protocols call for containment and negative pressure because disturbance aerosolizes — few general contractors practice either, so what's stirred up in one room ends up in all of them. Plus wet materials sealed into a tight envelope before they dry. When new symptoms start near a change, the change is the lead.

WHAT A YES MEANS

Any yes means assess the building; two or more — or a yes on Feel It — moves it up the list. Two honest paths, and the deciding factor is budget and access, not severity.

If budget and access allow — a professional assessment.

The better instrument, and worth it when it's reachable: whole building, one to two hours, visual first and sampling second, from someone who inspects before they test and **doesn't also sell the remediation**. Typically \$1,000–1,500 depending on market.

When it isn't — a guided DIY screen.

Rural patients and tight budgets are the common case, not the exception. The **How to Find Mold in Your Home** eBook walks them through the inspection; the **GOT MOLD? kit** answers what's in the air. Screening, not diagnosis — and never a substitute for the walkthrough.

Diagnose the person. Assess the building. Then look at the relationship.

Never one from the other — there's too much history in both to cross-infer. Do each well, independently, then draw the line between them.

And one sentence for the patient today: like a wet towel in a gym bag, you have twenty-four to forty-eight hours. Dry it fast and there's nothing to remediate — that single instruction prevents more mold problems than any product does.