

Toxicity Self-Test

Rate each of the following symptoms based upon your health profile for the past 30 days:

Point Scale:

- 0 = Never or Almost Never have the symptom
- 1 = Occasionally have the symptom, effect is *not severe*
- 2 = Occasionally have the symptom, effect is *severe*
- 3 = Frequently have the symptom, effect is *not severe*
- 4 = Frequently have the symptom, effect is *severe*

Digestive System

- _____ Nausea or vomiting
- _____ Diarrhea
- _____ Constipation
- _____ Bloating feeling
- _____ Belching or passing gas
- _____ Heartburn
- _____ **Total**

Ears

- _____ Itchy ears
- _____ Earaches, ear infections
- _____ Drainage from ear
- _____ Ringing in ears, hearing loss
- _____ **Total**

Emotions

- _____ Mood swings
- _____ Anxiety, fear, nervousness
- _____ Anger, irritability
- _____ Depression
- _____ **Total**

Lungs

- _____ Chest congestion
- _____ Asthma, bronchitis
- _____ Shortness of breath
- _____ Difficulty breathing
- _____ **Total**

Heart

- _____ Irregular or skipped heartbeat
- _____ Rapid or pounding heartbeat
- _____ Chest pain
- _____ **Total**

Joints/Muscles

- _____ Pain or aches in joints
- _____ Arthritis
- _____ Stiffness or limitation of movement
- _____ Pain or aches in muscles
- _____ Feeling of weakness or tiredness
- _____ **Total**

Energy/Activity

- _____ Fatigue, sluggishness
- _____ Apathy, lethargy
- _____ Hyperactivity
- _____ Restlessness
- _____ Mood swings
- _____ Anxiety, fear, or nervousness
- _____ Anger, irritability, or aggressiveness
- _____ Depression
- _____ **Total**

Eyes

- _____ Watery or itchy eyes
- _____ Swollen, reddened, or sticky eyelids
- _____ Bags or dark circles under eyes
- _____ Blurred or tunnel vision (excluding near or farsightedness)
- _____ **Total**

Head

- _____ Headaches
- _____ Faintness
- _____ Dizziness
- _____ Insomnia
- _____ **Total**

Mind

- _____ Poor memory
- _____ Confusion, poor comprehension
- _____ Poor concentration
- _____ Poor physical condition
- _____ Difficulty making decisions
- _____ Stuttering or stammering
- _____ Slurred speech
- _____ Learning disabilities
- _____ **Total**

Skin

- _____ Acne
- _____ Hives, rashes, or dry skin
- _____ Hair loss
- _____ Flushing or hot flashes
- _____ Excessive sweating
- _____ **Total**

Mouth-Throat

- _____ Chronic coughing
- _____ Gagging, frequent need to clear throat
- _____ Sore throat, hoarseness, loss of voice
- _____ Swollen or discolored tongue, gums, lips
- _____ Canker sores
- _____ **Total**

Nose

- _____ Stuffy nose
- _____ Sinus problems
- _____ Hay fever
- _____ Sneezing attacks
- _____ Excessive mucus formation
- _____ **Total**

Weight

- _____ Binge eating/drinking
- _____ Craving certain foods
- _____ Excessive weight
- _____ Compulsive eating
- _____ Water retention
- _____ Underweight
- _____ **Total**

Other

- _____ Frequent illness
- _____ Frequent or urgent urination
- _____ Genital itch or discharge
- _____ **Total**

Add up the numbers to arrive at a total for each section, and then add the totals for each section to find the grand total.

Grand Total Points _____ **Patient Name** _____

This questionnaire is a general indicator of toxicity based on symptoms. A detoxification program may be of benefit if the score is:

- 10 or More Points in any One Section or More than 50 points total.