Detox Questionnaire

0-14 = LOW TOXICITY **15-49** = MODERATE TOXICITY **50 or Higher** = ELEVATED TOXICITY

Point Scale: 0—*Never* or *almost never* have a symptom **1**—*Occasionally* have it, effect is *not severe* 2—*Occasionally* have it, effect is *severe* **3**—*Frequently* have it, effect is *not severe* **4**—*Frequently* have it, effect is *severe*

HEAD
____ Headaches
____ Faintness
____ Dizziness
____ Insomnia TOTAL ____

EYES
____ Watery or itchy eyes
____ Swollen, reddened or sticky eyelids
____ Bags or dark circles under eyes
____ Blurred or tunnel vision TOTAL ____

EARS
____ Itchy ears
____ Earaches, ear infections
____ Drainage from ear
____ Ringing in ears, hearing loss TOTAL ____

NOSE
____ Stuffy nose
____ Sinus problems
____ Hay fever
____ Sneezing attacks
____ Excessive mucus formation 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 ____

SKIN
____ Acne
____ Hives, rashes, dry skin
____ Hair loss
____ Flushing, hot flashes
____ Excessive sweating TOTAL ____

HEART
____ Chest pain
____ Irregular or skipped
____ heartbeat
____ Rapid or poundingheartbeat TOTAL ____

LUNGS
____ Chest congestion
____ Asthma, bronchitis
____ Shortness of breath
____ Difficulty breathing TOTAL ____

DIGESTIVE TRACT
____ Nausea, vomiting
____ Diarrhea
____ Constipation
____ Bloated feeling
____ Belching, passing gas
____ Heartburn
____ Intestinal/stomach pain TOTAL ____

JOINTS/MUSCLE
____ Pain or aches in joints
____ Arthritis
____ Stiffness or limitation of movement
____ Feeling of weakness or tiredness
____ Pain or aches in muscles TOTAL ____

WEIGHT
____ Binge eating/drinking
____ Craving certain foods
____ Excessive weight
____ Water retention
____ Underweight
____ Compulsive eating TOTAL ____

ENERGY/ACTIVITY
____ Fatigue, sluggishness
____ Apathy, lethargy
____ Hyperactivity
____ Restlessness TOTAL ____

MIND
____ Poor memory
____ Confusion, poor comprehension
____ Difficulty in making decisions
____ Stuttering or stammering
____ Slurred speech
____ Learning disabilities
____ Poor concentration
____ Poor physical coordination TOTAL ____

EMOTIONS
____ Mood swings
____ Anxiety, fear, nervousness
____ Anger, irritability,
____ aggressiveness
____ Depression TOTAL ____

OTHER
____ Frequent illness
____ Frequent or urgent urination
____ Genital itch or discharge TOTAL ____

GRAND TOTAL ____