

TOXICITY QUESTIONNAIRE

Rate each of the following areas as they apply to you:

POINT SCALE

- 0 - Never or almost never applies
- 1 - Occasionally applies, effect is not severe
- 2 - Occasionally applies, effect is severe
- 3 - Frequently applies, effect is not severe
- 4 - Frequently applies, effect is severe

Add up the numbers to arrive at a total for each section, and then add the totals for each section to arrive at the grand total. Divide the grand total by 400 points to calculate the Toxicity Quotient. A Toxicity Quotient greater than 10 % may indicate need for detoxification.

HEART

- ___ Short of breath
- ___ Skipped heartbeats
- ___ Rapid heartbeats
- ___ Irregular rhythm
- ___ Chest pain

___ **TOTAL**

DIGESTIVE

- ___ Nausea or vomiting
- ___ Diarrhea
- ___ Constipation (Ideal is 3 movements/day)
- ___ Bloating feeling
- ___ Belching, passing gas
- ___ Gastric reflux
- ___ Pass foul smelling stools

___ **TOTAL**

MOUTH/THROAT

- ___ Gagging, need to clear throat
- ___ Sore throat, hoarse
- ___ Swollen or discolored tongue, gums, lips
- ___ Canker sores

___ **TOTAL**

MIND

- ___ Foggy thinking
- ___ Poor memory
- ___ Confusion
- ___ Poor Concentration
- ___ Poor coordination / dyslexia
- ___ Difficulty making decisions
- ___ Stuttering, stammering
- ___ Slurred speech
- ___ Learning disabilities

___ **TOTAL**

LUNGS

ENERGY/ACTIVITY

- ___ Fatigue, sluggishness
- ___ No energy in the morning
- ___ Hyperactivity
- ___ Restlessness

___ **TOTAL**

HEAD

- ___ Headaches
- ___ Faintness, dizziness
- ___ Insomnia

___ **TOTAL**

EYES

- ___ Dry eyes
- ___ Watery, itchy eyes
- ___ Swollen, reddened or sticky eyelids
- ___ Dark circles under eyes
- ___ Floaters
- ___ Blurred/tunnel vision

___ **TOTAL**

EMOTIONS

- ___ Mood swings
- ___ Anxiety, fear, nervous
- ___ Anger
- ___ Irritability
- ___ Depression

___ **TOTAL**

SKIN

- ___ Roughness
- ___ Acne
- ___ Hives, rashes, dry skin
- ___ Hair loss
- ___ Excessive sweating

___ **TOTAL**

- Chronic coughing
- Chest congestion
- Asthma, bronchitis
- Shortness of breath
- Difficulty breathing

TOTAL

EARS

- Wax in ears
- Itchy ears
- Earaches, ear infection
- Ringing in ears, hearing loss

TOTAL

JOINT/MUSCLES

- Pain or aches in joints
- Arthritis
- Stiff, limited movement
- Pain, aches in muscles
- Weakness or tiredness

TOTAL

NOSE

- Stuffy or runny nose
- Sinus problems
- Hay fever
- Sneezing attacks
- Excessive mucus

TOTAL

WEIGHT

- Crave certain foods
- Excessive weight gain
- Can't lose weight
- Compulsive eating
- Water retention
- Underweight

TOTAL

HORMONAL

- Decreased libido
- Inability to perform
- Flushing or hot flashes
- Night sweats
- Cold or cold extremities

TOTAL

DENTAL

- Silver fillings
- Root canals

TOTAL

OTHER

- Frequent illnesses
- Frequent/urgent urination
- Genital itch, discharge
- Yeast Infections
- Live in moldy place
- Drink city water
- Work in industrial atmosphere
- Eat "Fast Food", # of times per week
- Drink colas
- Drink coffee
- Smokes
- Live close to industrial smog
- Spend time under fluorescent lights
- Get flu shots regularly
- Live close to crop dusting areas
- Drink alcohol > 3x/week
- Sedentary lifestyle
- Have Breast Implants
- Personal history of cancer
- Had chemo / radiation therapy

TOTAL

Name: _____

Date: _____

GRAND TOTAL

Toxicity Quotient
(Divide 400 by Grand Total)