

TOXICITY QUESTIONNAIRE

NAME: _____ DATE: _____

The Toxicity Questionnaire identifies symptoms that help to identify the underlying causes of illness, and helps you track your progress over time. Rate each of the following symptoms based upon your health profile for the past 90 days.

POINT SCALE

0 = Never or rarely 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 TRACT

___ Nausea or vomiting
___ Diarrhea
___ Constipation
___ Bloating feeling
___ Belching, or passing gas
___ Heartburn
___ Intestinal/Stomach pain

Total _____

EARS

___ Itchy ears
___ Earaches, ear infections
___ Drainage from ear
___ Ringing in ears, hearing loss

Total _____

EMOTIONS

___ Mood swings
___ Anxiety, fear or nervousness
___ Anger, irritability, or aggressiveness
___ Depression
___ Sense of despair

Total _____

ENERGY/ACTIVITY

___ Fatigue, sluggishness
___ Insomnia
___ Hyperactivity
___ Restlessness

Total _____

EYES

___ Watery or itchy eyes
___ Swollen, reddened or sticky eyelids
___ Bags or dark circles under eyes
___ Blurred or tunnel vision (does not include near-or far-sightedness)

Total _____

HEAD

___ Headaches
___ Faintness
___ Dizziness
___ Pressure

Total _____

HEART

___ Irregular or skipped heartbeat
___ Rapid or pounding heartbeat
___ Chest pain

Total _____

JOINTS/MUSCLES

___ Pain or aches in joints
___ Recurrent back aches
___ Stiffness or limited movement
___ Pain or aches in muscles
___ Feeling of weakness or tiredness

Total _____

LUNGS

___ Chest congestion
___ Asthma or bronchitis
___ Shortness of breath
___ Difficult breathing

Total _____

MIND

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

Total _____

MOUTH/THROAT

___ Chronic coughing
___ Gagging, frequent need to clear throat
___ Sore throat, hoarseness, loss of voice
___ Swollen/discolored tongue, gum, lips
___ Canker sores

Total _____

NOSE

___ Stuffy nose
___ Sinus problems
___ Hay fever
___ Sneezing attacks
___ Excessive mucus

Total _____

SKIN

___ Acne
___ Hives, rashes, or dry skin
___ Hair loss
___ Flushing or hot flushes
___ Excessive sweating

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
___ Leaky bladder

Total _____

GRAND TOTAL _____

KEY TO QUESTIONNAIRE

Add individual scores and total each group. Add each group scores and give a grand total:

- Optimal is less than 10
- Mild Toxicity: 10-50
- Moderate Toxicity: 50-100
- Severe Toxicity: over 100