

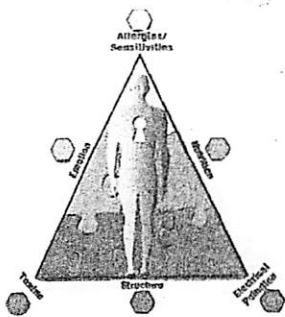
BIOTOXICITY SYMPTOM QUESTIONNAIRE

Rate each of the following symptoms based upon your typical health profile:

Point Scale

- 0 – Never or almost never have the symptoms
- 1 – Occasionally has it, effect is not severe
- 2 – Occasionally has it, effect is severe
- 3 – Frequently has it, effect is not severe
- 4 – Frequently has it, 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. If any individual section total is 10 or more, or the grand total is 50 or more, you may benefit from a detoxification program.



DIGESTIVE

- Nausea or vomiting
- Diarrhea
- Constipation
- Bloating feeling
- Belching, passing gas
- Heartburn
- TOTAL

EMOTIONS

- Mood swings
- Anxiety, fear, nervous
- Anger, irritability
- Depression
- TOTAL

EYES

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

LUNGS

- Chest congestion
- Asthma, bronchitis
- Shortness of breath
- Difficulty breathing
- TOTAL

EARS

- Itchy ears
- Earaches, ear infection
- Drainage from ear
- Ringing in ears, hearing loss
- TOTAL

ENERGY/ACTIVITY

- Fatigue, sluggishness
- Apathy, sluggishness
- Hyperactivity
- Restlessness
- TOTAL

HEAD

- Headaches
- Faintness
- Dizziness
- Insomnia
- TOTAL

MIND

- Poor memory
- Confusion
- Poor concentration
- Poor coordination
- Difficulty making decisions
- Stuttering, stammering
- Slurred speech
- Learning disabilities
- TOTAL

MOUTH/THROAT

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

SKIN

- Acne
- Hives, rashes, dry skin
- Hair loss
- Flushing or hot flashes
- Excessive sweating
- TOTAL

JOINT/MUSCLES

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

NOSE

- Stuffy nose
- Sinus problems
- Hay fever
- Sneezing attacks
- Excessive mucus
- TOTAL

HEART

- Skipped heartbeats
- Rapid heartbeats
- Chest pain
- TOTAL

WEIGHT

- Binge eating/drinking
- Craving certain foods
- Excessive weight gain
- Compulsive eating
- Water retention
- Underweight
- TOTAL

OTHER

- Frequent illness
- Frequent/urgent urination
- Genital itch, discharge
- TOTAL

GRAND TOTAL