

# TOXICITY SELF-TEST

Rate each of the following symptoms or actions.

**Point Scale:**

- 0 = Never
- 1 = Less than once per week
- 2 = Once per week
- 3 = 2 – 4 times per week
- 4 = 5 – 6 times per week
- 5 = Every day

**DIGESTIVE SYSTEM**

- \_\_\_\_\_ Nausea or vomiting
- \_\_\_\_\_ Diarrhea
- \_\_\_\_\_ Constipation
- \_\_\_\_\_ Bloating
- \_\_\_\_\_ Belching or passing gas
- \_\_\_\_\_ Heartburn

\_\_\_\_\_ **TOTAL**

**EYES**

- \_\_\_\_\_ Watery or itchy eyes
- \_\_\_\_\_ Swollen, red, sticky eyelids
- \_\_\_\_\_ Bags or dark circles
- \_\_\_\_\_ Blurred or tunnel vision  
(excluding near or farsightedness)

\_\_\_\_\_ **TOTAL**

**HEAD**

- \_\_\_\_\_ Headaches
- \_\_\_\_\_ Faintness
- \_\_\_\_\_ Dizziness
- \_\_\_\_\_ Insomnia

\_\_\_\_\_ **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 throat clearing
- \_\_\_\_\_ Sore throat/hoarse/voice loss
- \_\_\_\_\_ Swollen/discolored tongue
- \_\_\_\_\_ Canker sores

\_\_\_\_\_ **TOTAL**

**HEART/LUNGS**

- \_\_\_\_\_ Irregular/skipped heartbeat
- \_\_\_\_\_ Rapid or pounding heartbeat
- \_\_\_\_\_ Chest congestion
- \_\_\_\_\_ Asthma, bronchitis
- \_\_\_\_\_ Shortness of breath

\_\_\_\_\_ **TOTAL**

**JOINTS/MUSCLES**

- \_\_\_\_\_ Pain or aches in joints
- \_\_\_\_\_ Arthritis
- \_\_\_\_\_ Stiffness/limited movement
- \_\_\_\_\_ Pain or aches in muscles
- \_\_\_\_\_ Weakness or tiredness

\_\_\_\_\_ **TOTAL**

**SKIN**

- \_\_\_\_\_ Acne
- \_\_\_\_\_ Hives, rashes, or dry skin
- \_\_\_\_\_ Hair loss
- \_\_\_\_\_ Flushing or hot flashes

\_\_\_\_\_ **TOTAL**

**ENERGY/ACTIVITY**

- \_\_\_\_\_ Fatigue, sluggishness
- \_\_\_\_\_ Apathy, lethargy
- \_\_\_\_\_ Hyperactivity
- \_\_\_\_\_ Restlessness

\_\_\_\_\_ **TOTAL**

**MIND**

- \_\_\_\_\_ Poor memory
- \_\_\_\_\_ Confusion/poor comprehension
- \_\_\_\_\_ Poor concentration
- \_\_\_\_\_ Difficulty choosing words
- \_\_\_\_\_ Difficulty making decisions
- \_\_\_\_\_ Stuttering or stammering
- \_\_\_\_\_ Slurred speech

\_\_\_\_\_ **TOTAL**

**EMOTIONS**

- \_\_\_\_\_ Mood swings
- \_\_\_\_\_ Anxiety, fear, nervousness
- \_\_\_\_\_ Anger, irritability, aggressiveness
- \_\_\_\_\_ Depression

\_\_\_\_\_ **TOTAL**

**OTHER**

- \_\_\_\_\_ Frequent colds/flu
- \_\_\_\_\_ Frequent/urgent urination
- \_\_\_\_\_ Genital itch or discharge

\_\_\_\_\_ **TOTAL**

**WEIGHT**

- \_\_\_\_\_ Binge eating/drinking
- \_\_\_\_\_ Food cravings
- \_\_\_\_\_ Increased weight
- \_\_\_\_\_ Compulsive eating
- \_\_\_\_\_ Water retention

\_\_\_\_\_ **TOTAL**

**LIFESTYLE**

- \_\_\_\_\_ Skipped meals
- \_\_\_\_\_ Eat food w/artif sweeteners  
(Equal, Splenda, Sweet n'Low, lite, diet, sugar-free, South Beach or Weight Watchers food)
- \_\_\_\_\_ Eat processed foods  
(foods in a bag, box, can or jar)
- \_\_\_\_\_ Eat "white foods"  
(white rice, bread, pasta, potatoes, flour)
- \_\_\_\_\_ OTC (over the counter) meds
- \_\_\_\_\_ Wear dry-cleaned clothes
- \_\_\_\_\_ Use household/lawn chemicals

\_\_\_\_\_ **TOTAL**

**Add up the numbers for each section, then, add the section totals for a grand total.**

**GRAND TOTAL:** \_\_\_\_\_

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

**10 or more points in any ONE section OR more than 50 points total.**