Do I Need to Detox?

TOXICITY SYMPTOMS SURVEY

NAME:_____ _____ **DATE:** _____ / _____ / _____

Based on how you've been feeling over the past 30 days, please rate the signs and symptoms using the numbers on the key below to help assess toxic burden and detoxification needs.

KEY:

0/Leave blank = No, never occurs
1 = Almost never, effect is mild
2 = Occasionally occurs, effect is mild
3 = Frequently occurs, effect is not severe
4 = Frequently occurs, effect is severe
5 = Very frequent, constant, effect is severe

GASTROINTESTINAL

_____ Belching or gas
_____ Heartburn or acid reflux
_____ Bloating or abdominal discomfort shortly after eating
_____ Bad breath (halitosis)
_____ Aggravated by certain foods
_____ Diarrhea, chronic
_____ Undigested food in stool
_____ Constipation
_____ Nausea or vomiting
_____ Fewer than one bowel movement a day
_____ Stools are loose and unformed
_____ **TOTAL**

LIVER

_____ Easily intoxicated if drinking alcohol
_____ Hangovers after drinking alcohol
_____ Sensitive to chemicals (perfume, solvents, exhaust)
_____ Sensitive to tobacco smoke
_____ Hemorrhoids or varicose veins
_____ Chronic fatigue or chronic joint pain
_____ Feeling wired or jittery if drinking coffee
_____ Feet have a strong odor
_____ Sweat has a strong odor
_____ **TOTAL**

EYES

_____ Dark circles around the eyes
_____ Puffy eyelids
_____ Bags under the eyes
_____ Bloodshot or reddened eyes
_____ Whites of eyes are yellowed
_____ Eyes are water and/or itchy
_____ Blurred or tunnel vision
_____ **TOTAL**

SKIN

_____ Experience hives, cysts, boils, rashes
_____ Cold sores, fever blisters, or herpes lesions
_____ Dry flaky skin and/or dandruff
_____ Fragile skin, easily chaffed, as in shaving.
_____ Acne
_____ Itchy skin / dermatitis
_____ Dull colored skin, yellowish, pale or grayish
_____ Skin has a sour or unpleasant odor
_____ **TOTAL**

NAILS

_____ Ridged nails
_____ Splitting nails
_____ White spots on nails
_____ Crumbling nails
_____ **TOTAL**

EAR, NOSE, THROAT

_____ Ear infections
_____ Itchy ears
_____ Ringing in the ears
_____ Stuffy nose
_____ Sinus congestion, "stuffy head", sinus infections
_____ Runny or drippy nose
_____ Coated tongue (yellow, grayish-white or thick film)
_____ Swollen tongue
_____ Hoarseness
_____ Lump in throat
_____ Dry mouth, eyes and / or nose
_____ Gag easily or need to clear throat often
_____ Mouth ulcers or canker sores
_____ **TOTAL**

HEAD

_____ Tension headaches at base of skull
_____ Splitting type headache
_____ Dizziness
_____ Faintness

_____ TOTAL

HEART/LUNGS

_____ Asthma
_____ Wheezing or difficulty breathing
_____ Shortness of breath
_____ Chest congestion
_____ Heart races, rapid heartbeat
_____ Fast pulse at rest
_____ Flush or blush easily or face turns red for no reason
_____ TOTAL

MENTAL EMOTIONAL

_____ Feel 'foggy', thinking seems slow or fuzzy
_____ Bizarre vivid or nightmarish dreams
_____ Depressed
_____ Worried, apprehensive, anxious
_____ Nervous or agitated
_____ Mentally sluggish, difficulty concentrating
_____ Mood swings
_____ Coordination is poor
_____ Poor memory
_____ TOTAL

MUSCULOSKELETAL

_____ Pain or swelling in joints
_____ Muscles become easily fatigued
_____ Muscle aches and pains
_____ Arthritic tendencies
_____ Joint pain after mild exertion
_____ Joint pain experienced after eating certain foods
_____ Abdomen tends to hang out
_____ Surface of abdomen is uneven and distended
_____ Use over-the-counter pain medications
_____ TOTAL

ENERGY LEVELS

_____ Weakness
_____ Easily fatigued, sleepy during the day
_____ Fatigue is persistent and extreme
_____ Apathetic and lethargic
_____ Tired, despite a good night of rest
_____ TOTAL

WEIGHT

_____ Crave simple carbohydrates like bread or noodles
_____ Crave certain foods
_____ Retaining water
_____ Excessive weight
_____ TOTAL

KIDNEY

_____ Urine has a strong odor
_____ Pain in mid back region
_____ Urine is frothy
_____ Urinate infrequently
_____ TOTAL

IMMUNE SYSTEM

_____ Frequent infections (bladder, skin, ear, chest, sinus)
_____ Frequent colds or flu
_____ TOTAL

METABOLISM

_____ Pulse speeds after eating
_____ Night sweats
_____ Mood swings associated with periods (PMS)
_____ Breast tenderness associated with cycle
_____ TOTAL

Please add the numbers from each section and write the total in the spaces provided. Then add all the totals from each section to get your grand total below.

_____ GRAND TOTAL

200 or below: Low toxic burden. Congratulations! Your body is handling toxins like a champ.

200-300: Low to moderate toxic burden. You may benefit from a basic detoxification protocol. Your body is starting to show signs of toxic burden.

300-375: Moderate to high toxic burden. Time to take action. A focused detoxification program will help you get back on track.

375 and above: High toxic burden. Time for an advanced detoxification program. Consider detoxing your environment and committing to a minimum of two detoxes per year to get you on your way.