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Date:

Toxicity Questionnaire

The Toxicity Questionnaire is designed to aid the practitioner in assessing a patient's or client's potential need for a detoxification program.

Total:

Section I: Symptoms

Rate each of the following based upon your health profile for the past 90 days.

	Circle the corresponding number.
0	Rarely or Never Experience the Symptom
1	Occasionally Experience the Symptom, Effect is Not Severe
2	Occasionally Experience the Symptom, Effect is Severe
3	Frequently Experience the Symptom, Effect is Not Severe
4	Frequently Experience the Symptom, Effect is Severe

4 Frequently Experience	the Sympton	ı, Effect is Severe]
1. DIGESTIVE		6. HEAD	
a. Nausea and/or vomiting	0 1 2 3 4	a. Headaches	0 1 2 3
b. Diarrhea	0 1 2 3 4	b. Faintness	0 1 2 3
c. Constipation	0 1 2 3 4	c. Dizziness	0 1 2 3
d. Bloated feeling	0 1 2 3 4	d. Pressure	0 1 2 3
e. Belching and/or passing gas	0 1 2 3 4		Total:
f. Heartburn	0 1 2 3 4		
	Total:	7. LUNGS	
		a. Chest congestion	0 1 2 3
2. EARS		b. Asthma or bronchitis	0 1 2 3
a. Itchy ears	0 1 2 3 4	c. Shortness of breath	0 1 2 3
b. Earaches or ear infections	0 1 2 3 4	d. Difficulty breathing	0 1 2 3
c. Drainage from ear	0 1 2 3 4		Total:
d. Ringing in ears or hearing lo	ss		
-	0 1 2 3 4	8. MIND	
	Total:	a. Poor memory	0 1 2 3
		b. Confusion	0 1 2 3
3. EMOTIONS		c. Poor concentration	0 1 2 3
a. Mood swings	0 1 2 3 4	d. Poor coordination	0 1 2 3
b. Anxiety, fear, or nervousnes	s 0 1 2 3 4	e. Difficulty making decisions	0 1 2 3
c. Anger, irritability	0 1 2 3 4	f. Stuttering, stammering	0 1 2 3
d. Depression	0 1 2 3 4	g. Slurred speech	0 1 2 3
e. Sense of despair	0 1 2 3 4	h. Learning disabilities	0 1 2 3
f. Uncaring or disinterested	0 1 2 3 4		Total:
	Total:		
		9. MOUTH/THROAT	
4. ENERGY / ACTIVITY		a. Chronic coughing	0 1 2 3
a. Fatigue or sluggishness	0 1 2 3 4	b. Gagging or frequent need to	
b. Hyperactivity	0 1 2 3 4		0 1 2 3
c. Restlessness	0 1 2 3 4	c. Swollen or discolored tongu	e, gums, li
d. Insomnia	0 1 2 3 4		0 1 2 3
e. Startled awake at night	0 1 2 3 4	d. Canker sores	0 1 2 3
	Total:		Total:
5. EYES		10. NOSE	
	0 1 2 3 4		0122
a. Watery or itchy eyes		a. Stuffy nose b. Sinus problems	0 1 2 3
b. Swollen, reddened, or sticky			
a. Doubt singles and doubter	0 1 2 3 4	c. Hay fever	0 1 2 3
c. Dark circles under eyes	0 1 2 3 4	d. Sneezing attacks	0 1 2 3

0 1 2 3 4

1	11. SKIN
	a. Acne
	b. Hives, rashes, or dry skin
]	c. Hair loss
	d. Flushing
0 1 2 3 4	e. Excessive sweating
0 1 2 3 4	
0 1 2 3 4	
0 1 2 3 4	12. HEART
Total:	a. Skipped heartbeats
1 otal:	b. Rapid heartbeats
	c. Chest pain
0 1 2 3 4	er Greet pari
0 1 2 3 4	
0 1 2 3 4	13. JOINTS / MUSCLES
0 1 2 3 4	a. Pain or aches in joints
	b. Stiffness or limited movement
Total:	b. Stiffiess of infried movem
	c. Pain or aches in muscles
0 1 2 3 4	d. Recurrent back aches
0 1 2 3 4	e. Feeling of weakness or tired
0 1 2 3 4	c. reching of weakness of thee
0 1 2 3 4	
0 1 2 3 4	
0 1 2 3 4	14. WEIGHT
0 1 2 3 4	a. Binge eating or drinking
0 1 2 3 4	b. Craving certain foods
Total:	c. Excessive weight d. Compulsive eating
0 1 2 3 4	e. Water retention
	f. Underweight
clear throat	
0 1 2 3 4	15 OTHER.
e, gums, lips	15. OTHER:
0 1 2 3 4	a. Frequent illness
0 1 2 3 4	b. Frequent or urgent urinatio
Total:	c. Leaky bladder
	d. Genital itch, discharge
0.1.2.2.4	
0 1 2 3 4	
0 1 2 3 4	. "
0 1 2 3 4	
0 1 2 3 4	
0 1 2 3 4	Section I Total:

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e. Excessive sweating	0 1 2 3 4
	Total:
10 115 1 75	
12. HEART	
a. Skipped heartbeats	0 1 2 3 4
b. Rapid heartbeats	0 1 2 3 4
c. Chest pain	0 1 2 3 4
	Total:
13. JOINTS / MUSCLES	
a. Pain or aches in joints	0 1 2 3 4
b. Stiffness or limited moveme	ent
	0 1 2 3 4
c. Pain or aches in muscles	0 1 2 3 4
d. Recurrent back aches	0 1 2 3 4
e. Feeling of weakness or tired	ness
	0 1 2 3 4
	Total:
14. WEIGHT	
a. Binge eating or drinking	0 1 2 3 4
b. Craving certain foods	0 1 2 3 4
c. Excessive weight	0 1 2 3 4
d. Compulsive eating	0 1 2 3 4
e. Water retention	0 1 2 3 4
f. Underweight	0 1 2 3 4
	Total:
15. OTHER:	×
a. Frequent illness	0 1 2 3 4
b. Frequent or urgent urination	
c. Leaky bladder	
	0 1 2 3 4
	0 1 2 3 4
d. Genital itch, discharge	0 1 2 3 4
	0 1 2 3 4
	0 1 2 3 4

0 1 2 3 4 0 1 2 3 4 0 1 2 3 4 0 1 2 3 4

d. Blurred or tunnel vision

e. Excessive mucous

Author of Your Body Can Talk & Your AGING Body Can Talk

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Section II: Risk of Exposure

Rate each of the following situations based upon your environmental profile for the past 120 days.

sinfectants, bleaches, oven and drain cleaners, furniture polish, floor wax, window cleaners, etc.) O 1 2 3 How often are pesticides used in your home? O 1 2 3 How often do you have your home treated for insects? O 1 2 3 How often are you exposed to dust, overstuffed furniture, tobacco smoke, mothballs, incense, or varnish in your home or office? O 1 2 3 How often are you exposed to nail polish, perfume, hairspray, or other cosmetics? O 1 2 3 How often are you exposed to diesel fumes, exhaust fumes, or gasoline fumes? O 1 2 3 How often do you consume nonorganic foods? O No I Mild Change Moderate Change Moderate Change Moderate Change Total: Total: Total: Total: Sea Answer yes or no and circle the corresponding number for questions 18a-18d below. No O you have a water purification system in your home? O you have a water purification system in your home? O you have an air purification system in your home? O you have an air purification system in your home? O you have an air purification system in your home? O you have an air purification system in your home?	0 Never	1	Rarely	2	Monthly	3	Weekly	4	Daily	у
How often are pesticides used in your home? O 1 2 3 How often do you have your home treated for insects? O 1 2 3 How often are you exposed to dust, overstuffed furniture, tobacco smoke, mothballs, incense, or varnish in your home or office? O 1 2 3 How often are you exposed to all polish, perfume, hairspray, or other cosmetics? O 1 2 3 How often are you exposed to diesel fumes, exhaust fumes, or gasoline fumes? O 1 2 3 How often are you consume nonorganic foods? O 1 2 3 How often do you consume nonorganic foods? O 1 2 3 How often do you consume nonorganic foods? O 1 2 3 How often do you consume nonorganic foods? O 1 2 3 How often do you consume nonorganic foods? O 1 2 3 How often do you consume nonorganic foods? O 1 2 3 How often do you consume nonorganic foods? O 1 2 3 How often do you consume nonorganic foods? O 1 2 3 How often do you consume nonorganic foods? O 1 2 3 How often do you consume nonorganic foods? O 1 2 3 How often are you and circle the corresponding number for questions 17a-17b below. O 1 2 3 How often are you and circle the corresponding number for questions 19a-18d below. No 1 0 1 2 3 How often are you and circle the corresponding number for questions 18a-18d below. No 2 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5										
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Have you noticed any negative change in your health since you moved into your home or apartment? O 1 2 3 How often are you exposed to diesel fumes, exhaust fumes, or gasoline fumes? Total: Total: Total: Total: B. Answer yes or no and circle the corresponding number for questions 18a-18d below. No you have a water purification system in your home? Do you have an air purification system in your home? Are you a dentist, painter, farm worker, or construction worker? O 1 2 3 A 1 2 3 A 1 2 3 A 1 2 3 A 2 3 A 2 4 3 A 1 2 3 A 2 4 3 A 3 5 4 3 A 2 5 4 3 A 3 5 4 3 A 4 5 4 5 4 3 A 5 5 4 5 4 3 A 6 7 5 6 5 6 A 7 6 7 6 7 6 7 6 A 1 8 7 6 7 6 A 1 8 7 6 7 6 A 2 9 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	How often are you e	exposed to du	st, overstuffed furni	ture, to	bacco smoke, mothballs	, incens	e, or varnish in yo	ur home		
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7. Circle the corresponding number for questions 17a-17b below. 1 Mild Change 2 Moderate Change 3 Drastic Change Have you noticed any negative change in your health since you moved into your home or apartment? 0 1 2 Have you noticed any change in your health since you started your new job? 0 1 2 Total: 8. Answer yes or no and circle the corresponding number for questions 18a-18d below. No Yes Do you have a water purification system in your home? 2 0 Do you have any indoor pets? 0 2 Do you have an air purification system in your home? 2 0 Are you a dentist, painter, farm worker, or construction worker? 0 2	How often do you c	onsume none	organic foods?						0 1 2	2 3
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Have you noticed any change in your health since you started your new job? Total: 8. Answer yes or no and circle the corresponding number for questions 18a-18d below. No Ye Do you have a water purification system in your home? 2 0 Do you have any indoor pets? Do you have an air purification system in your home? 2 0 Are you a dentist, painter, farm worker, or construction worker? 0 2 0	0 No	1	Mild Change	2	Moderate Change	3	Drastic Change			
8. Answer yes or no and circle the corresponding number for questions 18a-18d below. No Yes Do you have a water purification system in your home? 2 0 Do you have any indoor pets? 0 2 Do you have an air purification system in your home? 2 0 Are you a dentist, painter, farm worker, or construction worker? 0 2									0	1 2
8. Answer yes or no and circle the corresponding number for questions 18a-18d below. No Yes Do you have a water purification system in your home? 2 0 Do you have any indoor pets? 0 2 Do you have an air purification system in your home? 2 0 Are you a dentist, painter, farm worker, or construction worker? 0 2	Have you noticed ar	ny negative cl	nange in your health	since y	ou moved into your hor					
No Ye Do you have a water purification system in your home? Do you have any indoor pets? Do you have an air purification system in your home? Do you have an air purification system in your home? Are you a dentist, painter, farm worker, or construction worker? O 2	Have you noticed ar	ny negative cl	nange in your health	since y	ou moved into your hor			Total:	0	1 2
No Ye Do you have a water purification system in your home? Do you have any indoor pets? Do you have an air purification system in your home? Do you have an air purification system in your home? Are you a dentist, painter, farm worker, or construction worker? O 2	Have you noticed ar	ny negative cl	nange in your health	since y	ou moved into your hor			Total: -	0	1 2
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Are you a dentist, painter, farm worker, or construction worker? 0 2	Have you noticed and Have you noticed and B. Answer yes or noticed and B.	ny negative cl ny change in t o and circle t	nange in your health your health since you he corresponding nu	since y u startee	ou moved into your hor d your new job?	ne or ap		Total: -	No 2	1 2 Ye
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Section II Total: __

Grand Total (Section I & Section II)

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 6 or more, or the grand total is 40 or more, you may benefit from a detoxification program.

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