

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.

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