

# Toxicity Self-Assessment Test

Rate each of the following symptoms on a scale of 0 to 4 based upon your health profile for the past 30 days. Write in your rating on each line and add up the total at the end. This questionnaire is a general indicator of toxicity based on symptoms. If your score is more than 50 points total or 10 or more points in any one section, a detoxification program would be a great idea for you. Most of us could benefit from a detoxification program about twice a year.

## Point Scale:

- 0 = Never or almost never have the symptom
- 1 = Occasionally have the symptom, effect is not severe
- 2 = Occasionally have the symptom, effect is severe
- 3 = Frequently have the symptom, effect is not severe
- 4 = Frequently have the symptom, effect is severe

**Total Score:** \_\_\_\_\_

### Weight:

- \_\_\_\_\_ Binge eating/drinking
- \_\_\_\_\_ Craving certain foods
- \_\_\_\_\_ Excessive weight
- \_\_\_\_\_ Compulsive eating
- \_\_\_\_\_ Water retention
- \_\_\_\_\_ Underweight

### Digestive System:

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

### Ears:

- \_\_\_\_\_ Itchy ears
- \_\_\_\_\_ Earaches, ear infections
- \_\_\_\_\_ Drainage from ear
- \_\_\_\_\_ Ringing in ear(s)
- \_\_\_\_\_ Hearing loss

### Nose:

- \_\_\_\_\_ Stuffy nose
- \_\_\_\_\_ Sinus problems
- \_\_\_\_\_ Hay fever
- \_\_\_\_\_ Sneezing attacks
- \_\_\_\_\_ Excessive mucus formation

### Heart:

- \_\_\_\_\_ Irregular or skipped heartbeat
- \_\_\_\_\_ Rapid heartbeat
- \_\_\_\_\_ Chest pain

### Eyes:

- \_\_\_\_\_ Watery or itchy eyes
- \_\_\_\_\_ Swollen, reddened, or sticky eyes
- \_\_\_\_\_ Dark circles under eyes
- \_\_\_\_\_ Blurred or tunnel vision

### Mouth/Throat:

- \_\_\_\_\_ Chronic coughing
- \_\_\_\_\_ Gagging, frequent need to clear throat
- \_\_\_\_\_ Sore throat, hoarseness
- \_\_\_\_\_ Swollen or discolored tongue, gums, or lips
- \_\_\_\_\_ Canker sores

### Joints/Muscles:

- \_\_\_\_\_ Pain or aches in joints
- \_\_\_\_\_ Arthritis
- \_\_\_\_\_ Stiffness or limited movement
- \_\_\_\_\_ Pain or aches in muscles
- \_\_\_\_\_ Feeling of weakness or tiredness in joints

### Weight:

- \_\_\_\_\_ Binge eating/drinking
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- \_\_\_\_\_ Water retention
- \_\_\_\_\_ Underweight

### Energy/Activity:

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

**Skin:**

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

**Head:**

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

**Lungs:**

- \_\_\_\_\_ Chest congestion
- \_\_\_\_\_ Asthma, bronchitis
- \_\_\_\_\_ Shortness of breath
- \_\_\_\_\_ Difficulty breathing

**Emotions:**

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

**Mind:**

- \_\_\_\_\_ Poor memory
- \_\_\_\_\_ Confusion
- \_\_\_\_\_ Poor concentration
- \_\_\_\_\_ Poor coordination
- \_\_\_\_\_ Difficulty making decisions
- \_\_\_\_\_ Stuttering or stammering
- \_\_\_\_\_ Slurred speech
- \_\_\_\_\_ Learning disabilities

**Other:**

- \_\_\_\_\_ Frequent illness
- \_\_\_\_\_ Frequent or urgent need to urinate
- \_\_\_\_\_ Genital itch or discharge