Are You Sick?  The Toxicity Questionnaire

For the “before” part of the questionnaire, rate each of the following symptoms based upon your health profile for the past 30 days. You’ll take this quiz again after your 10-Day Detox, but it’s especially important that you take the time to complete and score it now, before you embark on the program. Without that baseline score, 10 days from now you may have a hard time believing just how different your “after” results really are.

**Point Scale**

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

**DIGESTIVE TRACT**

___ Nausea or vomiting
___ Diarrhea
___ Constipation
___ Bloat feeling
___ Belching, or passing gas
___ Heartburn
___ Intestinal/stomach pain

Total before  ___
Total after   ___

**EARS**

___ Itchy ears
___ Earaches, ear infections
___ Drainage from ear
___ Ringing in ears, hearing loss

Total before  ___
Total after   ___

**EMOTIONS**

___ Mood swings
___ Anxiety, fear or nervousness
___ Anger, irritability, or aggressiveness
___ Depression

Total before  ___
Total after   ___

**ENERGY/ACTIVITY**

___ Fatigue, sluggishness
___ Apathy, lethargy
___ Hyperactivity
___ Restlessness

Total before  ___
Total after   ___

**EYES**

___ Watery or itchy eyes
___ Swollen, reddened, or sticky eyelids
___ Bags or dark circles under eyes
___ Blurred or tunnel vision (does not include near- or far-sightedness)

Total before  ___
Total after   ___

**HEAD**

___ Headaches
___ Faintness
___ Dizziness
___ Insomnia

Total before  ___
Total after   ___
<table>
<thead>
<tr>
<th>HEART</th>
<th>JOINTS/MUSCLES</th>
<th>LUNGS</th>
<th>MIND</th>
<th>MOUTH/THROAT</th>
<th>NOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irregular or skipped heartbeat</td>
<td>Pain or aches in joints</td>
<td>Chest congestion</td>
<td>Poor memory</td>
<td>Chronic coughing</td>
<td>Stuffy nose</td>
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<td>Rapid or pounding heartbeat</td>
<td>Arthritis</td>
<td>Asthma, bronchitis</td>
<td>Confusion, poor comprehension</td>
<td>Gagging, frequent need to clear throat</td>
<td>Sinus problems</td>
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<tr>
<td>Chest pain</td>
<td>Stiffness or limitation of movement</td>
<td>Shortness of breath</td>
<td>Poor concentration</td>
<td>Sore throat, hoarseness, loss of voice</td>
<td>Hay fever</td>
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<td>Pain or aches in muscles</td>
<td>Difficulty of breathing</td>
<td>Poor physical coordination</td>
<td>Swollen or discolored tongue, gums, or lips</td>
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<td></td>
<td>Feeling of weakness or tiredness</td>
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<td>Difficulty in making decisions</td>
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**Total before**  
**Total after**

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<tr>
<th>SKIN</th>
<th>WEIGHT</th>
<th>OTHER</th>
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<tr>
<td>Acne</td>
<td>Binge eating/drinking</td>
<td>Frequent illness</td>
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<tr>
<td>Hives, rashes, or dry skin</td>
<td>Craving certain foods</td>
<td>Frequent or urgent urination</td>
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<td>Hair loss</td>
<td>Excessive weight</td>
<td>Genital itch or discharge</td>
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<td>Flushing or hot flushes</td>
<td>Compulsive eating</td>
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<td>Excessive sweating</td>
<td>Water retention</td>
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<td></td>
<td>Underweight</td>
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**Total before**  
**Total after**

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<th>GRAND TOTAL BEFORE</th>
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