

# 10-DAY DETOX DIET

## Are You Sick? The Toxicity Questionnaire

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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
- Bloating 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 \_\_\_\_\_

**HEART**

- Irregular or skipped heartbeat
- Rapid or pounding heartbeat
- Chest pain

Total before \_\_\_\_\_

Total after \_\_\_\_\_

**JOINTS/MUSCLES**

- Pain or aches in joints
- Arthritis
- Stiffness or limitation of movement
- Pain or aches in muscles
- Feeling of weakness or tiredness

Total before \_\_\_\_\_

Total after \_\_\_\_\_

**LUNGS**

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

Total before \_\_\_\_\_

Total after \_\_\_\_\_

**MIND**

- Poor memory
- Confusion, poor comprehension
- Poor concentration
- Poor physical coordination
- Difficulty in making decisions
- Stuttering or stammering
- Slurred speech
- Learning disabilities

Total before \_\_\_\_\_

Total after \_\_\_\_\_

**MOUTH/THROAT**

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

Total before \_\_\_\_\_

Total after \_\_\_\_\_

**NOSE**

- Stuffy nose
- Sinus problems
- Hay fever

 Excessive mucus formation Sneezing attacks

Total before \_\_\_\_\_

Total after \_\_\_\_\_

**SKIN**

- Acne
- Hives, rashes, or dry skin
- Hair loss
- Flushing or hot flushes
- Excessive sweating

Total before \_\_\_\_\_

Total after \_\_\_\_\_

**WEIGHT**

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

Total before \_\_\_\_\_

Total after \_\_\_\_\_

**OTHER**

- Frequent illness
- Frequent or urgent urination
- Genital itch or discharge

Total before \_\_\_\_\_

Total after \_\_\_\_\_

**GRAND TOTAL BEFORE** \_\_\_\_\_**GRAND TOTAL AFTER** \_\_\_\_\_