Detoxification Questionnaire

Name:	Date:/
Please read the following symptoms and rate them base Fill in the blanks using the appropriate numbers on the l	
KEY:	
	nover or almost nover accure
	never, or almost never occurs
1 = Occasionally occurs,	
2 = Occasionally occurs,	
3 = Frequently occurs, ef	
4 = Frequently occurs, ef	Tect is severe
Gastrointestinal	Liver
Belching or gas	Wine makes you sick
Heartburn or acid reflux	Easily intoxicated if drinking alcohol
Bloating or abdominal discomfort shortly aftereating	Hangovers after drinking alcohol
Bad breath (halitosis)	Sensitive to chemicals (perfume, solvents, exhaust)
Aggravated by certain foods	Sensitive to tobacco smoke
Diarrhea, chronic	Hemorrhoids or varicose veins
Undigested food in stool	Bothered by aspartame (NutraSweet)
Constipation	Chronic fatigue or Fibromyalgia
Nausea or vomiting	Feeling wired or jittery if drinking coffee
Fewer than one bowel movement a day	Feet have a strong odor
Stools are loose and unformed	Sweat has a strong odor
TOTAL	TOTAL
Skin	Eyes
Experience hives, cysts, boils, rashes	Dark circles around the eyes
Cold sores, fever blisters, or herpes lesions	 Puffy eyelids
Dry flaky skin and/or dandruff	Bags under the eyes
Fragile skin, easily chaffed, as in shaving	Bloodshot or reddened eyes
Acne	Whites of eyes are yellowed
Itchy skin / dermatitis	Inflamed eyelids
Dull colored skin, yellowish, pale or grayish	Eyes are water and/or itchy
Pale complexion	Blurred or tunnel vision
Skin has a sour or unpleasant odor TOTAL	TOTAL
Nails	Ears
Ridged nails	Ear infections
Splitting nails	Ear drainage or discharge
White spots on nails	Itchy ears
Crumbling nails	Ringing in the ears
TOTAL	TOTAL
Nose	Head
Stuffy nose	Tension headaches at base of skull
Airborne allergies	Splitting type headache
Sinus congestion, "stuffy head", sinus infections	Dizziness
Runny or drippy nose	Faintness
TOTAL	TOTAL

Mouth and Throat Coated tongue (yellow, grayish-white or thick film) Swollen tongue Hoarseness Difficulty swallowing	Heart/Lungs		
	Asthma Wheezing or difficulty breathing Shortness of breath Chest congestion		
		Lump in throat	Heart races, rapid heartbeat
		Dry mouth, eyes and / or nose	Fast pulse at rest
		Gag easily or need to clear throat often	Flush or blush easily or face turns red for no reason
Mouth ulcers or canker sores	Heart skips beats		
TOTAL	TOTAL		
Mental Emotional	Musculoskeletal		
Feel 'foggy', thinking seems slow or fuzzy	Pain or swelling in joints		
Bizarre vivid or nightmarish dreams	Muscles become easily fatigued		
Depressed	Muscle aches and pains		
Worried, apprehensive, anxious	Arthritic tendencies		
Nervous or agitated	Joints are painful upon waking		
Mentally sluggish, reduced initiative	Joint pain after mild exertion		
Difficulty concentrating	Joint pain experienced after eating certain foods		
Mood swings	Abdomen tends to hang out		
Coordination is poor	Surface of abdomen is uneven and distended		
Poor memory	Use over-the-counter pain medications		
TOTAL	TOTAL		
Metabolism	Energy Levels		
Pulse speeds after eating	Weakness		
Night sweats	Easily fatigued, sleepy during the day		
MSG sensitivity	Fatigue is persistent and extreme		
Mood swings associated with periods (PMS)	Apathetic and lethargic		
Breast tenderness associated with cycle	Tired, in spite of a good night of rest		
TOTAL	TOTAL		
Weight	Kidney		
Crave bread or noodles	Urine has a strong odor		
Crave certain foods	Pain in mid back region		
Retaining water	Urine is frothy		
Excessive weight	Urinate infrequently		
TOTAL	TOTAL		
Immune System	Other		
•			
Frequent infections (bladder, skin, ear, chest, sinus)	Food allergies		
Frequent colds or flu TOTAL	Feel worse in moldy or musty place TOTAL		
IOTAL	TOTAL		
Please add the numbers from each section and write the to totals for each section together and put that total in the sp	otal in the space provided under that section. Then add all the ace below.		
GRAND TOTAL			