

TOXICITY QUIZ



To complete the toxicity questionnaire and find your results, simply fill in the blank with a 0,1,2 or 3 depending on your typical symptoms.

- 0 = Never feel this symptom
- 2 = Feel this symptom weekly

Head

- ____Memory Loss
- ____Headache/Migraine Dizziness/ Faintness
- Neck Tension
- Cloudy Head
- ____Brain Fog
- ____Brain Fog

Eyes

- ____ Dark circles under eyes
- ____ Bags under eyes
- ____ Itchy eyes
- ____ Discharge or watery eyes
- ____ Blurred Vision
- ____ Crusted eyes upon waking
- ____ Visual disturbances
- ____ History of cataracts

Teeth

- ____ Pain in gums or teeth
- ____ Bleeding gums
- _____ Silver fillings (score with 3 if you have
- any metal fillings)
- ____ History of Gingivitis

Mouth

- ____ Canker Sores
- ____ Post Nasal drip
- ____ Cold sores (herpes virus)
- ____ Cracking on lips
- ____ Discolored lips
- ____ White film on lips upon waking or after eating

Glands

- ____ Swollen lymph nodes (neck, armpits or groin)
- ____ Difficulty swallowing
- ____ Loss of voice/hoarse
- ____ Swollen ankles, wrists, hands and or fingers

1 = Feel this symptom 1-2 times per month

3 = Feel this symptom daily

Tongue

- ____ Red dots on tongue
- ____ Sides of tongue have dents
- ('scalloping)

____ White, yellow or brown coating on tongue

Cracks or lines in the tongue Film on tongue (white, yellow or brown)

Autoimmune

- ____Any diagnosed condition
- ____ Positive ANA
- ____ Positive MTHFR
- ____ Elevated ESR
- ____Elevated BETA 2 Glycoprotein
- ____Elevated Cardiolipin AB
- ____ Elevated Ferritin

Breathing

- Chest tension
- ____ Inability to get enough air in
- ____ Chest congestion
- Chronic cough Clear throat a lot
- ____ Air hunger

Skin

- ____ Acne
- ____ Hair Loss
- ____ Flushing/hot flashes
- ____Dry, flakey skin
- ____ Excessive sweating
- ____ Hives or itchiness
- ____ Psoriasis, eczema, ringworm, or skin
- rashes
- ____ Shingles

Sinus

- ____Nasal congestion (stuffy nose)
- ____ Allergies (seasonal or daily)
- ____ Sneezing
- ____ Nose blowing

Weight

- ____ Difficulty Losing Weight
- ____ Gain weight easily
- ____ Feel swollen or "puffy"
- ____ Retain water
- ____ Binge or compulsive eating
- ____ Insulin resistance
- ____ History of PCOS

Joints/Muscles

- ____ Pain in joints
- ____ Muscle stiffness
- ____ Limited range of motion
- ____ Muscle weakness/loss of strength
- ____ Arthritis
- ____ History of Lyme disease or other
- tick borne infection
- ____ Joint replacement of any kind
- ____ Implants (of any kind)

Sleep

Energy

____ Apathy

with quiet)

when seated

____ Inability to fall asleep

____ Sleep walking/ talking

____ Tired upon waking

____ General lack of energy

____ Lack of ambition or drive

always being doing something)

____ Diagnosis of Hashimoto's

____ Daytime or afternoon fatigue

____ Hyperactivity (can't sit still/ have to

Restlessness (feel uncomfortable

Tap hands or shake leg or hands

Decreased libido or sexual function

- ____ Can't stay asleep/wake up
- frequently
- ____ Nightmares
 ____Heart racing at night

____ Night sweats



TOXICITY QUIZ



Digestion

- ____ Get tired after meals (esp. lunch)
- ____ Gas/Bloating
- ____ Belching/burping
- ____ Heartburn or indigestion
- ____ Diarrhea
- ____ Stomach or intestinal pain
- ____ Nausea or vomiting
- ____ Stomach sticks out more as day progresses
- ____ Feel worse after probiotics
- ____SIBO or Celiac Disease
- ____ History or parasites or worms

Mind

- ____ Lack or concentrations
- ____ Easily distracted or lose train of thought
- ____ Difficulty making decisions
- ____ Brain fog
- ____ Stuttering or difficulty putting sentences together
- ____ Uncoordinated or drop things
- ____ Add/ADHD or learning disabilities
- ____ Can't recall words

Emotions

- ____ Anxiety
- ____ Overwhelmed
- ____ Irritability
- ____ Anger or rage
- ____ Dark or intrusive thoughts
- ____ Sad for no reason
- ____ Mood swings
- ____ Depressed
- ____ High strung / "wired"
- _____ Seasonal Affective Disorder

Immunity

(Score each question below with 10 if yes or the statement is accurate)

- Frequent colds (2-3x per year)
- Allergies (environmental or non-fatal food sensitivities)
- Pneumonia (in the past year)
- ____ Diagnosed disease
- ____ Unexplained illness
- ____ Vaccinated against COVID19
- ____ Elevated D-Dimer

Total Score:

_____ Grand total (add up your total points from the questionnaire)

Scoring

Take a look at your overall results and see which health sections you seem to be doing the best and what areas need some work. Those are the areas where you have underlying imbalances that must be corrected. After adding you your total see what toxicity stage you are at below.

Stage 1: 0-9 points

Congratulations! You're doing great! You appear to be well and have your health under control.

We can discuss how you can stay on this track!

Stage 2: 10-19 points

You are doing fairly well. You are starting to see the effects of hidden toxicities expressing themselves as symptoms. You may be moving towards a "disease-state". Let's see how we can steer you back on the path to vibrant health.

Stage 3: 20+

Your body is showing signs of toxic overload and total body burden. Most likely, you are feeling the effects of this in your daily life. You have inflammation, lowered vitality, lowered mood and less "get up and go".

We are your detox experts and will work with you to lower these levels and get back to feeling your best.