

# Detox/Inflammation Questionnaire

Name: \_\_\_\_\_ Birth Date \_\_\_\_\_ Today's Date: \_\_\_\_\_ Test # \_\_\_\_\_

This Questionnaire identifies symptoms which are commonly caused by inflammation, and helps us track your progress over time. Rate each of the following symptoms based upon your health for the past 30 days. If you are completing this for a 2<sup>nd</sup> or 3<sup>rd</sup> time, then record your symptoms for ONLY the past week.

POINT SCALE 0 = Never or almost never have it

1 = Occasionally have it, effect is not severe

2 = Occasionally have it, 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 X
- \_\_\_ Total

## EARS

- \_\_\_ Itchy ears
- \_\_\_ Earaches, ear infections
- \_\_\_ Drainage from ear
- \_\_\_ Ringing in ears, hearing loss
- \_\_\_ Total

## EMOTIONS

- \_\_\_ Mood swings
- \_\_\_ Anxiety, fear or nervousness
- \_\_\_ Angry, irritable or aggressive
- \_\_\_ Depression
- \_\_\_ Total

## ENERGY/ACTIVITY

- \_\_\_ Fatigued, sluggish, tired
- \_\_\_ Apathy, lethargy
- \_\_\_ Hyperactivity
- \_\_\_ Restlessness
- \_\_\_ Total

## EYES

- \_\_\_ Watery or itchy eyes
- \_\_\_ Swollen, reddened or sticky eyelids
- \_\_\_ Bags or dark circles under eyes
- \_\_\_ Blurred or tunnel vision
- \_\_\_ Total

## HEAD

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

## HEART

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

## JOINTS/MUSCLES

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

## LUNGS

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

## MIND

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

## MOUTH/THROAT

- \_\_\_ Chronic coughing
- \_\_\_ Gagging, frequently clearing throat
- \_\_\_ Sore throat, hoarseness, loss of voice
- \_\_\_ Swollen/discolored tongue, gum, lips
- \_\_\_ Canker sores
- \_\_\_ Total

## KEY TO QUESTIONNAIRE:

Add individual scores and total each group. Add each group score and give a grand total.

## NOSE

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

## SKIN

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

## WEIGHT

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

## OTHER

- \_\_\_ Frequent illness
- \_\_\_ Frequent or urgent urination
- \_\_\_ Genital itch or discharge
- \_\_\_ Total

GRAND TOTAL: \_\_\_\_\_

- Optimal is less than 10
- Mild Problems: 10-50
- Moderate Problems: 50-100
- Severe Problems: over 100