

# Toxicity Questionnaire

The Toxicity Questionnaire is designed to aid the practitioner in assessing a patient or client's potential need for a Clinical Purification™ program

## Section I: Symptoms

Rate each of the following symptoms based upon your health profile for the past 90 days.

Mark the corresponding number.	
<b>0</b>	Rarely or Never Experience the Symptom
<b>1</b>	Occasionally Experience the Symptom, Effect is not Severe
<b>2</b>	Occasionally Experience the Symptom, Effect is Severe
<b>3</b>	Frequently Experience the Symptom, Effect is not Severe
<b>4</b>	Frequently Experience the Symptom, Effect is Severe

### 1. DIGESTIVE

a. Nausea and/or vomiting	0	1	2	3	4
b. Diarrhea	0	1	2	3	4
c. Constipation	0	1	2	3	4
d. Bloating feeling	0	1	2	3	4
e. Belching and/or passing gas	0	1	2	3	4
f. Heartburn	0	1	2	3	4
<b>Total</b>					

### 2. EARS

a. Itchy ears	0	1	2	3	4
b. Earaches, ear infections	0	1	2	3	4
c. Drainage from ear	0	1	2	3	4
d. Ringing in ears, hearing loss	0	1	2	3	4
<b>Total</b>					

### 3. EMOTIONS

a. Mood swings	0	1	2	3	4
b. Anxiety, fear, nervousness	0	1	2	3	4
c. Anger, irritability	0	1	2	3	4
d. Depression	0	1	2	3	4
e. Sense of despair	0	1	2	3	4
f. Apathy/ lethargy	0	1	2	3	4
<b>Total</b>					

### 4. ENERGY/ACTIVITY

a. Fatigue / sluggishness	0	1	2	3	4
b. Hyperactivity	0	1	2	3	4
c. Restlessness	0	1	2	3	4
d. Insomnia	0	1	2	3	4
e. Startled awake at night	0	1	2	3	4
<b>Total</b>					

### 5. EYES

a. Watery, itchy eyes	0	1	2	3	4
b. Swollen, reddened or sticky eyelids	0	1	2	3	4
c. Dark circles under eyes	0	1	2	3	4
d. Blurred/tunnel vision	0	1	2	3	4
<b>Total</b>					

### 6. HEAD

a. Headaches	0	1	2	3	4
b. Faintness	0	1	2	3	4
c. Dizziness	0	1	2	3	4
d. Pressure	0	1	2	3	4
<b>Total</b>					

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(Section 1 Continued)

<b>7. LUNGS</b>					<b>12. HEART</b>											
a. Chest congestion	0	1	2	3	4	a. Skipped heartbeats	0	1	2	3	4					
b. Asthma, Bronchitis	0	1	2	3	4	b. Rapid heartbeats	0	1	2	3	4					
c. Shortness of breath	0	1	2	3	4	c. Chest pain	0	1	2	3	4					
d. Difficulty breathing	0	1	2	3	4	<b>Total</b>										
<b>Total</b>						<b>13. JOINTS / MUSCLES</b>										
<b>8. MIND</b>					a. Pain or aches in joints					0	1	2	3	4		
a. Poor memory	0	1	2	3	4	b. Rheumatoid arthritis						0	1	2	3	4
b. Confusion	0	1	2	3	4	c. Osteoarthritis						0	1	2	3	4
c. Poor concentration	0	1	2	3	4	d. Stiffness, limited movement						0	1	2	3	4
d. Poor coordination	0	1	2	3	4	e. Pain, aches in muscles						0	1	2	3	4
e. Difficulty making decisions	0	1	2	3	4	f. Recurrent back aches						0	1	2	3	4
f. Stuttering, stammering	0	1	2	3	4	g. Feeling of weakness or tiredness						0	1	2	3	4
g. Slurred speech	0	1	2	3	4	<b>Total</b>										
h. Learning disabilities	0	1	2	3	4	<b>14. WEIGHT</b>										
<b>Total</b>						a. Binge eating/drinking						0	1	2	3	4
<b>9. MOUTH / THROAT</b>					b. Craving certain foods					0	1	2	3	4		
a. Chronic coughing	0	1	2	3	4	c. Excessive weight						0	1	2	3	4
b. Gagging, frequent need to clear throat	0	1	2	3	4	d. Compulsive eating						0	1	2	3	4
c. Swollen or discolored tongue, gums, lips	0	1	2	3	4	e. Water retention						0	1	2	3	4
d. Canker sores	0	1	2	3	4	f. Underweight						0	1	2	3	4
<b>Total</b>						<b>Total</b>										
<b>10. NOSE</b>					<b>15. OTHER</b>											
a. Stuffy nose	0	1	2	3	4	a. Frequent illness						0	1	2	3	4
b. Sinus problems	0	1	2	3	4	b. Frequent or urgent urination						0	1	2	3	4
c. Hay fever	0	1	2	3	4	c. Leaky bladder						0	1	2	3	4
d. Sneezing attacks	0	1	2	3	4	d. Genital itch, discharge						0	1	2	3	4
e. Excessive mucous	0	1	2	3	4	<b>Total</b>										
<b>Total</b>						<b>Total</b>										
<b>11. SKIN</b>					<b>Section I Total</b> _____											
a. Acne	0	1	2	3								4				
b. Hives, rashes, dry skin	0	1	2	3								4				
c. Hair loss	0	1	2	3								4				
d. Flushing	0	1	2	3								4				
e. Excessive sweating	0	1	2	3								4				
<b>Total</b>																

## Section II: Risk of Exposure

Rate each of the following situations based upon your environmental profile for the past 120 days.

<b>16. Mark the corresponding number for questions 16a-f below.</b>									
<b>0</b>	Never	<b>1</b>	Rarely	<b>2</b>	Monthly	<b>3</b>	Weekly	<b>4</b>	Daily
a. How often are strong chemicals used in your home ? <span style="float: right;">0 1 2 3 4</span> (disinfectants, bleaches, oven and drain cleaners, furniture polish, floor wax, window cleaners, etc.)									
b. How often are pesticides used in your home? <span style="float: right;">0 1 2 3 4</span>									
c. How often do you have your home treated for insects? <span style="float: right;">0 1 2 3 4</span>									
d. How often are you exposed to dust, overstuffed furniture, tobacco smoke, mothballs, incense or varnish in your home or office? <span style="float: right;">0 1 2 3 4</span>									
e. How often are you exposed to nail polish, perfume, hair spray and other cosmetics? <span style="float: right;">0 1 2 3 4</span>									
f. How often are you exposed to diesel fumes, exhaust fumes, or gasoline fumes? <span style="float: right;">0 1 2 3 4</span>									
									<b>Total</b> _____

<b>17. Mark the corresponding number for questions 17a-b below.</b>									
<b>0</b>	No	<b>1</b>	Mild Change	<b>2</b>	Moderate Change	<b>3</b>	Drastic Change		
a. Have you noticed any negative change in your health since you moved into your home or apartment? <span style="float: right;">0 1 2 3</span>									
b. Have you noticed any negative change in your health since you started your new job? <span style="float: right;">0 1 2 3</span>									
									<b>Total</b> _____

<b>18. Answer yes or no and mark the corresponding number for questions 18a-d below.</b>									
								No	Yes
a. Do you have a water purification system in your home?								2	0
b. Do you have any indoor pets?								0	2
c. Do you have an air purification system in your home?								2	0
d. Are you a dentist, painter, farm worker or construction worker?								0	2
									<b>Total</b> _____

<b>GRAND TOTAL (Section I +Section II)</b>	_____
<p>Add up the numbers to arrive at a total for each section, and then add the totals for each section to arrive at the grand total. If any individual section total is 6 or more, or the grand total is 40 or more, you may benefit from a Clinical Purification™ program.</p>	