**Toxicity Self Test**

Rate each of the following symptoms on a scale from 0 to 5 (5 being the most severe) based upon your health profile for the past 30 days.

**Digestive System**

|  |  |
| --- | --- |
| \_\_ Diarrhea\_\_ Constipation\_\_ Belching, passing gas\_\_ Bloated feeling\_\_ Heartburn\_\_ ***Total***\_\_ Itchy ears\_\_ Earaches / infection\_\_ Ringing in ears\_\_ Hearing loss\_\_ ***Total***\_\_ Mood swings\_\_ Anxiety, fear nervousness\_\_ Anger, irritability\_\_ Depression\_\_ ***Total***\_\_ Fatigue, sluggishness\_\_ Apathy, lethargy\_\_ Hyperactivity\_\_ Restlessness\_\_ ***Total***\_\_ Watery, itchy eyes\_\_ Swollen, reddened, or sticky eyelids\_\_ Dark circles under eyes\_\_ Blurred or tunnel vision\_\_ ***Total***\_\_ Headaches\_\_ Faintness\_\_ Dizziness\_\_ Insomnia\_\_ ***Total***\_\_ Skipped heartbeats\_\_ Rapid heartbeats\_\_ Chest pain\_\_ ***Total***\_\_ Frequent illness\_\_ Frequency or urgent need to urinate\_\_ ***Total*** | \_\_ Pain or aches in joints\_\_ Stiffness, limited movement\_\_ Pain, aches in muscles\_\_ Weakness in muscles\_\_ ***Total***\_\_ Chest Congestion\_\_ Asthma, bronchitis\_\_ Shortness of breath\_\_ Difficulty breathing\_\_ ***Total***\_\_ Poor memory\_\_ Poor concentration\_\_ Difficulty making decisions\_\_ Stuttering, stammering\_\_ Learning disabilities\_\_ ***Total***\_\_ Stuffy nose\_\_ Sinus problems\_\_ Sneezing attacks\_\_ Excessive mucus\_\_ ***Total***\_\_ Chronic coughing\_\_ Gagging, frequent need to clear throat\_\_ Sore throat, hoarseness\_\_ Swollen, discolored tongue, gums, or lips\_\_ Canker sores\_\_ ***Total***\_\_ Acne\_\_ Hives, rashes, dry skin\_\_ Flushing or hot flashes\_\_ Excessive sweating\_\_ ***Total*****Ears**\_\_ Binge eating/drinking\_\_ Craving certain foods\_\_ Excessive weight\_\_ Compulsive eating\_\_ Water retention\_\_ Underweight\_\_ ***Total*****Weight** |

**Other**

***\_\_ Grand Total.***

A Grand Total score of 25 or higher—or a section total of 10 or higher—indicates increased toxicity...