

Toxicity Self-Assessment

Name _____ Date _____

Rate each of the following symptoms based upon your health profile for the past 30 days:

POINT SCALE:

- 0** = Never or almost never have the symptom.
- 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

- Nausea or vomiting
- Diarrhea
- Constipation
- Bloated feeling
- Belching, passing gas
- Heartburn

Total

EARS

- Itchy ears
- Earaches, ear infection
- Drainage from the ear
- Ringing in the ears, hearing loss

Total

EMOTIONS

- Mood swings
- Anxiety, fear, nervousness
- Anger, irritability
- Depression

Total

ENERGY/ACTIVITY

- Fatigue, sluggishness
- Apathy, lethargy
- Hyperactivity
- Restlessness

Total

HEAD

- Headaches
- Faintness
- Dizziness
- Insomnia

Total

HEART

- Skipped heartbeats
- Rapid heartbeats
- Chest pain

Total

JOINTS/MUSCLES

- Pain or aches in joints
- Arthritis
- Stiffness, limited movement
- Pain, aches in muscles
- Feeling of weakness or tiredness

Total

LUNGS

- Chest congestion
- Asthma, bronchitis
- Shortness of breath
- Difficulty breathing

Total

EYES

- Swollen, reddened or sticky eyelids
- Dark circles under the eyes
- Blurred/tunnel vision
- Total**

MIND

- Poor memory
- Confusion
- Poor concentration
- Poor coordination
- Difficulty making decisions
- Stuttering, stammering
- Slurred speech
- Learning disabilities
- Total**

MOUTH/THROAT

- Chronic coughing
- Gagging, frequent need to clear throat
- Sore throat, hoarse
- Swollen or discolored tongue, gums or lips
- Canker sores
- Total**

NOSE

- Stuffy nose
- Sinus problems
- Hay Fever
- Sneezing attacks
- Excessive mucus
- Total**

SKIN

- Acne
- Hives, rashes, dry skin
- Hair loss
- Flushing or hot flashes
- 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, discharge
- Total**

GRAND TOTAL = TOXICITY SCORE

Add up the numbers to arrive at a total for each section, then add the totals for each section to arrive at the grand total.

Interpretation

If any **individual section** is **10 or more**, or the **grand total** is **50 or more**, you are showing signs of toxicity

10 or less: Low Toxicity Category

Your liver is doing a decent job of detoxification and keeping you fairly healthy. You may be experiencing some irritating symptoms and possibly low energy, but relatively speaking, you should be feeling pretty good.

11 to 49: Mild to Moderate Toxicity Category

Your liver is unable to keep up with the toxic load and is not efficiently eliminating all of the toxins you're putting in, on, or through your body, resulting in some uncomfortable and limiting symptoms like pain, bloating, discomfort and emotional irritability.

50 to 100: High Toxicity Category

It appears that your liver is overloaded and you're having significant health challenges related to toxicity. You may be experiencing severe fatigue and constant pain or discomfort.

Over 100: Extreme Toxicity Category

You are either experiencing or on your way towards serious health challenges. Your liver is overburdened and can't keep up with the toxic load.