



Toxicity 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

___ Bloating feeling

___ Belching, passing gas

___ Heartburn

___ **Total (max 24)**

Head

___ Headaches

___ Faintness

___ Dizziness

___ Insomnia

___ **Total (max 16)**

Ears

___ Itchy ears

___ Earaches, ear infection

___ Drainage from the ear

___ Ringing in the ears, hearing loss

___ **Total (max 16)**

Heart

___ Skipped heartbeats

___ Rapid heartbeats

___ Chest pain

___ **Total (max 12)**



Emotions

- ☐ Mood swings
- ☐ Anxiety, fear, nervousness
- ☐ Anger, irritability
- ☐ Depression
- ☐ **Total (max 16)**

Joints / Muscles

- ☐ Pain or aches in joints
- ☐ Arthritis
- ☐ Stiffness, limited movement
- ☐ Pain, aches in muscles
- ☐ Feeling of weakness or tiredness
- ☐ **Total (max 20)**

Energy / Activity

- ☐ Fatigue, sluggishness
- ☐ Apathy, lethargy
- ☐ Hyperactivity
- ☐ Restlessness
- ☐ **Total (max 16)**

Lungs

- ☐ Chest congestion
- ☐ Asthma, bronchitis
- ☐ Shortness of breath
- ☐ Difficulty breathing
- ☐ **Total (max 16)**

Mind

- ☐ Poor memory
- ☐ Confusion
- ☐ Poor concentration
- ☐ Poor coordination
- ☐ Difficulty making decisions
- ☐ Stuttering, stammering
- ☐ Slurred speech
- ☐ Learning disabilities
- ☐ **Total (max 32)**

Weight

- ☐ Binge eating/drinking
- ☐ Craving certain foods
- ☐ Excessive weight
- ☐ Compulsive eating
- ☐ Water retention
- ☐ Underweight
- ☐ **Total (max 24)**

Skin

- ☐ Acne
- ☐ Hives, rashes, dry skin
- ☐ Hair loss
- ☐ Flushing or hot flashes
- ☐ Excessive sweating
- ☐ **Total (max 20)**

Eyes

- ☐ Swollen, reddened or sticky eyelids
- ☐ Dark circles under the eyes
- ☐ Blurred/tunnel vision
- ☐ **Total (max 12)**



Mouth / Throat

- ___ Chronic coughing
- ___ Gagging, frequent need to clear throat
- ___ Sore throat, hoarse
- ___ Swollen or discolored tongue, gums or lips
- ___ Canker sores
- ___ **Total (max 20)**

Nose

- ___ Stuffy nose
- ___ Sinus problems
- ___ Hay fever
- ___ Sneezing attacks
- ___ Excessive mucus
- ___ **Total (max 20)**

Other

- ___ Frequent illness
- ___ Frequent or urgent urination
- ___ Genital itch, discharge
- ___ **Total (max 12)**

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.

_____ **Grand Total (max 276) = Toxicity Score**

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.