



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
- ___ Bloating 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**



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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**

SKIN

- ___ Acne
___ Hives, rashes, dry skin
___ Hair loss
___ Flushing or hot flashes
___ Excessive sweating
___ **Total**

MOUTH/THROAT

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

WEIGHT

- ___ Binge eating/drinking
___ Craving certain foods
___ Excessive weight
___ Compulsive eating
___ Water retention
___ Underweight
___ **Total**

NOSE

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