



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

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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

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.