

DETOXIFICATION QUESTIONNAIRE - GENERAL SIGNS & SYMPTOMS

Patient Name: _____ **Date:** _____

This questionnaire gives your healthcare provider an indication of your toxicity level based on common signs and symptoms related to toxicity. It will also provide information to see if you have less toxic signs and symptoms after the WWC 7 Day Detox program. Please complete this questionnaire before and after the 7-days detoxification program.

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

HEAD

- ___ Headaches
- ___ Dizziness
- ___ Insomnia
- ___ Faintness

_____ **TOTAL**

EARS

- ___ Itchy ears
- ___ Ringing in ears/ loss of hearing
- ___ Earaches/ ear infections
- ___ Drainage from ear

_____ **TOTAL**

EYES

- ___ Bags or dark circles under eyes
- ___ Watery or itchy eyes
- ___ Swollen, reddened, or sticky eyelids
- ___ Blurred or tunnel vision (excluding near- or far- sightedness)

_____ **TOTAL**

NOSE

- Stuffy nose
- Sinus congestion, sinus infection
- Constant sneezing
- Hay fever/allergies
- Excess mucus formation

_____ **TOTAL**

MOUTH/THROAT

- Chronic coughing
- Sore throat, hoarseness, loss of voice
- Gagging, frequent need to clear throat
- Swollen tongue, gums, or lips
- Swollen lymph nodes
- Canker sores, mouth ulcers

_____ **TOTAL**

HEART

- Chest pain
- Irregular or skipped heartbeat
- Rapid or pounding heartbeat

_____ **TOTAL**

LUNGS

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

_____ **TOTAL**

SKIN

- Acne or brown "age/liver spots"
- Hives, rashes, cysts, boils
- Eczema or psoriasis
- Itchy skin/dermatitis
- Hair loss, hair thinning
- Body odor
- Excessive sweating

_____ **TOTAL**

JOINTS/MUSCLES

- Pain or aches in joints or lower back
- Stiffness or limitation of movement
- Arthritis
- Pain or aches in muscles

_____ **TOTAL**

MENTAL/EMOTIONAL

- Poor memory
- Difficulty concentrating
- Mood swings
- Depression
- Anxiety, fear, or nervousness
- Anger, irritability, or aggressiveness
- Insomnia

_____ **TOTAL**

ENERGY LEVEL

- Fatigue/low energy
- Restlessness
- Hyperactivity
- Feeling of weakness

_____ **TOTAL**

WEIGHT

- Underweight
- Overweight
- Difficulty losing weight
- Crave certain foods

_____ **TOTAL**

OTHER

- PMS
- Frequent colds, flus
- Chemical or environmental sensitivities
- Food allergies/sensitivities

_____ **TOTAL**



Please add the numbers from each section and write the section total in the spaces provided, then add all the section totals together and put that total in the space below.

____ **GRAND TOTAL**

Interpreting Your GRAND TOTAL Toxicity Score:

15 or lower: You have a low level of toxicity.

16 to 49: You have a moderate level of toxicity.

50 or higher: You have a high level of toxicity.