

Symptom Tracker: Detox Potential

This questionnaire asks you to rate your health based on a range of symptoms and conditions. Your answers will give a snapshot of your body's toxicity level, ranging from low to moderate to high. I can use this survey to benchmark your progress. Rate your symptoms over the past 4 weeks. After the Detox Plan retake this tracker questionnaire.

Point scale:

Rate the frequency of each symptom according to the following point scale.

- 0 - never or rarely
- 1. - infrequently (less than once a month) and effect is mild
- 2. - occasionally (at least once a month) and effect is modest
- 3. - regularly (at least once a week) and effect is moderate
- 4 - constantly (every day) and effect is severe

IMMUNITY

Head

- Dizziness
- Faintness
- Headaches

Eyes

- Bags/dark circles
- Blurred/tunnel vision
- Swollen, reddened, sticky eyelids
- Watery/itchy eyes

Ears

- Drainage from ear
- Earaches, ear infections
- Itchy ears
- Ringing, hearing loss

Nose

- Excessive mucus
- Hay fever
- Sinus problems
- Sneezing attacks
- Stuffy nose

Mouth/Throat

- Canker sores
- Chronic coughing
- Frequent need to clear throat
- Sore throat, hoarseness
- Swollen/discoloured tongue, gums, lips

Skin

- Acne
- Excessive sweating
- Flushing
- Hair loss
- Hives, rashes, dry

IMMUNITY (continued)

Lungs

- Asthma
- Bronchitis
- Chest congestion
- Difficulty breathing
- Shortness of breath

Joints/Muscle

- Stiffness/limitation of movement
- Feeling of weakness
- Pain/aches in joints
- Pain/aches in muscles

NEUROLOGICAL

Energy/Activity

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

Mind

- Confusion, poor comprehension
- Difficulty making decisions
- Learning disabilities
- Poor concentration
- Poor memory
- Poor physical coordination
- Slurred speech
- Stuttering/stammering

Emotions

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

WEIGHT

- Binge eating/drinking
- Craving certain foods
- Excessive weight
- Underweight
- Water retention

DIGESTION

- Belching, passing gas
- Bloating
- Constipation
- Diarrhea
- Heartburn
- Intestinal/stomach pain
- Nausea, vomiting

ENDOCRINE

Women

- Genital itch/discharge
- Hot flashes/night sweats
- Loss of libido
- Painful menstrual cycle
- Premenstrual syndrome
- Short/long menstruation
- Early onset of menopause
- Fertility issues

Men

- Difficulty getting/maintaining erection
- Loss of libido
- Fertility issues
- Difficulty getting/maintaining erection

CARDIOVASCULAR

- Chest pain
- Frequent illness
- Frequent/urgent urination
- Irregular/skipped heartbeat
- Rapid/pounding heartbeat
- Numbness/tingling in hands

TEST SCORES (insert)

Immunity Subtotal

Neurological Subtotal

Weight Subtotal

Digestion Subtotal

Endocrine Subtotal

Cardiovascular Subtotal

GRAND TOTAL

Key to Questionnaire: Add individual scores and total each group. Calculate the Grand Total. Low: 0-14, Toxicity level: Low: 0-14 Moderate: 15 - 49 High: 50+