

# Detoxification Questionnaire

Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Read the following questions and rate them based on how you have been feeling in the past 30 days.  
Fill in the number that applies on the form below:

- KEY:** 0 (or leave blank) = No or never or almost never occurs  
1 = Occasionally occurs, effect is not severe  
2 = Occasionally occurs, effect is severe  
3 = Frequently occurs, effect is not severe  
4 = Frequently occurs, effect is severe

## Gastrointestinal

- \_\_\_\_\_ Belching or gas
- \_\_\_\_\_ Heartburn or acid reflux
- \_\_\_\_\_ Bloating or abdominal discomfort shortly after eating
- \_\_\_\_\_ Bad breath (halitosis)
- \_\_\_\_\_ Aggravated by certain foods
- \_\_\_\_\_ Diarrhea, chronic
- \_\_\_\_\_ Undigested food in stool
- \_\_\_\_\_ Constipation
- \_\_\_\_\_ Nausea or vomiting
- \_\_\_\_\_ Fewer than one bowel movement a day
- \_\_\_\_\_ Stools are loose and unformed

\_\_\_\_\_ **TOTAL**

## Liver

- \_\_\_\_\_ Wine makes you sick
- \_\_\_\_\_ Easily intoxicated if drinking alcohol
- \_\_\_\_\_ Hangovers after drinking alcohol
- \_\_\_\_\_ Sensitive to chemicals (perfume, solvents, exhaust)
- \_\_\_\_\_ Sensitive to tobacco smoke
- \_\_\_\_\_ Hemorrhoids or varicose veins
- \_\_\_\_\_ Bothered by aspartame (NutraSweet)
- \_\_\_\_\_ Chronic fatigue or Fibromyalgia
- \_\_\_\_\_ Feeling wired or jittery if drinking coffee
- \_\_\_\_\_ Feet have a strong odor
- \_\_\_\_\_ Sweat has a strong odor

\_\_\_\_\_ **TOTAL**

## Skin

- \_\_\_\_\_ Experience hives, cysts, boils, rashes
- \_\_\_\_\_ Cold sores, fever blisters, or herpes lesions
- \_\_\_\_\_ Dry flaky skin and/or dandruff
- \_\_\_\_\_ Fragile skin, easily chaffed, as in shaving
- \_\_\_\_\_ Acne
- \_\_\_\_\_ Itchy skin / dermatitis
- \_\_\_\_\_ Dull colored skin, yellowish, pale or grayish
- \_\_\_\_\_ Pale complexion
- \_\_\_\_\_ Skin has a sour or unpleasant odor

\_\_\_\_\_ **TOTAL**

## Eyes

- \_\_\_\_\_ Dark circles around the eyes
- \_\_\_\_\_ Puffy eyelids
- \_\_\_\_\_ Bags under the eyes
- \_\_\_\_\_ Bloodshot or reddened eyes
- \_\_\_\_\_ Whites of eyes are yellowed
- \_\_\_\_\_ Inflamed eyelids
- \_\_\_\_\_ Eyes are water and/or itchy
- \_\_\_\_\_ Blurred or tunnel vision

\_\_\_\_\_ **TOTAL**

## Nails

- \_\_\_\_\_ Ridged nails
- \_\_\_\_\_ Splitting nails
- \_\_\_\_\_ White spots on nails
- \_\_\_\_\_ Crumbling nails

\_\_\_\_\_ **TOTAL**

## Ears

- \_\_\_\_\_ Ear infections
- \_\_\_\_\_ Ear drainage or discharge
- \_\_\_\_\_ Itchy ears
- \_\_\_\_\_ Ringing in the ears

\_\_\_\_\_ **TOTAL**

## Nose

- \_\_\_\_\_ Stuffy nose
- \_\_\_\_\_ Airborne allergies
- \_\_\_\_\_ Sinus congestion, "stuffy head", sinus infections
- \_\_\_\_\_ Runny or drippy nose

\_\_\_\_\_ **TOTAL**

## Head

- \_\_\_\_\_ Tension headaches at base of skull
- \_\_\_\_\_ Splitting type headache
- \_\_\_\_\_ Dizziness
- \_\_\_\_\_ Faintness

\_\_\_\_\_ **TOTAL**

**Mouth and Throat**

- Coated tongue (yellow, grayish-white or thick film)
- Swollen tongue
- Hoarseness
- Difficulty swallowing
- Lump in throat
- Dry mouth, eyes and / or nose
- Gag easily or need to clear throat often
- Mouth ulcers or canker sores

\_\_\_\_\_ **TOTAL**

**Heart/Lungs**

- Asthma
- Wheezing or difficulty breathing
- Shortness of breath
- Chest congestion
- Heart races, rapid heartbeat
- Fast pulse at rest
- Flush or blush easily or face turns red for no reason
- Heart skips beats

\_\_\_\_\_ **TOTAL**

**Mental Emotional**

- Feel spacey, thinking seems slow or fuzzy
- Bizarre vivid or nightmarish dreams
- Depressed
- Worried, apprehensive, anxious
- Nervous or agitated
- Mentally sluggish, reduced initiative
- Difficulty concentrating
- Mood swings
- Coordination is poor
- Poor memory

\_\_\_\_\_ **TOTAL**

**Musculoskeletal**

- Pain or swelling in joints
- Muscles become easily fatigued
- Muscle aches and pains
- Arthritic tendencies
- Joints are painful upon waking
- Joint pain after mild exertion
- Joint pain experienced after eating certain foods
- Abdomen tends to hang out
- Surface of abdomen is uneven and distended
- Use over-the-counter pain medications

\_\_\_\_\_ **TOTAL**

**Metabolism**

- Pulse speeds after eating
- Night sweats
- MSG sensitivity
- Mood swings associated with periods (PMS)
- Breast tenderness associated with cycle

\_\_\_\_\_ **TOTAL**

**Energy levels**

- Weakness
- Easily fatigued, sleepy during the day
- Fatigue is persistent and extreme
- Apathetic and lethargic
- Tired, even after a good nights rest

\_\_\_\_\_ **TOTAL**

**Weight**

- Crave bread or noodles
- Crave certain foods
- Retaining water
- Excessive weight

\_\_\_\_\_ **TOTAL**

**Kidney**

- Urine has a strong odor
- Pain in mid back region
- Urine is frothy
- Urinate infrequently

\_\_\_\_\_ **TOTAL**

**Immune System**

- Frequent infections (bladder, skin, ear, chest, sinus)
- Frequent colds or flu

\_\_\_\_\_ **TOTAL**

**Other**

- Food allergies
- Feel worse in moldy or musty place

\_\_\_\_\_ **TOTAL**

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

**GRAND TOTAL** \_\_\_\_\_