

# WEEKLY INFLAMMATION AND TOXICITY QUESTIONNAIRE WEEK 1 TO 5

The Weekly Inflammation and Toxicity Questionnaire is an important tool during the Detox Program. Fill out this form every Friday or Saturday while on the Program to see how changes you make during the program affect your health and wellbeing. The lower the score the better.

## SAMPLE WEEKLY INFLAMMATION AND TOXICITY QUESTIONNAIRE

Weekly Inflammation and Toxicity Questionnaire – Week 1			
Name: <u>Joe</u>		DATE: <u>Jan 20</u>	
Rate each of the following symptoms base upon your typical health profile for :			
Point Scale	0 <i>Never or almost never have the symptom</i>	3 <i>Frequently have it, effect is not severe</i>	
	1 <i>Occasionally have it, effect is not severe</i>	4 <i>Frequently have it, effect is severe</i>	
	2 <i>Occasionally have it, effect is severe</i>		
<b>HEAD</b>	2 Headaches		
	Faintness		
	Dizziness		
	3 Insomnia		
	<b>5 TOTAL</b>		
<b>EYES</b>	2 Watery or itchy eyes		
	Swollen, reddened or sticky eyelids		
	2 Bags or dark circles under eyes		
	Blurred or tunnel vision (does not include near- or far-sightedness)		
	<b>4 TOTAL</b>		
<b>EARS</b>	Itchy ears		
	4 Earaches, ear infections		
	Drainage from ear		
	3 Ringing in ears, hearing loss		
	<b>7 TOTAL</b>		
<b>NOSE</b>	4 Stuffy nose		
	4 Snus problems		
	Hay fever		
	Sneezing attacks		
	3 Excessive mucus formation		
	<b>11 TOTAL</b>		
<b>MOUTH/ THROAT</b>	3 Chronic coughing		
	Gagging, frequent need to clear throat		
	2 Sore throat, hoarseness, loss of voice		
	Swollen or discolored tongue, gums or lips		
	2 Canker sores		
	<b>7 TOTAL</b>		
<b>SKIN</b>	Acne		
	4 Hives, rashes, dry skin		
	Hair loss		
	4 Flushing, hot flashes		
	Excessive sweating		
	<b>8 TOTAL</b>		
<b>HEART</b>	Irregular or skipped heartbeat		
	3 Rapid or pounding heartbeat		
	2 Chest pain		
	<b>5 TOTAL</b>		
<b>LUNGS</b>	3 Chest congestion		
	2 Asthma, bronchitis		
	2 Shortness of breath		
	Difficult breathing		
	<b>7 TOTAL</b>		
<b>DIGESTIVE TRACK</b>			
	Nausea, vomiting		
	3 Diarrhea		
	Constipation		
	3 Bloating feeling		
	3 Belching, passing gas		
	4 Heartburn		
	3 Intestinal/stomach pain		
	<b>16 TOTAL</b>		
<b>JOINTS/ MUSCLE</b>	3 Pain or aches in joints		
	Arthritis		
	3 Stiffness or limitation of movement		
	Pain or aches in muscles		
	4 Feel of weakness or tiredness		
	<b>10 TOTAL</b>		
<b>WEIGHT</b>	4 Binge eating/drinking		
	3 Craving certain foods		
	2 Excessive weight		
	Compulsive eating		
	2 Water retention		
	Underweight		
	<b>11 TOTAL</b>		
<b>ENERGY/ ACTIVITY</b>	3 Fatigue, sluggishness		
	Apathy, lethargy		
	Hyperactivity		
	4 Restlessness		
	<b>7 TOTAL</b>		
<b>MIND</b>	3 Poor memory		
	3 Confusion, poor comprehension		
	4 Poor concentration		
	Poor physical coordination		
	4 Difficulty in making decisions		
	Stuttering or stammering		
	Surred speech		
	Learning disabilities		
	<b>14 TOTAL</b>		
<b>EMOTIONS</b>	3 Mood swings		
	3 Anxiety, fear, nervousness		
	Anger, irritability, aggressiveness		
	3 Depression		
	<b>9 TOTAL</b>		
<b>OTHER</b>	2 Frequent illness		
	Frequent or urgent urination		
	Genital itch or discharge		
	<b>2 TOTAL</b>		
<b>GRAND TOTAL</b>		<b>123</b>	

0-10 OPTIMAL 10-50 MILD TOXICITY 50-100 MODERATE TOXICITY > 100 SEVERE TOXICITY

# WEEKLY INFLAMMATION AND TOXICITY QUESTIONNAIRE: DAY 1

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

Rate each of the following symptoms base upon your typical health profile for:

Point Scale	0	Never or almost never have the symptom	3	Frequently have it, effect is <i>not</i> severe
	1	Occasionally have it, effect is <i>not</i> severe	4	Frequently have it, effect is severe
	2	Occasionally have it, effect is severe		

<b>HEAD</b>	_____	Headaches
	_____	Faintness
	_____	Dizziness
	_____	Insomnia
	_____	<b>TOTAL</b>
<b>EYES</b>	_____	Watery or itchy eyes
	_____	Swollen, reddened or sticky eyelids
	_____	Bags or dark circles under eyes
	_____	Blurred or tunnel vision (does not include near- or far-sightedness)
	_____	<b>TOTAL</b>
<b>EARS</b>	_____	Itchy ears
	_____	Earaches, ear infections
	_____	Drainage from ear
	_____	Ringing in ears, hearing loss
	_____	<b>TOTAL</b>
<b>NOSE</b>	_____	Stuffy nose
	_____	Sinus problems
	_____	Hay fever
	_____	Sneezing attacks
	_____	Excessive mucus formation
	_____	<b>TOTAL</b>
<b>MOUTH / THROAT</b>	_____	Chronic coughing
	_____	Gagging, frequent need to clear throat
	_____	Sore throat, hoarseness, loss of voice
	_____	Swollen or discolored tongue, gums or lips
	_____	Canker sores
	_____	<b>TOTAL</b>
<b>SKIN</b>	_____	Acne
	_____	Hives, rashes, dry skin
	_____	Hair loss
	_____	Flushing, hot flashes
	_____	Excessive sweating
	_____	<b>TOTAL</b>
<b>HEART</b>	_____	Irregular or skipped heartbeat
	_____	Rapid or pounding heartbeat
	_____	Chest pain
	_____	<b>TOTAL</b>
<b>LUNGS</b>	_____	Chest congestion
	_____	Asthma, bronchitis
	_____	Shortness of breath
	_____	Difficulty breathing
	_____	<b>TOTAL</b>

<b>DIGESTIVE TRACK</b>	_____	Nausea, vomiting
	_____	Diarrhea
	_____	Constipation
	_____	Bloated feeling
	_____	Belching, passing gas
	_____	Heartburn
	_____	Intestinal/stomach pain
	_____	<b>TOTAL</b>
<b>JOINTS / MUSCLE</b>	_____	Pain or aches in joints
	_____	Arthritis
	_____	Stiffness or limitation of
	_____	Pain or aches in muscles
	_____	Feel of weakness or
	_____	<b>TOTAL</b>
<b>WEIGHT</b>	_____	Binge eating/drinking
	_____	Craving certain foods
	_____	Excessive weight
	_____	Compulsive eating
	_____	Water retention
	_____	Underweight
	_____	<b>TOTAL</b>
<b>ENERGY / ACTIVITY</b>	_____	Fatigue, sluggishness
	_____	Apathy, lethargy
	_____	Hyperactivity
	_____	Restlessness
	_____	<b>TOTAL</b>
<b>MIND</b>	_____	Poor memory
	_____	Confusion, poor
	_____	Poor concentration
	_____	Poor physical coordination
	_____	Difficulty in making decisions
	_____	Stuttering or stammering
	_____	Slurred speech
	_____	Learning disabilities
	_____	<b>TOTAL</b>
<b>EMOTIONS</b>	_____	Mood swings
	_____	Anxiety, fear, nervousness
	_____	Anger, irritability, aggressiveness
	_____	Depression
	_____	<b>TOTAL</b>
<b>OTHER</b>	_____	Frequent illness
	_____	Frequent or urgent urination
	_____	Genital itch or discharge
	_____	<b>TOTAL</b>
<b>GRAND TOTAL</b>		_____

# WEEKLY INFLAMMATION AND TOXICITY QUESTIONNAIRE: WEEK 2

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

Rate each of the following symptoms base upon your typical health profile for:

Point Scale	0	Never or almost never have the symptom	3	Frequently have it, effect is <i>not</i> severe
	1	Occasionally have it, effect is <i>not</i> severe	4	Frequently have it, effect is severe
	2	Occasionally have it, effect is severe		

**HEAD**

\_\_\_\_\_ Headaches

\_\_\_\_\_ Faintness

\_\_\_\_\_ Dizziness

\_\_\_\_\_ Insomnia

\_\_\_\_\_ TOTAL

**EYES**

\_\_\_\_\_ Watery or itchy eyes

\_\_\_\_\_ Swollen, reddened or sticky eyelids

\_\_\_\_\_ Bags or dark circles under eyes

\_\_\_\_\_ Blurred or tunnel vision  
(does not include near- or far-sightedness)

\_\_\_\_\_ TOTAL

**EARS**

\_\_\_\_\_ Itchy ears

\_\_\_\_\_ Earaches, ear infections

\_\_\_\_\_ Drainage from ear

\_\_\_\_\_ Ringing in ears, hearing loss

\_\_\_\_\_ TOTAL

**NOSE**

\_\_\_\_\_ Stuffy nose

\_\_\_\_\_ Sinus problems

\_\_\_\_\_ Hay fever

\_\_\_\_\_ Sneezing attacks

\_\_\_\_\_ Excessive mucus formation

\_\_\_\_\_ TOTAL

**MOUTH / THROAT**

\_\_\_\_\_ Chronic coughing

\_\_\_\_\_ Gagging, frequent need to clear throat

\_\_\_\_\_ Sore throat, hoarseness, loss of voice

\_\_\_\_\_ Swollen or discolored tongue, gums or lips

\_\_\_\_\_ Canker sores

\_\_\_\_\_ TOTAL

**SKIN**

\_\_\_\_\_ Acne

\_\_\_\_\_ Hives, rashes, dry skin

\_\_\_\_\_ Hair loss

\_\_\_\_\_ Flushing, hot flashes

\_\_\_\_\_ Excessive sweating

\_\_\_\_\_ TOTAL

**HEART**

\_\_\_\_\_ Irregular or skipped heartbeat

\_\_\_\_\_ Rapid or pounding heartbeat

\_\_\_\_\_ Chest pain

\_\_\_\_\_ TOTAL

**LUNGS**

\_\_\_\_\_ Chest congestion

\_\_\_\_\_ Asthma, bronchitis

\_\_\_\_\_ Shortness of breath

\_\_\_\_\_ Difficulty breathing

\_\_\_\_\_ TOTAL

**DIGESTIVE TRACK**

\_\_\_\_\_ Nausea, vomiting

\_\_\_\_\_ Diarrhea

\_\_\_\_\_ Constipation

\_\_\_\_\_ Bloating feeling

\_\_\_\_\_ Belching, passing gas

\_\_\_\_\_ Heartburn

\_\_\_\_\_ Intestinal/stomach pain

\_\_\_\_\_ TOTAL

**JOINTS / MUSCLE**

\_\_\_\_\_ Pain or aches in joints

\_\_\_\_\_ Arthritis

\_\_\_\_\_ Stiffness or limitation of

\_\_\_\_\_ Pain or aches in muscles

\_\_\_\_\_ Feel of weakness or

\_\_\_\_\_ TOTAL

**WEIGHT**

\_\_\_\_\_ Binge eating/drinking

\_\_\_\_\_ Craving certain foods

\_\_\_\_\_ Excessive weight

\_\_\_\_\_ Compulsive eating

\_\_\_\_\_ Water retention

\_\_\_\_\_ Underweight

\_\_\_\_\_ TOTAL

**ENERGY / ACTIVITY**

\_\_\_\_\_ Fatigue, sluggishness

\_\_\_\_\_ Apathy, lethargy

\_\_\_\_\_ Hyperactivity

\_\_\_\_\_ Restlessness

\_\_\_\_\_ TOTAL

**MIND**

\_\_\_\_\_ Poor memory

\_\_\_\_\_ Confusion, poor

\_\_\_\_\_ Poor concentration

\_\_\_\_\_ Poor physical coordination

\_\_\_\_\_ Difficulty in making decisions

\_\_\_\_\_ Stuttering or stammering

\_\_\_\_\_ Slurred speech

\_\_\_\_\_ Learning disabilities

\_\_\_\_\_ TOTAL

**EMOTIONS**

\_\_\_\_\_ Mood swings

\_\_\_\_\_ Anxiety, fear, nervousness

\_\_\_\_\_ Anger, irritability, aggressiveness

\_\_\_\_\_ Depression

\_\_\_\_\_ TOTAL

**OTHER**

\_\_\_\_\_ Frequent illness

\_\_\_\_\_ Frequent or urgent urination

\_\_\_\_\_ Genital itch or discharge

\_\_\_\_\_ TOTAL

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

# WEEKLY INFLAMMATION AND TOXICITY QUESTIONNAIRE: WEEK 3

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

Rate each of the following symptoms base upon your typical health profile for:

Point Scale	0	<i>Never or almost never</i> have the symptom	3	<i>Frequently</i> have it, effect is <i>not severe</i>
	1	<i>Occasionally</i> have it, effect is <i>not severe</i>	4	<i>Frequently</i> have it, effect is <i>severe</i>
	2	<i>Occasionally</i> have it, effect is <i>severe</i>		

**HEAD**

\_\_\_\_\_ Headaches

\_\_\_\_\_ Faintness

\_\_\_\_\_ Dizziness

\_\_\_\_\_ Insomnia

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

**EYES**

\_\_\_\_\_ Watery or itchy eyes

\_\_\_\_\_ Swollen, reddened or sticky eyelids

\_\_\_\_\_ Bags or dark circles under eyes

\_\_\_\_\_ Blurred or tunnel vision  
(does not include near- or far-sightedness)

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

**EARS**

\_\_\_\_\_ Itchy ears

\_\_\_\_\_ Earaches, ear infections

\_\_\_\_\_ Drainage from ear

\_\_\_\_\_ Ringing in ears, hearing loss

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

**NOSE**

\_\_\_\_\_ Stuffy nose

\_\_\_\_\_ Sinus problems

\_\_\_\_\_ Hay fever

\_\_\_\_\_ Sneezing attacks

\_\_\_\_\_ Excessive mucus formation

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

**MOUTH / THROAT**

\_\_\_\_\_ Chronic coughing

\_\_\_\_\_ Gagging, frequent need to clear throat

\_\_\_\_\_ Sore throat, hoarseness, loss of voice

\_\_\_\_\_ Swollen or discolored tongue, gums or lips

\_\_\_\_\_ Canker sores

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

**SKIN**

\_\_\_\_\_ Acne

\_\_\_\_\_ Hives, rashes, dry skin

\_\_\_\_\_ Hair loss

\_\_\_\_\_ Flushing, hot flashes

\_\_\_\_\_ Excessive sweating

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

**HEART**

\_\_\_\_\_ Irregular or skipped heartbeat

\_\_\_\_\_ Rapid or pounding heartbeat

\_\_\_\_\_ Chest pain

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

**LUNGS**

\_\_\_\_\_ Chest congestion

\_\_\_\_\_ Asthma, bronchitis

\_\_\_\_\_ Shortness of breath

\_\_\_\_\_ Difficulty breathing

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

**DIGESTIVE TRACK**

\_\_\_\_\_ Nausea, vomiting

\_\_\_\_\_ Diarrhea

\_\_\_\_\_ Constipation

\_\_\_\_\_ Bloating feeling

\_\_\_\_\_ Belching, passing gas

\_\_\_\_\_ Heartburn

\_\_\_\_\_ Intestinal/stomach pain

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

**JOINTS / MUSCLE**

\_\_\_\_\_ Pain or aches in joints

\_\_\_\_\_ Arthritis

\_\_\_\_\_ Stiffness or limitation of

\_\_\_\_\_ Pain or aches in muscles

\_\_\_\_\_ Feel of weakness or

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

**WEIGHT**

\_\_\_\_\_ Binge eating/drinking

\_\_\_\_\_ Craving certain foods

\_\_\_\_\_ Excessive weight

\_\_\_\_\_ Compulsive eating

\_\_\_\_\_ Water retention

\_\_\_\_\_ Underweight

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

**ENERGY / ACTIVITY**

\_\_\_\_\_ Fatigue, sluggishness

\_\_\_\_\_ Apathy, lethargy

\_\_\_\_\_ Hyperactivity

\_\_\_\_\_ Restlessness

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

**MIND**

\_\_\_\_\_ Poor memory

\_\_\_\_\_ Confusion, poor

\_\_\_\_\_ Poor concentration

\_\_\_\_\_ Poor physical coordination

\_\_\_\_\_ Difficulty in making decisions

\_\_\_\_\_ Stuttering or stammering

\_\_\_\_\_ Slurred speech

\_\_\_\_\_ Learning disabilities

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

**EMOTIONS**

\_\_\_\_\_ Mood swings

\_\_\_\_\_ Anxiety, fear, nervousness

\_\_\_\_\_ Anger, irritability, aggressiveness

\_\_\_\_\_ Depression

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

**OTHER**

\_\_\_\_\_ Frequent illness

\_\_\_\_\_ Frequent or urgent urination

\_\_\_\_\_ Genital itch or discharge

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

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

# WEEKLY INFLAMMATION AND TOXICITY QUESTIONNAIRE: WEEK 4

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

Rate each of the following symptoms base upon your typical health profile for:

Point Scale	0	<i>Never or almost never</i> have the symptom	3	<i>Frequently</i> have it, effect is <i>not severe</i>
	1	<i>Occasionally</i> have it, effect is <i>not severe</i>	4	<i>Frequently</i> have it, effect is <i>severe</i>
	2	<i>Occasionally</i> have it, effect is <i>severe</i>		

**HEAD**

\_\_\_\_\_ Headaches

\_\_\_\_\_ Faintness

\_\_\_\_\_ Dizziness

\_\_\_\_\_ Insomnia

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

**EYES**

\_\_\_\_\_ Watery or itchy eyes

\_\_\_\_\_ Swollen, reddened or sticky eyelids

\_\_\_\_\_ Bags or dark circles under eyes

\_\_\_\_\_ Blurred or tunnel vision  
(does not include near- or far-sightedness)

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

**EARS**

\_\_\_\_\_ Itchy ears

\_\_\_\_\_ Earaches, ear infections

\_\_\_\_\_ Drainage from ear

\_\_\_\_\_ Ringing in ears, hearing loss

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

**NOSE**

\_\_\_\_\_ Stuffy nose

\_\_\_\_\_ Sinus problems

\_\_\_\_\_ Hay fever

\_\_\_\_\_ Sneezing attacks

\_\_\_\_\_ Excessive mucus formation

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

**MOUTH / THROAT**

\_\_\_\_\_ Chronic coughing

\_\_\_\_\_ Gagging, frequent need to clear throat

\_\_\_\_\_ Sore throat, hoarseness, loss of voice

\_\_\_\_\_ Swollen or discolored tongue, gums or lips

\_\_\_\_\_ Canker sores

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

**SKIN**

\_\_\_\_\_ Acne

\_\_\_\_\_ Hives, rashes, dry skin

\_\_\_\_\_ Hair loss

\_\_\_\_\_ Flushing, hot flashes

\_\_\_\_\_ Excessive sweating

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

**HEART**

\_\_\_\_\_ Irregular or skipped heartbeat

\_\_\_\_\_ Rapid or pounding heartbeat

\_\_\_\_\_ Chest pain

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

**LUNGS**

\_\_\_\_\_ Chest congestion

\_\_\_\_\_ Asthma, bronchitis

\_\_\_\_\_ Shortness of breath

\_\_\_\_\_ Difficulty breathing

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

**DIGESTIVE TRACK**

\_\_\_\_\_ Nausea, vomiting

\_\_\_\_\_ Diarrhea

\_\_\_\_\_ Constipation

\_\_\_\_\_ Bloating feeling

\_\_\_\_\_ Belching, passing gas

\_\_\_\_\_ Heartburn

\_\_\_\_\_ Intestinal/stomach pain

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

**JOINTS / MUSCLE**

\_\_\_\_\_ Pain or aches in joints

\_\_\_\_\_ Arthritis

\_\_\_\_\_ Stiffness or limitation of

\_\_\_\_\_ Pain or aches in muscles

\_\_\_\_\_ Feel of weakness or

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

**WEIGHT**

\_\_\_\_\_ Binge eating/drinking

\_\_\_\_\_ Craving certain foods

\_\_\_\_\_ Excessive weight

\_\_\_\_\_ Compulsive eating

\_\_\_\_\_ Water retention

\_\_\_\_\_ Underweight

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

**ENERGY / ACTIVITY**

\_\_\_\_\_ Fatigue, sluggishness

\_\_\_\_\_ Apathy, lethargy

\_\_\_\_\_ Hyperactivity

\_\_\_\_\_ Restlessness

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

**MIND**

\_\_\_\_\_ Poor memory

\_\_\_\_\_ Confusion, poor

\_\_\_\_\_ Poor concentration

\_\_\_\_\_ Poor physical coordination

\_\_\_\_\_ Difficulty in making decisions

\_\_\_\_\_ Stuttering or stammering

\_\_\_\_\_ Slurred speech

\_\_\_\_\_ Learning disabilities

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

**EMOTIONS**

\_\_\_\_\_ Mood swings

\_\_\_\_\_ Anxiety, fear, nervousness

\_\_\_\_\_ Anger, irritability, aggressiveness

\_\_\_\_\_ Depression

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

**OTHER**

\_\_\_\_\_ Frequent illness

\_\_\_\_\_ Frequent or urgent urination

\_\_\_\_\_ Genital itch or discharge

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

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

# WEEKLY INFLAMMATION AND TOXICITY QUESTIONNAIRE: WEEK 5

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

Rate each of the following symptoms base upon your typical health profile for:

Point Scale	0	<i>Never or almost never</i> have the symptom	3	<i>Frequently</i> have it, effect is <i>not severe</i>
	1	<i>Occasionally</i> have it, effect is <i>not severe</i>	4	<i>Frequently</i> have it, effect is <i>severe</i>
	2	<i>Occasionally</i> have it, effect is <i>severe</i>		

**HEAD**

\_\_\_\_\_ Headaches

\_\_\_\_\_ Faintness

\_\_\_\_\_ Dizziness

\_\_\_\_\_ Insomnia

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

**EYES**

\_\_\_\_\_ Watery or itchy eyes

\_\_\_\_\_ Swollen, reddened or sticky eyelids

\_\_\_\_\_ Bags or dark circles under eyes

\_\_\_\_\_ Blurred or tunnel vision  
(does not include near- or far-sightedness)

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

**EARS**

\_\_\_\_\_ Itchy ears

\_\_\_\_\_ Earaches, ear infections

\_\_\_\_\_ Drainage from ear

\_\_\_\_\_ Ringing in ears, hearing loss

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

**NOSE**

\_\_\_\_\_ Stuffy nose

\_\_\_\_\_ Sinus problems

\_\_\_\_\_ Hay fever

\_\_\_\_\_ Sneezing attacks

\_\_\_\_\_ Excessive mucus formation

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

**MOUTH / THROAT**

\_\_\_\_\_ Chronic coughing

\_\_\_\_\_ Gagging, frequent need to clear throat

\_\_\_\_\_ Sore throat, hoarseness, loss of voice

\_\_\_\_\_ Swollen or discolored tongue, gums or lips

\_\_\_\_\_ Canker sores

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

**SKIN**

\_\_\_\_\_ Acne

\_\_\_\_\_ Hives, rashes, dry skin

\_\_\_\_\_ Hair loss

\_\_\_\_\_ Flushing, hot flashes

\_\_\_\_\_ Excessive sweating

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

**HEART**

\_\_\_\_\_ Irregular or skipped heartbeat

\_\_\_\_\_ Rapid or pounding heartbeat

\_\_\_\_\_ Chest pain

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

**LUNGS**

\_\_\_\_\_ Chest congestion

\_\_\_\_\_ Asthma, bronchitis

\_\_\_\_\_ Shortness of breath

\_\_\_\_\_ Difficulty breathing

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

**DIGESTIVE TRACK**

\_\_\_\_\_ Nausea, vomiting

\_\_\_\_\_ Diarrhea

\_\_\_\_\_ Constipation

\_\_\_\_\_ Bloating feeling

\_\_\_\_\_ Belching, passing gas

\_\_\_\_\_ Heartburn

\_\_\_\_\_ Intestinal/stomach pain

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

**JOINTS / MUSCLE**

\_\_\_\_\_ Pain or aches in joints

\_\_\_\_\_ Arthritis

\_\_\_\_\_ Stiffness or limitation of

\_\_\_\_\_ Pain or aches in muscles

\_\_\_\_\_ Feel of weakness or

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

**WEIGHT**

\_\_\_\_\_ Binge eating/drinking

\_\_\_\_\_ Craving certain foods

\_\_\_\_\_ Excessive weight

\_\_\_\_\_ Compulsive eating

\_\_\_\_\_ Water retention

\_\_\_\_\_ Underweight

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

**ENERGY / ACTIVITY**

\_\_\_\_\_ Fatigue, sluggishness

\_\_\_\_\_ Apathy, lethargy

\_\_\_\_\_ Hyperactivity

\_\_\_\_\_ Restlessness

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

**MIND**

\_\_\_\_\_ Poor memory

\_\_\_\_\_ Confusion, poor

\_\_\_\_\_ Poor concentration

\_\_\_\_\_ Poor physical coordination

\_\_\_\_\_ Difficulty in making decisions

\_\_\_\_\_ Stuttering or stammering

\_\_\_\_\_ Slurred speech

\_\_\_\_\_ Learning disabilities

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

**EMOTIONS**

\_\_\_\_\_ Mood swings

\_\_\_\_\_ Anxiety, fear, nervousness

\_\_\_\_\_ Anger, irritability, aggressiveness

\_\_\_\_\_ Depression

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

**OTHER**

\_\_\_\_\_ Frequent illness

\_\_\_\_\_ Frequent or urgent urination

\_\_\_\_\_ Genital itch or discharge

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

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