DETOXIFICATION QUESTIONNAIRE

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Rate each of the following symptoms based on your typical health profile for the specified duration:				
D Past month	☐ Past week	🗖 Past 48 hours		
Point Scale:	${\bf 0} - {\it Never \ or \ almost \ never} \ {\rm have \ the \ symptom}$	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		

I. Medical Symptoms Questionnaire (MSQ) HEAD Headaches DIGESTIVE Nausea, vomiting Faintness TRACT Diarrhea Dizziness Constipation TOTAL. Insomnia Bloated feeling EYES Watery or itchy eyes Belching, passing gas Swollen, reddened or sticky Heartburn Intestinal/stomach pain TOTAL. Bags or dark circles under eyes JOINTS/ Pain or aches in joints Blurred or tunnel vision TOTAL MUSCLE Arthritis EARS Itchy ears Stiffness or limitation of movement Earaches, ear infections Feeling of weakness or tiredness Drainage from ear Pain or aches in muscles TOTAL Ringing in ears, WEIGHT Binge eating/drinking hearing loss TOTAL Craving certain foods NOSE Stuffy nose Excessive weight Sinus problems Water retention Hay fever Underweight Sneezing attacks Compulsive eating TOTAL Excessive mucus formation TOTAL ENERGY/ Fatigue, sluggishness MOUTH/ Chronic coughing ACTIVITY Apathy, lethargy THROAT Gagging, frequent need to Hyperactivity clear throat Restlessness TOTAL. Sore throat, hoarseness, loss of voice MIND Poor memory Swollen or discolored Confusion, poor comprehension tongue, gums, lips Difficulty in making decisions Canker sores TOTAL. Stuttering or stammering SKIN Acne Slurred speech Hives, rashes, dry skin Learning disabilities Hair loss Poor concentration Flushing, hot flashes Poor physical coordination TOTAL Excessive sweating TOTAL **EMOTIONS** Mood swings HEART Chest pain Anxiety, fear, nervousness Irregular or skipped heartbeat Anger, irritability, aggressiveness Rapid or pounding Depression TOTAL. heartbeat TOTAL **OTHER** Frequent illness LUNGS Chest congestion Frequent or urgent urination Asthma, bronchitis Genital itch or discharge TOTAL. Shortness of breath Difficulty breathing TOTAL. **GRAND TOTAL** TOTAL -

II. Xenobiotic Tolerability Test (XTT)				
1. Are you presently using prescription drugs? Yes (1 pt.) If yes, how many are you currently taking? (1 pt. each) No (0 pt.)	6. Do you commonly experience "brain fog," fatigue, or drowsiness? Yes (1 pt.) No (0 pt.) 7. Do you develop symptoms on exposure to fragrances, exhaust fumes, or strong odors? Yes (1 pt.) No (0 pt.) Don't know (0 pt.) 8. Do you feel ill after you consume even small amounts of alcohol? Yes (1 pt.) No (0 pt.) Don't know (0 pt.) 10. Do you have a personal history of Environmental and/or chemical sensitivities (5 pts.) Chronic fatigue syndrome (5 pts.) Multiple chemical sensitivity (5 pts.) Fibromyalgia (3 pts.) Parkinson's type symptoms (3 pts.) Asthma (1 pt.) 11. Do you have a history of significant exposure to harmful chemicals such as herbicides, insecticides, pesticides, or organic solvents? Yes (1 pt.) No (0 pt.) 12. Do you have an adverse or allergic reaction when you consume sulfite containing foods such as wine, dried fruit, salad bar vegetables, etc? Yes (1 pt.) No (0 pt.) Don't know (0 pt.) GRAND TOTAL:			
2. Are you presently taking one or more of the following over-the counter drugs? Cimetidine (2 pts.) Acetaminophen (2 pts.) Estradiol (2 pts.) 3. If you have used or currently use prescription drugs, which of the following scenarios best represents your response to them: Experience side effects, drug(s) is (are) efficacious at lowered dose(s) (3 pts.) Experience side effects, drug(s) is (are) efficacious at usual dose(s) (2 pts.) Experience no side effects, drug(s) is (are) usually not efficacious (2 pts.)				
Experience no side effects, drug(s) is (are) usually efficacious (0 pt.) 4. Do you currently use or within the last 6 months had you regularly used tobacco products? Yes (2 pts.) No (0 pt.) 5. Do you have strong negative reactions to caffeine or caffeine containing products? Yes (1 pt.) No (0 pt.) Don't know (0 pt.)				
III. Alkalizing Assessment				
1. Do you have a history or currently have kidney dysfunction? 1. Yes No 2. Have you ever been diagnosed with a condition known as hyperkalemia? 1. Do you have a history or currently have kidney dysfunction? 2. Have you ever been diagnosed with a condition known as hyperkalemia?	3. Are you currently on diuretics or blood pressure medication? Yes No Note: Prescribe non-alkalizing nutrients if patient answered yes to			
Tractitioner Use Only:				
OVERALL SCORE TABULATION See doctor brochure for protocol suggestions.				
MSQ SCORE	(High >50; moderate 15-49: Low <14) (High >10; moderate 5-9: Low <4)			

Note: Patients with high MSQ but low XTT may be exhibiting pathology that is not related to toxic load. Other mechanisms should be considered such as inflammation/immune/allergic gastrointestinal dysfunction, oxidative stress, hormonal/neuro-transmitter dysfunction, nutritional depletion, and/or mind body. Individualize support with specific medical foods, diet, and/or nutraceuticals.