

# Toxicity Self Test

Rate each of the following symptoms on a scale from 0 to 5 (5 being the most severe) based upon your health profile for the past 30 days.

- Diarrhea
- Constipation
- Belching, passing gas
- Bloating feeling
- Heartburn
- Total**

- Itchy ears
- Earaches / infection
- Ringing in ears
- Hearing loss
- Total**

- Mood swings
- Anxiety, fear nervousness
- Anger, irritability
- Depression
- Total**

- Fatigue, sluggishness
- Apathy, lethargy
- Hyperactivity
- Restlessness
- Total**

- Watery, itchy eyes
- Swollen, reddened, or sticky eyelids
- Dark circles under eyes
- Blurred or tunnel vision
- Total**

- Headaches
- Faintness
- Dizziness
- Insomnia
- Total**

- Skipped heartbeats
- Rapid heartbeats
- Chest pain
- Total**
- Frequent illness
- Frequency or urgent need to urinate
- Total**

- Pain or aches in joints
- Stiffness, limited movement
- Pain, aches in muscles
- Weakness in muscles
- Total**

- Chest Congestion
- Asthma, bronchitis
- Shortness of breath
- Difficulty breathing
- Total**

- Poor memory
- Poor concentration
- Difficulty making decisions
- Stuttering, stammering
- Learning disabilities
- Total**

- Stuffy nose
- Sinus problems
- Sneezing attacks
- Excessive mucus
- Total**

- Chronic coughing
- Gagging, frequent need to clear throat
- Sore throat, hoarseness
- Swollen, discolored tongue, gums, or lips
- Canker sores
- Total**

- Acne
- Hives, rashes, dry skin
- Flushing or hot flashes
- Excessive sweating
- Total**

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

**Grand Total.**

A Grand Total score of 25 or higher—or a section total of 10 or higher—indicates increased toxicity...