

Symptom Assessment

Rate your symptoms using this point scale:

0 - Never or almost never 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

Take this Assessment quarterly to track your progress.

| | Q1 | Q2 | Q3 | Q4 | | Q1 | Q2 | Q3 | Q4 | | Q1 | Q2 | Q3 | Q4 | | |
|--|----|----|----|----|-------------------------------------|----|----|----|----|-------------------------------------|---------------------|---|----|----|--------------------|----------|
| HEAD: | | | | | HEART: | | | | | ENERGY/ACTIVITY: | | | | | GRAND TOTAL | |
| Headaches | — | — | — | — | Chest Pain | — | — | — | — | Fatigue/sluggishness | — | — | — | — | | Q1 _____ |
| Faintness | — | — | — | — | Irregular or skipped heartbeat | — | — | — | — | Apathy/lethargy | — | — | — | — | | Q2 _____ |
| Dizziness | — | — | — | — | Rapid or pounding heartbeat | — | — | — | — | Hyperactivity | — | — | — | — | | Q3 _____ |
| Insomnia | — | — | — | — | LUNGS: | | | | | Restlessness | — | — | — | — | | Q4 _____ |
| EYES: | | | | | HEART: | | | | | MIND: | | | | | | |
| Watery/Itchy Eyes | — | — | — | — | Chest congestion | — | — | — | — | Poor memory | — | — | — | — | | |
| Swollen, reddened or sticky eyelids | — | — | — | — | Asthma, bronchitis | — | — | — | — | Confusion, poor comprehension | — | — | — | — | | |
| Bags/Dark circles under eyes | — | — | — | — | Shortness of breath | — | — | — | — | Difficulty in making decisions | — | — | — | — | | |
| Blurred or tunnel vision | — | — | — | — | Difficulty breathing | — | — | — | — | Stuttering or stammering | — | — | — | — | | |
| EARS: | | | | | DIGESTIVE TRACK: | | | | | Slurred speech | — | — | — | — | | |
| Itchy Ears | — | — | — | — | Nausea, vomiting | — | — | — | — | Learning disabilities | — | — | — | — | | |
| Earaches, ear infections | — | — | — | — | Diarrhea | — | — | — | — | Poor concentration | — | — | — | — | | |
| Drainage from ear | — | — | — | — | Constipation | — | — | — | — | Poor physical coordination | — | — | — | — | | |
| Ringing in ears, hearing loss | — | — | — | — | Bloated feeling | — | — | — | — | EMOTIONS: | | | | | | |
| NOSE: | | | | | Belching, passing gas | — | — | — | — | Mood swings | — | — | — | — | | |
| Stuffy nose | — | — | — | — | Heartburn | — | — | — | — | Anxiety, fear, nervousness | — | — | — | — | | |
| Sinus problem | — | — | — | — | Intestinal stomach pain | — | — | — | — | Anger, irritability, aggressiveness | — | — | — | — | | |
| Hay fever | — | — | — | — | JOINTS/MUSCLE: | | | | | Depression | — | — | — | — | | |
| Sneezing attacks | — | — | — | — | Pain or aches in joints | — | — | — | — | Pain or aches in muscle | — | — | — | — | | |
| Excessive mucus formation | — | — | — | — | Arthritis | — | — | — | — | OTHER: | | | | | | |
| MOUTH/THROAT: | | | | | Stiffness or limitation of movement | — | — | — | — | Frequent illness | — | — | — | — | | |
| Chronic coughing | — | — | — | — | Feeling of weakness or tiredness | — | — | — | — | Frequent or urgent urination | — | — | — | — | | |
| Gagging, constant need to clear throat | — | — | — | — | Pain or aches in muscles | — | — | — | — | General itch or discharge | — | — | — | — | | |
| Sore throat, hoarseness, loss of voice | — | — | — | — | WEIGHT: | | | | | Your Score | Detox Status | Toxicity Level | | | | |
| Swollen or discolored tongue | — | — | — | — | Binge eating/drinking | — | — | — | — | 10 or less | Fabulous | Your detox systems are working well! | | | | |
| Canker sores | — | — | — | — | Craving certain foods | — | — | — | — | 11-50 | Fair | You could use some extra support to improve symptoms | | | | |
| SKIN: | | | | | Excessive weight | — | — | — | — | 51-100 | Funky | Your detox systems are struggling and need a lot of TLC | | | | |
| Acne | — | — | — | — | Water retention | — | — | — | — | Over 100 | Foul | Do this program for 4 weeks - you may need some professional intervention | | | | |
| Hives, rashes, dry skin | — | — | — | — | Night eating | — | — | — | — | | | | | | | |
| Hair loss | — | — | — | — | Excessive alcohol intake | — | — | — | — | | | | | | | |
| Flushing, hot flashes | — | — | — | — | | | | | | | | | | | | |
| Excessive Sweating | — | — | — | — | | | | | | | | | | | | |



That which is measured, improves.