Natural Hormone Solution

DETOX QUESTIONNAIRE: HOW TOXIC ARE YOU?

Rate each of the following symptoms based on the last 3 months.

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

Symptoms Questionnaire - Page 1

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	**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/	_____	Chronic coughing	
THROAT	_____	Gagging, constant need to clear throat	
	_____	Sore throat, hoarseness, loss of voice	
	_____	Swollen or discolored tongue	
	_____	Canker sores	**TOTAL** _____
SKIN	_____	Acne	
	_____	Hives, rashes, dry skin	
	_____	Hair loss	
	_____	Flushing, hot flashes	
	_____	Excessive sweating	**TOTAL** _____

Natural Hormone Solution

Symptoms Questionnaire - Page 2

HEART	_____	Chest pain	
	_____	Irregular or skipped heartbeat	
	_____	Rapid or pounding heartbeat	**TOTAL** _____
LUNGS	_____	Chest congestion	
	_____	Asthma, bronchitis	
	_____	Shortness of breath	
	_____	Difficulty breathing	**TOTAL** _____
DIGESTIVE TRACT	_____	Nausea, vomiting	
	_____	Diarrhea	
	_____	Constipation	
	_____	Bloated feeling	
	_____	Belching, passing gas	
	_____	Heartburn	
	_____	Intestinal stomach pain	**TOTAL** _____
JOINTS/ MUSCLE	_____	Pain or aches in joints	
	_____	Arthritis	
	_____	Stiffness or limitation of movement	
	_____	Feeling or weakness or tiredness	
	_____	Pain or aches in muscles	**TOTAL** _____
WEIGHT	_____	Binge eating/drinking	
	_____	Craving certain foods	
	_____	Excessive weight	
	_____	Water retention	
	_____	Night eating	
	_____	Water retention	
	_____	Excessive alcohol intake	**TOTAL** _____
ENERGY/ ACTIVITY	_____	Fatigue/sluggishness	
	_____	Apathy/lethargy	
	_____	Hyperactivity	
	_____	Restlessness	**TOTAL** _____

Natural Hormone Solution

Symptoms Questionnaire - Page 3

MIND	_____	Poor memory	
	_____	Confusion, poor comprehension	
	_____	Difficulty in making decisions	
	_____	Stuttering or stammering	
	_____	Slurred speech	
	_____	Learning disabilities	
	_____	Poor concentration	
	_____	Poor physical coordination	**TOTAL** _____
EMOTIONS	_____	Mood swings	
	_____	Anxiety, fear, nervousness	
	_____	Anger, irritability, aggressiveness	
	_____	Depression	
	_____	Pain or aches in muscles	**TOTAL** _____
OTHER	_____	Frequent illness	
	_____	Frequent or urgent urination	
	_____	General itch or discharge	**TOTAL** _____

GRAND TOTAL _____

Key to Questionnaire

Subtotal each group

Add each group score to make a grand total

Asses your level of toxicity with the information below

Your Score	Detox Status	Toxicity Level
10 or less	Fabulous	Your detox systems are working well!
11 - 50	Fair	You could use some extra support to improve symptoms
51 - 100	Funky	Your detox systems are struggling and need a lot of TLC
Over 100	Foul	Do this program for 4 weeks - you may need some professional intervention