



# Enjoy Vibrant Health in a TOXIC WORLD

Toxicity Self Test Rate each of the following symptoms based upon your health profile for the past 30 days:

**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

### DIGESTIVE SYSTEM LUNGS

- Nausea or vomiting
- Chest congestion
- Diarrhea
- Asthma, bronchitis
- Constipation
- Shortness of breath
- Bloating feeling
- Difficulty breathing
- Belching, passing gas
- Heartburn
- TOTAL

### MIND

- Poor memory
- Confusion
- Slurred speech
- TOTAL

### EARS

- Itchy ears
- Poor concentration
- Earaches, ear infection
- Poor coordination
- Drainage from ear
- Difficulty making decisions
- Ringing in ears, hearing loss
- Stuttering, stammering
- TOTAL

### EMOTIONS

- Learning disabilities
- Mood swings
- Anxiety, fear, nervousness
- Anger, irritability
- Depression
- TOTAL

### MOUTH / THROAT

- Chronic coughing
- Gagging, frequent need to clear throat
- Sore throat, hoarse
- Swollen or discolored tongue, gums, lips
- Canker sores
- TOTAL

### ENERGY / ACTIVITY

- Fatigue, sluggishness
- Apathy, lethargy
- Hyperactivity
- Restlessness
- TOTAL

### NOSE EYES

- Stuffy nose
- Watery, itchy eyes
- Sinus problems
- Swollen, reddened or
- Hay fever sticky eyelids
- Sneezing attacks
- Dark circles under eyes
- Excessive mucus
- Blurred/tunnel vision
- TOTAL

### SKIN HEAD

- Acne
- Headaches
- Hives, rashes, dry skin
- Faintness
- Hair loss
- Dizziness
- Flushing or hot flashes
- Insomnia
- Excessive sweating
- TOTAL

### HEART WEIGHT

- Skipped heartbeats
- Binge eating/drinking
- Rapid heartbeats
- Craving certain foods
- Chest pain
- Excessive weight
- Compulsive eating
- TOTAL

### JOINTS / MUSCLES

- Water retention
- Pain or aches in joints
- Underweight
- Arthritis
- Stiffness, limited OTHER movement
- Frequent illness
- Pain, aches in muscles
- Frequent or urgent
- Feeling of weakness urination or tiredness
- Genital itch, discharge
- TOTAL

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

Add up the numbers to arrive at a total for each section, then add the totals for each section to arrive at the grand total. For the results of this test, please contact us immediately.

Patient Name: \_\_\_\_\_

### References:

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