



MEDICAL SYMPTOMS AND TOXICITY QUESTIONNAIRE

When taking for the first time: rate each of the following symptoms based upon your health profile for the past 30 days.

Then every two weeks after: record your symptoms for the last 48 hours only.

To calculate score: Combine total number from each category for a grand total.

Optimal score is less than 10

Mild Toxicity: 10-50

Moderate Toxicity: 50-100

Severe Toxicity: over 100



MEDICAL SYMPTOMS AND TOXICITY QUESTIONNAIRE

POINT SCALE:

0 = Never or almost never

1 = Occasionally, effect is not severe

2 = Occasionally, effect is severe

3 = Frequently, effect is not severe

4 = Frequently, effect is severe

Name: _____

Date: _____

MOUTH/THROAT

- Chronic coughing
- Gagging, frequent need to clear throat
- Sore throat, hoarseness, loss of voice
- Swollen/discolored tongue, gum, lips
- Canker sores

Total _____

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 _____

NOSE

- Stuffy nose
- Sinus problems
- Hay fever
- Sneezing attacks
- Excessive mucus

Total _____

EARS

- Itchy ears
- Earaches, ear infections
- Drainage from ear
- Ringing in ears, hearing loss

Total _____

LUNGS

- Chest congestion
- Asthma, bronchitis
- Shortness of breath
- Difficult breathing

Total _____

SKIN

- Acne
- Hives, rashes, or dry skin
- Hair loss
- Flushing or hot flushes
- Excessive sweating

Total _____

JOINTS/MUSCLES

- Pain or aches in joints
- Arthritis
- Movement stiffness/limitation
- Pain or aches in muscles
- Feeling weakness or tiredness

Total _____

DIGESTIVE TRACT

- Nausea or vomiting
- Diarrhea
- Constipation
- Bloating feeling
- Belching, or passing gas
- Heartburn
- Intestinal/Stomach pain

Total _____

WEIGHT

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

Total _____

HEART

- Irregular or skipped heartbeat
- Rapid or pounding heartbeat
- Chest pain

Total _____

ENERGY/ACTIVITY

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

Total _____

MIND

- Poor memory
- Confusion, poor comprehension
- Poor concentration
- Poor physical coordination
- Difficulty in making decisions
- Stuttering or stammering
- Slurred speech
- Learning disabilities

Total _____

EMOTIONS

- Mood swings
- Anxiety, fear or nervousness
- Anger, irritability, or aggressiveness
- Depression

Total _____

OTHER

- Frequent illness
- Frequent or urgent urination
- Genital itch or discharge

Total _____

GRAND TOTAL:

