

Toxicity & Inflammation Questionnaire-General Signs & Symptoms

Patient Name: _____

Initial Date: _____

Follow-up Date: _____

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

HEAD	Point Scale 0-4	SAME	BETTER	WORSE
Headaches				
Dizziness				
Insomnia				
Faintness				
EARS				
Itchy Ears				
Ringing in ears/loss of hearing				
Earaches/ear infections				
Drainage from ear				
EYES				
Bags or dark circles under eyes				
Watery or itchy eyes				
Swollen, reddened , or sticky eyelids				
Blurred or tunnel vision (excluding near/far sightedness)				
NOSE				
Stuffy nose				
Sinus congestion, sinus infection				
Constant sneezing				
Hay fever/allergies				
Excess mucus formation				
MOUTH/THROAT				
Chronic coughing				
Sore throat, hoarseness, loss of voice				
Gagging, frequent need to clear throat				
Swollen tongue, gums or lips				
Swollen lymph nodes				
Canker sores, mouth ulcers				
HEART				
Chest pain				
Irregular or skipped heartbeat				
Rapid or pounding heartbeat				
LUNGS				
Asthma, bronchitis				
Chest congestion				
Shortness of breath				
Difficulty breathing				

SKIN	Point Scale 0-4	SAME	BETTER	WORSE
Acne or brown "age/liver spots"				
Hives, rashes, cysts, boils				
Eczema or psoriasis				
Itchy skin/dermatitis				
Hair loss, hair thinning				
Body odor				
Excessive sweating				
JOINT/MUSCLES				
Pain or aches in joints or lower back				
Stiffness or limitation of movement				
Arthritis				
Pain or aches in muscles				
MENTAL/EMOTIONAL				
Poor memory				
Difficulty concentrating				
Mood swings				
Depression				
Anxiety, fear, or nervousness				
Anger, irritability or aggressiveness				
Insomnia				
ENERGY LEVEL				
Fatigue/low energy				
Restlessness				
Hyperactivity				
Feeling of weakness				
WEIGHT				
Underweight				
Overweight				
Difficulty losing weight				
Crave certain foods				
DIGESTIVE TRACT				
Nausea, vomiting				
Diarrhea				
Constipation				
Bloated feeling				
Belching, passing gas				
Heartburn				
Intestinal/stomach pain				
OTHER				
PMS				
Frequent colds, flus				
Chemical or environmental sensitivities				
Food allergies, sensitivities				