



SYMPTOMS & TOXICITY

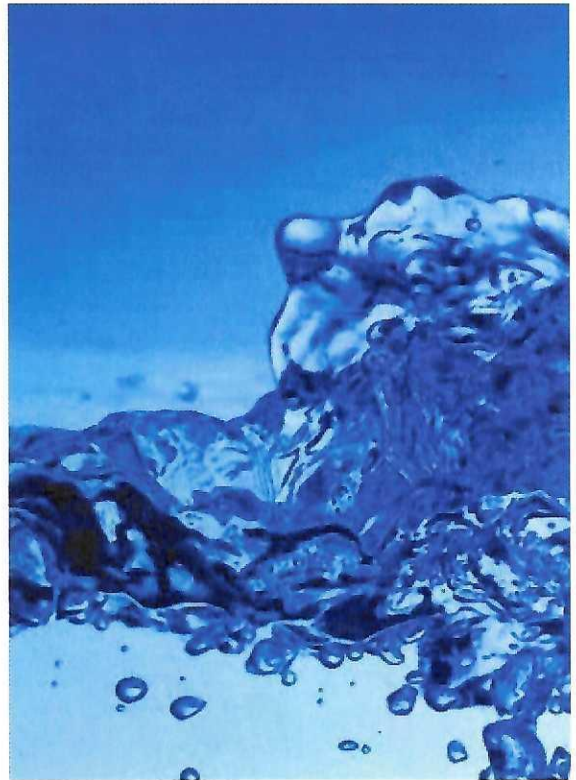
The Toxicity and Symptom Screening Questionnaire assesses symptoms that help to identify the underlying causes of illness, and helps you track your progress over time.

Rate each of the following symptoms based upon your health profile for the **past 14 days**.

Health Care Practitioner

Patient

Date Completed



INSTRUCTIONS

Please review each health score area that corresponds with a health/body area. Write down the corresponding amount of points per item in that area. Once you complete filling out that area, total your point and record it in the TOTAL field. When you come to the end of the survey add up all the totals from each area together to arrive at your GRAND TOTAL. Please record that GRAND TOTAL and submit to your clinician.

HEALTH/BODY AREA 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 & TOXICITY

EAR

Itchy Ears _____

Earaches, Ear Infections _____

Drainage from Ear _____

Ringing in Ears _____

Hearing Loss _____

Red or Burning Ears _____

Total: _____

NOSE

Stuffy Nose _____

Sinus Problems _____

Hay Fever _____

Sneezing Attacks _____

Excessive Mucus Formation _____

Total: _____

MOUTH/THROAT

Chronic Coughing _____

Gagging, Frequent Need to Clear throat _____

Sore Throat, Hoarseness, Loss of Voice _____

Swollen/Discolored Tongue, Gum, Lips _____

Canker Sores _____

Cracking at Corner of Lips _____

Total: _____

EYES

Watery or Itchy Eyes _____

Swollen, Reddened or Sticky Eyelids _____

Bags or Dark Circles Under Eyes _____

Blurred or Tunnel Vision _____

Floaters _____

Total: _____

HEAD

Headaches _____

Faintness _____

Dizziness _____

Insomnia _____

Total: _____

SKIN

Acne _____

Hives, Rashes or Dry Skin _____

Hair Loss _____

Flushing or Hot Flushes _____

Excessive Sweating _____

Total: _____



SYMPTOMS & TOXICITY

JOINTS/MUSCLES

Pain or Aches in Joints _____

Arthritis _____

Stiffness or Limitation of Movement _____

Pain or Aches in Muscles _____

Feeling of Weakness or Tiredness _____

Pain that Moves from Joint to Joint _____

Total: _____

DIGESTIVE TRACT

Nausea or Vomiting _____

Diarrhea _____

Constipation _____

Bloated Feeling _____

Belching or Passing Gas _____

Heartburn _____

Intestinal/Stomach Pain _____

Mucous _____

Malodorous gas _____

Total: _____

HEART

Irregular or Skipped Heartbeat _____

Rapid or Pounding Heartbeat _____

Chest Pain _____

Total: _____

LUNGS

Chest Congestion _____

Asthma, Bronchitis _____

Shortness of Breath _____

Difficult Breathing _____

Total: _____

WEIGHT

Binge Eating/Drinking _____

Craving Certain Foods _____

Excessive Weight _____

Compulsive Eating _____

Water Retention _____

Underweight _____

Total: _____

ENERGY/ACTIVITY

Fatigue, Sluggishness _____

Apathy, Lethargy _____

Hyperactivity _____

Worst with Exercise _____

Better with Naps _____

Total: _____



SYMPTOMS & TOXICITY

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 _____
Depression _____

Total: _____

OTHER

Frequent Illness _____
Frequent or Urgent Urination _____
Genital Itch or Discharge _____

Total: _____



Add together the total from each health/body related area and put the number below in the **GRAND TOTAL** field.



GRAND TOTAL: _____

COMPARE YOUR GRAND TOTAL TO THE VALUES BELOW - TOXICITY SCALE

<10

OPTIMAL

10-50

MILD TOXICITY

50-100

MODERATE TOXICITY

100>

SEVERE TOXICITY