DETOXIFICATION QUESTIONNAIRE

Past month	lowing symptoms based on your typical health pr Past week	st 48 hours	WOLVILL
oint Scale: 0—	Never or almost never have the symptom 1—Oc	casionally have it, effect	is not severe 2 —Occasionally have it, effect is
		requently have it, effect is	
	I. Medical Sympto	oms Questionnaire (<i>l</i>	NSQ)
HEAD	Headaches	DIGESTIVE	Nausea, vomiting
_	Faintness	TRACT	Diarrhea
	Dizziness		Constipation
	Insomnia TOTAL		Bloated feeling
	—— Watery or itchy eyes	_	Belching, passing gas
	Swollen, reddened or sticky		Heartburn
	eyelids		Intestinal/stomach pain TOTAL
	Bags or dark circles under eyes		Pain or aches in joints
	Blurred or tunnel vision TOTAL		Arthritis
NOSE —	Itchy ears		Stiffness or limitation of movement
	Earaches, ear infections		Feeling of weakness or tiredness
	Drainage from ear		—— Pain or aches in muscles TOTAL ——
	Ringing in ears,	WEIGHT	Binge eating/drinking
	hearing loss TOTAL		Craving certain foods
	Stuffy nose		Excessive weight
	Sinus problems		— Water retention
	——— Hay fever		Underweight
	Sneezing attacks		Compulsive eating TOTAL
	Excessive mucus formation TOTAL	_ -	Fatigue, sluggishness
	Chronic coughing		Apathy, lethargy
THROAT	Gagging, frequent need to clear throat		Hyperactivity
	Sore throat, hoarseness,		Restlessness TOTAL
	loss of voice	MIND	Poor memory
	Swollen or discolored		Confusion, poor comprehension
	tongue, gums, lips		—— Difficulty in making decisions
	Canker sores TOTAL	=	Stuttering or stammering
SKIN	Acne		Slurred speech
	Hives, rashes, dry skin		Learning disabilities
	Hair loss		Poor concentration
	Flushing, hot flashes		——— Poor physical coordination TOTAL
	Excessive sweating TOTAL	EMOTIONS	Mood swings
HEART	Chest pain		Anxiety, fear, nervousness
	Irregular or skipped heartbeat		Anger, irritability, aggressiveness
	Rapid or pounding	_	Depression TOTAL
LUNGS	heartbeat TOTAL	OTHER	Frequent illness
	Chest congestion		Frequent or urgent urination
	Asthma, bronchitis Shortness of breath		Genital itch or discharge TOTAL

Shortness of breathDifficulty breathing

TOTAL -

GRAND TOTAL

TOTAL_

II. Xenobiotic Tolerability Test (XTT)				
1. Are you presently using prescription drugs? Yes (1 pt.) If yes, how many are you currently taking? (1 pt. each) No (0 pt.) 2. Are you presently taking one or more of the following over-the counter drugs? Cimetidine (2 pts.) Acetaminophen (2 pts.) Estradiol (2 pts.) 3. If you have used or currently use prescription drugs, which of the following scenarios best represents your response to them: Experience side effects, drug(s) is (are) efficacious at lowered dose(s) (3 pts.) Experience side effects, drug(s) is (are) efficacious at usual dose(s) (2 pts.) Experience no side effects, drug(s) is (are) usually not efficacious (2 pts.) Experience no side effects, drug(s) is (are) usually efficacious (0 pt.) 4. Do you currently use or within the last 6 months had you regularly used tobacco products? Yes (2 pts.) No (0 pt.) 5. Do you have strong negative reactions to caffeine or caffeine	6. Do you commonly experience "brain fog," fatigue, or drowsiness? Yes (1 pt.) No (0 pt.) 7. Do you develop symptoms on exposure to fragrances, exhaust fumes, or strong odors? Yes (1 pt.) No (0 pt.) Don't know (0 pt.) 8. Do you feel ill after you consume even small amounts of alcohol? Yes (1 pt.) No (0 pt.) Don't know (0 pt.) 10. Do you have a personal history of Environmental and/or chemical sensitivities (5 pts.) Chronic fatigue syndrome (5 pts.) Multiple chemical sensitivity (5 pts.) Fibromyalgia (3 pts.) Parkinson's type symptoms (3 pts.) Asthma (1 pt.) 11. Do you have a history of significant exposure to harmful chemicals such as herbicides, insecticides, pesticides, or organic solvents? Yes (1 pt.) No (0 pt.) 12. Do you have an adverse or allergic reaction when you consume sulfite containing foods such as wine, dried fruit, salad bar vegetables, etc? Yes (1 pt.) No (0 pt.)			
containing products? ☐ Yes (1 pt.) ☐ No (0 pt.) ☐ Don't know (0 pt.)	GRAND TOTAL:			
III. Alkalizing Assessment				
 Do you have a history or currently have kidney dysfunction? Yes No Have you ever been diagnosed with a condition known as hyperkalemia? 	3. Are you currently on diuretics or blood pressure medication? Yes No Note: Prescribe non-alkalizing nutrients if patient answered yes to			
☐ Yes ☐ No	any part of this section.			
For Practitioner Use Only:				
OVERALL SCORE TABULATION				
	(High >50; moderate 15-49: Low <14) (High >10; moderate 5-9: Low <4)			

Note: Patients with high MSQ but low XTT may be exhibiting pathology that is not related to toxic load. Other mechanisms should be considered such as inflammation/immune/allergic gastrointestinal dysfuntion, oxidative stress, hormonal/neuro-transmitter dysfunction, nutritional depletion, and/or mind body. Individualize support with specific medical foods, diet, and/or nutraceuticals.