

Toxicity Questionnaire

The Toxicity Questionnaire is designed to aid the practitioner in assessing a patient or client's potential need for a Clinical Purification™ program.

Section I: Symptoms

Rate each of the following based upon your health profile for the past 90 days.

Circle the corresponding number.	
0	Rarely or Never Experience the Symptom
1	Occasionally Experience the Symptom, Effect is Not Severe
2	Occasionally Experience the Symptom, Effect is Severe
3	Frequently Experience the Symptom, Effect is Not Severe
4	Frequently Experience the Symptom, Effect is Severe

1. DIGESTIVE

a. Nausea and/or vomiting	0	1	2	3	4
b. Diarrhea	0	1	2	3	4
c. Constipation	0	1	2	3	4
d. Bloating feeling	0	1	2	3	4
e. Belching and/or passing gas	0	1	2	3	4
f. Heartburn	0	1	2	3	4
Total: _____					

2. EARS

a. Itchy ears	0	1	2	3	4
b. Earaches, ear infections	0	1	2	3	4
c. Drainage from ear	0	1	2	3	4
d. Ringing in ears, hearing loss	0	1	2	3	4
Total: _____					

3. EMOTIONS

a. Mood swings	0	1	2	3	4
b. Anxiety, fear, nervousness	0	1	2	3	4
c. Anger, irritability	0	1	2	3	4
d. Depression	0	1	2	3	4
e. Sense of despair	0	1	2	3	4
f. Apathy / lethargy	0	1	2	3	4
Total: _____					

4. ENERGY / ACTIVITY

a. Fatigue / sluggishness	0	1	2	3	4
b. Hyperactivity	0	1	2	3	4
c. Restlessness	0	1	2	3	4
d. Insomnia	0	1	2	3	4
e. Startled awake at night	0	1	2	3	4
Total: _____					

5. EYES

a. Watery, itchy eyes	0	1	2	3	4
b. Swollen, reddened or sticky eyelids	0	1	2	3	4
c. Dark circles under eyes	0	1	2	3	4
d. Blurred / tunnel vision	0	1	2	3	4
Total: _____					

6. HEAD

a. Headaches	0	1	2	3	4
b. Faintness	0	1	2	3	4
c. Dizziness	0	1	2	3	4
d. Pressure	0	1	2	3	4
Total: _____					

7. LUNGS

a. Chest congestion	0	1	2	3	4
b. Asthma, Bronchitis	0	1	2	3	4
c. Shortness of breath	0	1	2	3	4
d. Difficulty breathing	0	1	2	3	4
Total: _____					

8. MIND

a. Poor memory	0	1	2	3	4
b. Confusion	0	1	2	3	4
c. Poor concentration	0	1	2	3	4
d. Poor coordination	0	1	2	3	4
e. Difficulty making decisions	0	1	2	3	4
f. Stuttering, stammering	0	1	2	3	4
g. Slurred speech	0	1	2	3	4
h. Learning disabilities	0	1	2	3	4
Total: _____					

9. MOUTH / THROAT

a. Chronic coughing	0	1	2	3	4
b. Gagging, frequent need to clear throat	0	1	2	3	4
c. Swollen or discolored tongue, gums, lips	0	1	2	3	4
d. Canker sores	0	1	2	3	4
Total: _____					

10. NOSE

a. Stuffy Nose	0	1	2	3	4
b. Sinus problems	0	1	2	3	4
c. Hay fever	0	1	2	3	4
d. Sneezing attacks	0	1	2	3	4
e. Excessive mucous	0	1	2	3	4
Total: _____					

11. SKIN

a. Acne	0	1	2	3	4
b. Hives, rashes, dry skin	0	1	2	3	4
c. Hair loss	0	1	2	3	4
d. Flushing	0	1	2	3	4
e. Excessive sweating	0	1	2	3	4
Total: _____					

12. HEART

a. Skipped heartbeats	0	1	2	3	4
b. Rapid heartbeats	0	1	2	3	4
c. Chest pain	0	1	2	3	4
Total: _____					

13. JOINTS / MUSCLES

a. Pain or aches in joints	0	1	2	3	4
b. Rheumatoid arthritis	0	1	2	3	4
c. Osteoarthritis	0	1	2	3	4
d. Stiffness, limited movement	0	1	2	3	4
e. Pain, aches in muscles	0	1	2	3	4
f. Recurrent back aches	0	1	2	3	4
g. Feeling of weakness or tiredness	0	1	2	3	4
Total: _____					

14. WEIGHT

a. Binge eating / drinking	0	1	2	3	4
b. Craving certain foods	0	1	2	3	4
c. Excessive weight	0	1	2	3	4
d. Compulsive eating	0	1	2	3	4
e. Water retention	0	1	2	3	4
f. Underweight	0	1	2	3	4
Total: _____					

15. OTHER

a. Frequent illness	0	1	2	3	4
b. Frequent or urgent urination	0	1	2	3	4
c. Leaky bladder	0	1	2	3	4
d. Genital itch, discharge	0	1	2	3	4
Total: _____					

Section I Total: _____

Section II: Risk of Exposure

Rate each of the following situations based upon your environmental profile for the past 120 days.

16.	Circle the corresponding number for questions 16a - 16f below.								
0	Never	1	Rarely	2	Monthly	3	Weekly	4	Daily
a.	How often are strong chemicals used in your home? (disinfectants, bleaches, oven and drain cleaners, furniture polish, floor wax, window cleaners, etc.)				0	1	2	3	4
b.	How often are pesticides used in your home?				0	1	2	3	4
c.	How often do you have your home treated for insects?				0	1	2	3	4
d.	How often are you exposed to dust, overstuffed furniture, tobacco smoke, mothballs, incense, or varnish in your home or office?				0	1	2	3	4
e.	How often are you exposed to nail polish, perfume, hair spray, and other cosmetics?				0	1	2	3	4
f.	How often are you exposed to diesel fumes, exhaust fumes, or gasoline fumes?				0	1	2	3	4
Total: _____									

17.	Circle the corresponding number for questions 17a - 17b below.							
0	No	1	Mild Change	2	Moderate Change	3	Drastic Change	
a.	Have you noticed any negative change in your health since you moved into your home or apartment?				0	1	2	3
b.	Have you noticed any negative change in your health since you started your new job?				0	1	2	3
Total: _____								

18.	Answer yes or no and circle the corresponding number for questions 18a - 18d below.			
a.	Do you have a water purification system in your home?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="text-align: center;">No 2</td> <td style="text-align: center;">Yes 0</td> </tr> </table>	No 2	Yes 0
No 2	Yes 0			
b.	Do you have any indoor pets?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">2</td> </tr> </table>	0	2
0	2			
c.	Do you have an air purification system in your home?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">0</td> </tr> </table>	2	0
2	0			
d.	Are you a dentist, painter, farm worker, or construction worker?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">2</td> </tr> </table>	0	2
0	2			
Total: _____				

Section II Total: _____

GRAND TOTAL (Section I + Section II)	_____
<p>Add up the numbers to arrive at a total for each section, and then add the totals for each section to arrive at the grand total. If any individual section total is 6 or more, or the grand total is 40 or more, you may benefit from a Clinical Purification™ program.</p>	

Adapted with permission from the author of *Clinical Purification™: A Complete Treatment and Reference Manual*, Dr. Gina L. Nick. Health care professionals may obtain complete copies of this book at a professional discount from Standard Process Order Department at 1-800-558-8740. Patients may purchase the book through retail outlets.