

MEDICAL SYMPTOM / TOXICITY QUESTIONNAIRE

Name: _____ Date: _____

This Toxicity and Symptom Screening Questionnaire identifies symptoms that help to reveal the underlying causes of illness, and helps you track our progress over time. In Week 1 of the RESTART®, rate each of the following symptoms based upon your health profile for the past 30 days. In Week 5 of the RESTART®, record your symptoms for the last 3 weeks only.

Point Scale: **0** = Never, or almost never, have the symptom **3** = Frequently have it, effect is not severe
 1 = Occasionally have it, effect is not severe **4** = Frequently have it, effect is severe
 2 = Occasionally have it, effect is severe

DIGESTIVE TRACT

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

Total _____

EARS

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

Total _____

EMOTIONS

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

Total _____

ENERGY / ACTIVITY

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

Total _____

EYES

- Watery or itchy eyes
- Swollen, reddened or sticky eyelids
- Bags or dark circles under eyes
- Blurred or tunnel vision (does not include near-or far-sightedness)

Total _____

MOUTH / THROAT

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

Total _____

HEART

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

Total _____

JOINTS / MUSCLES

- Pain or aches in joints
- Arthritis
- Stiffness or limitation of movement
- Pain or aches in muscles
- Feeling of weakness or tiredness

Total _____

LUNGS

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

Total _____

MIND

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

Total _____

HEAD

- Headaches
- Faintness
- Dizziness
- Insomnia

Total _____

NOSE

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

Total _____

SKIN

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

Total _____

WEIGHT

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

Total _____

OTHER

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

Total _____

GRAND TOTAL _____

Your Results: **Less than 10** = Optimal **10 - 50** = Mild Toxicity **51 - 100** = Moderate Toxicity **Over 100** = Severe Toxicity