



Total Toxin Load Questionnaire

Part 1 - Occurring Symptoms Name: _____ Date: _____

| Point Count for Symptoms | Score |
|----------------------------------------|-------|
| Never have the symptom | 0 |
| Rarely and/or very mild | 1 |
| Sometimes and/or effect is mild | 2 |
| Fairly often and/or effect is moderate | 3 |
| Very often and/or effect is severe | 4 |

| General/Metabolic | Score |
|--------------------------------------------------|-------|
| Feel the cold | |
| Compulsive eating/drinking alcohol | |
| Water retention | |
| Fatigue/sluggishness | |
| Significant weight gain | |
| Cellulite | |
| Significant weight loss | |
| Burning sensation in limbs/hands/feet | |
| Sensitive to strong odours/exhaust/perfumes etc. | |
| Rapid heart beat | |
| Subtotal | |

| Skin | Score |
|--------------------------------------|-------|
| Increased sweating | |
| Skin rashes | |
| Brown spots on hands and face | |
| Boils | |
| Skin tags (small hanging warts) | |
| Hives, rashes, dry skin | |
| Acne | |
| Psoriasis | |
| Eczema | |
| Fever blisters | |
| Warts | |
| Hair loss (Non-hereditary) /Alopecia | |
| Subtotal | |

| Digestive System | Score |
|------------------------------|-------|
| Loose stools | |
| Heartburn | |
| Constipation | |
| Bloating | |
| Abdominal pain | |
| Intolerance to certain foods | |
| Nausea or vomiting | |
| Subtotal | |

| Cognitive | Score |
|--------------------------------------------------|-------|
| Hyperactivity | |
| Stammering/speech problems | |
| Difficulty in concentration | |
| Difficulty in making decisions | |
| Headache | |
| Poor memory | |
| Poor coordination | |
| Compulsive behaviour | |
| Sleep disturbance | |
| Memory loss | |
| Dizziness/faintness | |
| Tingling/burning/electric sensation in head/body | |
| Subtotal | |

| Liver/Kidney | Score |
|----------------------------------------------|-------|
| Fatigue/malaise | |
| Dark coloured urine (not from B vitamins) | |
| Bad breath / coated tongue | |
| Nausea (not pregnant) | |
| Yellow tinge to skin and eyes/jaundice | |
| Increase in urination frequency and amount | |
| Needing to get up in the night to pass urine | |
| Urinary tract infections/cystitis | |
| Poor appetite in the morning | |
| Kidney stones | |
| Blood in the urine or stool | |
| Have a strong reaction to caffeine | |
| Subtotal | |

| Joints and Muscles | Score |
|--------------------------------|-------|
| Muscle aches | |
| Aching joints | |
| Tendinitis (sore tendons) | |
| Fibromyalgia (painful muscles) | |
| Gout (high acidity) | |
| Arthritis | |
| Tremors in muscles/hands/wrist | |
| Stiffness/limited movement | |
| Subtotal | |

| Mind/Emotions | Score |
|----------------------------------------------|-------|
| Irritability | |
| Nervousness | |
| Mood swings | |
| Frequent crying | |
| Anger or impatient behaviour (eg. road rage) | |
| Stressed | |
| Anxiety | |
| Confusion | |
| Depression | |
| Panic attacks | |
| Suicidal thoughts | |
| Subtotal | |

| Eyes/Ears/Nose/Throat | Score |
|-----------------------------------------------|-------|
| Eyes watery/itchy/red/swollen | |
| Floaters in vision field (dark spots) | |
| Bags or dark circles under eyes | |
| Blurred vision | |
| Mouth ulcers | |
| Frequent colds or flu | |
| Sinusitis/sneezing episodes | |
| Hoarseness in throat | |
| Swollen or discoloured lips/tongue/gums/mouth | |
| Sore throats | |
| Hay fever | |
| Ear infections | |
| Bronchitis | |
| Loss of smell | |
| Cough | |
| Subtotal | |

Part 1
TOTAL SCORE: _____

PATIENT ASSESSMENT TOOL

Part 2 - Environmental Exposures

If any of the following statements apply to you, tick the corresponding box, if not leave blank.

| Environmental Influences 2A -- Do you/have you... | Score | Tick |
|-------------------------------------------------------------|-------|------|
| Own a new car (within 12 months) | 3 | |
| Recent painting (home painting/artistic) | 2 | |
| Use dry-cleaned clothes/linen | 2 | |
| Noticed changes in health since moving home | 5 | |
| Use industrial chemicals/metal de-greasers | 5 | |
| Regularly swim in chlorinated pools/spa (> 3 times p/w) | 5 | |
| Live in an old home (built prior to 1970) | 5 | |
| Moved into a new home/new office building (within 1 year) | 5 | |
| Live on/near a non-organic farm (within 100 meters) | 5 | |
| Use mobile phone/ computer / screens daily | 5 | |
| Have new carpets/lounge suite/drapes | 5 | |
| Been in contact with glues/resins/epoxy (within last month) | 1 | |
| Smoke cigarettes or other smoking | 10 | |
| Pesticides/weed killers are used on your property | 10 | |
| Work in an industry known to have toxic environment | 10 | |
| Use fumigants/insect repellants | 2 | |
| Have fluorescent/energy saving lights | 5 | |
| Use moth balls | 2 | |
| Use air fresheners | 1 | |
| Use non-natural commercial household cleaners | 3 | |
| Own known fumigated furniture (in past 2 yrs) | 5 | |
| Live near a golf course (within 100 metres) | 5 | |
| Live near an industrial area (within 100 metres) | 5 | |
| Live near a landfill (within 100 metres) | 5 | |
| Live near power lines (within 100 metres) | 5 | |
| Sleep near active electrical items or power points | 2 | |
| Have wifi in your home on 24 hours daily | 10 | |
| Been exposed to known radiation | 10 | |
| Use mildew cleaners/rug/carpet cleaners/spot stain removers | 2 | |
| Live in a damp home | 5 | |
| Have poor ventilation at home or work | 1 | |
| Have an open fire place | 1 | |
| Have gas heating or cooking | 1 | |
| Live near or on a busy road | 5 | |
| Is your home chemically termite treated | 2 | |
| Have a known existing chemical/heavy metal exposure | 10 | |
| Subtotal Environmental Influences (2A) | | |

| Environmental Influences 2B -- Do you/have you... | Score | Tick |
|---------------------------------------------------------------------|-------|------|
| Eat non-organic rice regularly (> 3 times p/w) | 2 | |
| Eat non-organic chicken regularly (> 3 times p/w) | 2 | |
| Drink coffee each day | 2 | |
| Consume gluten containing grains (> 3 times p/w) | 5 | |
| Consume berries/grapes/stone-fruit/apples (> 3 times p/w) | 2 | |
| Eat smoked/cured meats regularly (> 3 times p/w) | 3 | |
| Use plastics in your kitchen/home | 10 | |
| Eat tuna, swordfish, shark, orange roughy (> 3 times p/w) | 10 | |
| Cook with aluminum pots and pans | 5 | |
| Consume rice milk/ soy milk regularly (> 3 times p/w) | 2 | |
| Consume cow's milk or dairy products (> 3 times p/w) | 2 | |
| Drink alcohol (more than 7 glasses p/w) | 5 | |
| Regularly eat canned food (> 3 times p/w) | 5 | |
| Regularly touch/handle newsprint/magazines | 1 | |
| Use commercial sunscreen regularly (> 3 times p/w) | 2 | |
| Use toothpaste with fluoride | 2 | |
| Sleep with an electric blanket on | 1 | |
| Use a microwave daily | 2 | |
| Drink soft drinks such as cola or diet sodas (> 3 times p/w) | 5 | |
| Eat processed foods regularly (> 3 times p/w) | 5 | |
| Use Teflon cooking pans | 5 | |
| Use commercial fabric softener / spray starch | 2 | |
| Drink tap water | 10 | |
| Use hair spray | 1 | |
| Have mercury fillings | 10 | |
| Have had mercury filling removed in last 10 years | 5 | |
| Use recreational drugs (once per month or more) | 10 | |
| Wear commercial make-up/body moisturizer most days | 5 | |
| Dye your hair (non-henna) | 2 | |
| Use deodorant containing aluminium | 5 | |
| Take any medication with suspected toxicity (ask your practitioner) | 5 | |
| Use medication for reflux/heart burn (> 3 times p/w) | 5 | |
| Use painkillers/steroid/NSAID medication (> 3 times p/w) | 5 | |
| Use medications for nerve pain/muscle relaxants (> 3 times p/w) | 5 | |
| Regularly use antihistamines or anticholinergic medications | 5 | |
| Take mood altering medication (antidepressants / antipsychotics) | 5 | |
| Subtotal Environmental Influences (2B) | | |

Part 2
TOTAL SCORE: _____

Part 1 + 2
TOTAL SCORE: _____

Interpreting Results for Total Toxin Load Score

Total Toxin Load Score <80 - Relatively low Total Toxin Load. Probably no action required.

Total Toxin Load Score 81-150 - Suggestive of mild to moderate toxin load. Regular detoxification may be beneficial.

Total Toxin Load Score 151-250 - Suggestive of moderate to severe toxin load. Detoxification and possible further testing is recommended.

Total Toxin Load Score > 250 - Suggestive of severe toxin load. Immediate detoxification and further testing is recommended.