

EAT FAT, GET THIN

Are You Sick? The Toxicity Questionnaire

For the “before” part of the questionnaire, rate each of the following symptoms based upon your health profile for the past 30 days. You’ll take this quiz again after your 10-Day Detox, but it’s especially important that you take the time to complete and score it now, before you embark on the program. Without that baseline score, 10 days from now you may have a hard time believing just how different your “after” results really are.

Point Scale

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

DIGESTIVE TRACT

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

Total before ___
Total after ___

EARS

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

Total before ___
Total after ___

EMOTIONS

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

Total before ___
Total after ___

ENERGY/ACTIVITY

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

Total before ___
Total after ___

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 before ___
Total after ___

HEAD

- Headaches
- Faintness
- Dizziness
- Insomnia

Total before ___
Total after ___

HEART

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

Total before
 Total after

JOINTS/MUSCLES

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

Total before
 Total after

LUNGS

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

Total before
 Total after

MIND

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

Total before
 Total after

MOUTH/THROAT

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

Total before
 Total after

NOSE

- Stuffy nose
- Sinus problems
- Hay fever

- Excessive mucus formation
- Sneezing attacks

Total before
 Total after

SKIN

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

Total before
 Total after

WEIGHT

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

Total before
 Total after

OTHER

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

Total before
 Total after

GRAND TOTAL BEFORE _____

GRAND TOTAL AFTER _____