# DETOXIFICATION QUESTIONNAIRE

**Patient Name:** ______________________________ **Date:** ______________

Rate each of the following symptoms based on your typical health profile for the specified duration:

☐ Past month ☐ Past week ☐ Past 48 hours

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

## I. Medical Symptoms Questionnaire (MSQ)

**HEAD**
- ______ Headaches
- ______ Faintness
- ______ Dizziness
- ______ Insomnia **TOTAL** ______

**EYES**
- ______ Watery or itchy eyes
- ______ Swollen, reddened or sticky eyelids
- ______ Bags or dark circles under eyes
- ______ Blurred or tunnel vision **TOTAL** ______

**EARS**
- ______ Itchy ears
- ______ Earaches, ear infections
- ______ Drainage from ear
- ______ Ringing in ears, hearing loss **TOTAL** ______

**NOSE**
- ______ Stuffy nose
- ______ Sinus problems
- ______ Hay fever
- ______ Sneezing attacks
- ______ Excessive mucus formation **TOTAL** ______

**MOUTH/ THROAT**
- ______ Chronic coughing
- ______ Gagging, frequent need to clear throat
- ______ Sore throat, hoarseness, loss of voice
- ______ Swollen or discolored tongue, gums, lips
- ______ Canker sores **TOTAL** ______

**SKIN**
- ______ Acne
- ______ Hives, rashes, dry skin
- ______ Hair loss
- ______ Flushing, hot flashes
- ______ Excessive sweating **TOTAL** ______

**HEART**
- ______ Chest pain
- ______ Irregular or skipped heartbeat
- ______ Rapid or pounding heartbeat **TOTAL** ______

**LUNGS**
- ______ Chest congestion
- ______ Asthma, bronchitis
- ______ Shortness of breath
- ______ Difficulty breathing **TOTAL** ______

**DIGESTIVE TRACT**
- ______ Nausea, vomiting
- ______ Diarrhea
- ______ Constipation
- ______ Bloated feeling
- ______ Belching, passing gas
- ______ Heartburn
- ______ Intestinal/stomach pain **TOTAL** ______

**JOINTS/ MUSCLE**
- ______ Pain or aches in joints
- ______ Arthritis
- ______ Stiffness or limitation of movement
- ______ Feeling of weakness or tiredness
- ______ Pain or aches in muscles **TOTAL** ______

**WEIGHT**
- ______ Binge eating/drinking
- ______ Craving certain foods
- ______ Excessive weight
- ______ Water retention
- ______ Underweight
- ______ Compulsive eating **TOTAL** ______

**ENERGY/ ACTIVITY**
- ______ Fatigue, sluggishness
- ______ Apathy, lethargy
- ______ Hyperactivity
- ______ Restlessness **TOTAL** ______

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

**EMOTIONS**
- ______ Mood swings
- ______ Anxiety, fear, nervousness
- ______ Anger, irritability, aggressiveness
- ______ Depression **TOTAL** ______

**OTHER**
- ______ Frequent illness
- ______ Frequent or urgent urination
- ______ Genital itch or discharge **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 containing products?

☐ Yes (1 pt.) ☐ No (0 pt.) ☐ Don't know (0 pt.)

6. Do you commonly experience "brain fog," fatigue, or drowsiness?

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.)

☐ Alcohol or chemical dependence (2 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.) ☐ Don't know (0 pt.)

**GRAND TOTAL:** __________

## III. Alkalizing Assessment

1. Do you have a history or currently have kidney dysfunction?

☐ Yes ☐ No

2. Have you ever been diagnosed with a condition known as hyperkalemia?

☐ Yes ☐ No

3. Are you currently on diuretics or blood pressure medication?

☐ Yes ☐ No

Note: Prescribe non-alkalizing nutrients if patient answered yes to any part of this section.

*For Practitioner Use Only:*

## OVERALL SCORE TABULATION

See doctor brochure for protocol suggestions.

MSQ SCORE ______ (High >50; moderate 15-49: Low <14)

XTT SCORE ______ (High >10; moderate 5-9: Low <4)

URINARY pH ______

**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.