



**TOXICITY AND INFLAMMATION QUESTIONNAIRE:
GENERAL SIGNS AND SYMPTOMS (GI-Q1)**

Patient Name: _____ Date: _____

This questionnaire identifies signs and symptoms that can help your doctor address the underlying cause of your G.I.-related illness (toxins, inflammation, etc.). This questionnaire is to be completed **before** and **after** the suggested protocol your doctor recommends for you. This will help him or her track your progress over time.

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

HEAD

- ___ Headaches
- ___ Dizziness
- ___ Insomnia
- ___ Faintness

___TOTAL

EARS

- ___ Itchy ears
- ___ Ringing in ears/loss of hearing
- ___ Earaches/ear infections
- ___ Drainage from ear

___TOTAL

EYES

- ___ Bags or dark circles under eyes
- ___ Watery or itchy eyes
- ___ Swollen, reddened, or sticky eyelids
- ___ Blurred or tunnel vision (excluding near- or far- sightedness)

___TOTAL

NOSE

- ___ Stuffy nose
- ___ Sinus congestion, sinus infection
- ___ Constant sneezing
- ___ Hay fever/allergies
- ___ Excess mucus formation

___TOTAL



MOUTH/THROAT

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

___TOTAL

HEART

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

___TOTAL

LUNGS

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

___TOTAL

SKIN

- Acne or brown "age/liver spots"
- Hives, rashes, cysts, boils
- Eczema or psoriasis
- Itchy skin/dermatitis
- Hair loss, hair thinning
- Body odor
- Excessive sweating

___TOTAL

JOINTS/MUSCLES

- Pain or aches in joints or lower back
- Stiffness or limitation of movement
- Arthritis
- Pain or aches in muscles

___TOTAL

MENTAL/EMOTIONAL

- Poor memory
- Difficulty concentrating
- Mood swings
- Depression
- Anxiety, fear or nervousness
- Anger, irritability, or aggressiveness
- Insomnia

___TOTAL



ENERGY LEVEL

- Fatigue/low energy
- Restlessness
- Hyperactivity
- Feeling of weakness

____ TOTAL

WEIGHT

- Underweight
- Overweight
- Difficulty losing weight
- Crave certain foods

____ TOTAL

DIGESTIVE TRACT

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

____ TOTAL

OTHER

- PMS
- Frequent colds, flu
- Chemical or environmental sensitivities
- Food allergies/sensitivities

____ TOTAL

Please add the numbers from each section and write the section total in the spaces provided, then add all the section totals together and put that total in the space below.

____ **GRAND TOTAL**

Interpreting Your GRAND TOTAL Toxicity Score:

- 15 or lower:** You have a low level of inflammation.
- 16 to 49:** You have a moderate level of inflammation.
- 50 or higher:** You have a high level of inflammation.

