

To complete the toxicity questionnaire and find your personal results score, simply fill in the blank with a 0, 1, 2, or 3 depending on your typical symptoms.

 $0 = \text{Never feel this symptom} \quad 1 = \text{Feel this symptom 1-2 times/month}$  $2 = \text{Feel this symptom weekly} \quad 3 = \text{Feel this symptom daily}$ 

### Head

- \_\_\_ Headaches/Migraines
- \_\_\_ Dizziness/Faintness
- \_\_\_ Neck tension
- \_\_\_ Cloudy head

#### Ears

- \_\_\_ Itchy ears
- \_\_\_ Discharge or drainage from ears
- \_\_\_ Ringing in ears, tinnitus
- \_\_\_ Excessive wax build up
- \_\_\_ Blocked or muffled hearing

### Sinus

- \_\_\_ Nasal congestion (stuffy nose)
- \_\_\_ Allergies (seasonal or daily)
- \_\_\_ Mucus
- \_\_\_ Sneezing
- \_\_\_ Nose blowing

### Teeth

- \_\_\_ Pain in gums or teeth
- \_\_\_ Bleeding gums
- \_\_\_ Silver fillings (Score with a 3 if you have any metal fillings)

### \_\_\_

- \_\_\_ Dark circles under eyes
- \_\_\_ Bags under eyes
- \_\_\_ Itchy eyes
- \_\_\_ Discharge or watery eyes
- \_\_\_ Blurred vision
- \_\_\_ Crusted eyes upon waking

### Mouth

- \_\_\_ Canker sores
- \_\_\_ Cold sores (herpes virus)
- \_\_\_ Cracking on lips
- \_\_\_ Discoloured lips
- \_\_\_ White film on lips upon waking or after eating

## Tongue

- \_\_\_ Red dots on tongue
- \_\_\_ Sides of tongue have dents
  ("scalloping")
- \_\_\_ White, yellow, or brown coating on tongue
- \_\_\_ Cracks or lines on tongue

#### Glands

- \_\_\_ Swollen lymph nodes (neck, armpits, or groin)
- \_\_\_ Difficulty swallowing
- \_\_\_ Loss of voice
- \_\_\_ Swollen ankles, wrists, hands or fingers

### Breathing

- \_\_\_ Chest tension
- \_\_\_ Inability to get enough air in
- \_\_\_ Chest congestion
- \_\_\_ Chronic cough
- \_\_\_ Clear throat a lot
- \_\_\_ Voice hoarseness

#### Skin

- \_\_\_ Acne
- \_\_\_ Hair loss
- \_\_\_ Flushing/Hot flashes
- \_\_\_ Dry, flaky skin
- \_\_\_ Excessive sweating
- \_\_\_ Hives or itchiness
- \_\_\_ Psoriasis, eczema, ringworm or skin rashes

### Joints/Muscles

- \_\_\_ Pain in joints
- \_\_\_ Muscle stiffness
- \_\_\_ Limited range of motion
- \_\_\_ Muscle weakness/loss of strength
- \_\_\_ Arthritis

## Weight

- \_\_\_ Difficulty losing weight
- \_\_\_ Gain weight easily
- \_\_\_ Feel swollen or puffy
- \_\_\_ Retain water
- \_\_\_ Binge or compulsive eating



## **Digestion**

- \_\_\_ Get tired after meals (esp. lunch)
- \_\_\_ Bloating
- \_\_\_ Gas
- \_\_\_ Belching/Burping
- \_\_\_ Heartburn or indigestion
- \_\_\_ Diarrhea
- \_\_\_ Constipation
- \_\_\_ Stomach or intestinal pain
- \_\_\_ Nausea or vomiting
- \_\_\_ Stomach sticks out more as day progresses

### Energy

- \_\_\_ Tired upon waking
- \_\_\_ Daytime or afternoon fatigue
- \_\_\_ General lack of energy
- \_\_\_ Apathy
- \_\_\_ Lack of ambition or drive
- —— Hyperactivity (can't sit still have to always be doing something)
- \_\_\_ Restlessness (feel uncomfortable with quiet)
- \_\_\_ Tap feet or shake leg or hands when seated
- \_\_\_ Decreased libido or sexual function

## Sleep

- \_\_\_ Inability to fall asleep
- \_\_\_ Can't stay asleep/wake up frequently
- \_\_\_ Nightmares
- \_\_\_ Heart racing at night
- \_\_\_ Night sweats

### Mind

- \_\_\_ Lack of concentration
- \_\_\_ Easily distracted or lose train of thought
- \_\_\_ Difficulty making decisions
- \_\_\_ Brain fog
- \_\_\_ Stuttering, forgetting words or difficulty putting together sentences
- \_\_\_ Uncoordinated or drop things
- \_\_\_ ADD/ADHD or learning disabilities

### **Emotions**

- \_\_\_ Anxiety
- \_\_\_ Overwhelm
- \_\_\_ Irritability
- \_\_\_ Anger or rage
- \_\_\_ Dark or negative thoughts
- \_\_\_ Sad for no reason
- \_\_\_ Mood swings
- \_\_\_ Depressed
- \_\_\_ High-strung
- \_\_\_ Seasonal Affective Disorder(SAD)

### **Immunity**

(Score each question below with 10 points if you answered yes)

- \_\_\_ Frequent colds or flus (more than 2-3 illnesses a year)
- \_\_\_ Allergies (environmental or non-fatal food sensitivities)
- \_\_\_ Pneumonia (Score with a 10 if yes within the last year)
- \_\_\_ Diagnosed disease (Score with a 10 if you have a
  - diagnosed disease)
- \_\_\_ Unexplained illness (Score with a 10 for an undiagnosed disease)

### **TOTAL SCORE**

\_\_\_ Grand Total Score (add up your total points from above.)

### **SCORING**

Take a look at your overall quiz results and see which health sections appear to be doing the best and which areas need some work. Those are the areas where you have underlying imbalances that must be corrected. After adding up your total point total see what toxicity stage you're at below.



# Stage 1: 0-9 Points

Congratulations - it looks like you're doing great! You appear to be well and it seems like you have your health under control. Just make sure you are not filling up your toxic load with environmental, food or cosmetic toxins, continued stress, lack of sleep, poor eating, etc.

In terms of detoxification in this stage, a seasonal 7-day functional medicine detox will help maintain health and remove the accumulation of the more than 80,000 manmade chemicals and toxins you may be exposed to on a daily basis. Try to incorporate a healthy daily routine, diet and lifestyle to stay well and balanced.

# Stage 2: 10-19 Points

It looks like you're doing pretty well, but you're starting to see the effects of hidden toxicities expressing themselves on the outside as symptoms. It's also at this point that you may be moving towards a dis-ease state unless you begin to remove this build-up of toxins.

A formal 7, 14, or 21-day detox is advised initially and then seasonal detoxes after that to maintain optimal health and balance. Incorporating a daily healthy diet, lifestyle, routines, optimal sleep and mental health practices care is also recommended.

# Stage 3: 20+ Points

Your body is now showing signs of toxic overload and total body burden. Most likely, you are feeling the effects of this toxicity in your daily life in terms of inflammation, lowered vitality, low mood, fatigue and less overall zest for life.

A 21-day detox is recommended followed by a seasonal 7, 14, or 21-day detox to decrease toxic accumulation until you reach a score of 10 points or less. At that point, you can simply drop down to one 7-day detox seasonally or quarterly. This is also the time to pay special attention to healthy diet, lifestyle, routines, optimal sleep and stress reduction.

Each time you complete a 7, 14, or 21-day detox please retake this Toxicity Quiz to see how your score has decreased and notice how your energy, mood, mindset, mental clarity, sleep, digestion, hormones and overall health and wellbeing improve each time!

<sup>\*</sup> All information provided is for health education purposes only and is not intended to diagnose, treat, cure, or prevent any disease. This is a copy of Dr. Stephen Cabral's toxicity quiz from his original book, the Rain Barrel Effect. To find out more about Dr. Cabral's Functional Medicine Detox that he uses in his private practice please see, StephenCabral.com.

