

Name: _____

Date: _____

Toxicity Questionnaire

The Toxicity Questionnaire is designed to aid the practitioner in assessing a patient's or client's potential need for a purification program.

Section I: Symptoms

Rate each of the following based upon your health profile for the past 90 days.

Circle the corresponding number.	
0	Rarely or Never Experience the Symptom
1	Occasionally Experience the Symptom, Effect is Not Severe
2	Occasionally Experience the Symptom, Effect is Severe
3	Frequently Experience the Symptom, Effect is Not Severe
4	Frequently Experience the Symptom, Effect is Severe

1. DIGESTIVE

a. Nausea and/or vomiting	0	1	2	3	4
b. Diarrhea	0	1	2	3	4
c. Constipation	0	1	2	3	4
d. Bloating feeling	0	1	2	3	4
e. Belching and/or passing gas	0	1	2	3	4
f. Heartburn	0	1	2	3	4
Total: _____					

2. EARS

a. Itchy ears	0	1	2	3	4
b. Earaches or ear infections	0	1	2	3	4
c. Drainage from ear	0	1	2	3	4
d. Ringing in ears or hearing loss	0	1	2	3	4
Total: _____					

3. EMOTIONS

a. Mood swings	0	1	2	3	4
b. Anxiety, fear, or nervousness	0	1	2	3	4
c. Anger, irritability	0	1	2	3	4
d. Depression	0	1	2	3	4
e. Sense of despair	0	1	2	3	4
f. Uncaring or disinterested	0	1	2	3	4
Total: _____					

4. ENERGY / ACTIVITY

a. Fatigue or sluggishness	0	1	2	3	4
b. Hyperactivity	0	1	2	3	4
c. Restlessness	0	1	2	3	4
d. Insomnia	0	1	2	3	4
e. Startled awake at night	0	1	2	3	4
Total: _____					

5. EYES

a. Watery or itchy eyes	0	1	2	3	4
b. Swollen, reddened, or sticky eyelids	0	1	2	3	4
c. Dark circles under eyes	0	1	2	3	4
d. Blurred or tunnel vision	0	1	2	3	4
Total: _____					

6. HEAD

a. Headaches	0	1	2	3	4
b. Faintness	0	1	2	3	4
c. Dizziness	0	1	2	3	4
d. Pressure	0	1	2	3	4
Total: _____					

7. LUNGS

a. Chest congestion	0	1	2	3	4
b. Asthma or bronchitis	0	1	2	3	4
c. Shortness of breath	0	1	2	3	4
d. Difficulty breathing	0	1	2	3	4
Total: _____					

8. MIND

a. Poor memory	0	1	2	3	4
b. Confusion	0	1	2	3	4
c. Poor concentration	0	1	2	3	4
d. Poor coordination	0	1	2	3	4
e. Difficulty making decisions	0	1	2	3	4
f. Stuttering, stammering	0	1	2	3	4
g. Slurred speech	0	1	2	3	4
h. Learning disabilities	0	1	2	3	4
Total: _____					

9. MOUTH/THROAT

a. Chronic coughing	0	1	2	3	4
b. Gagging or frequent need to clear throat	0	1	2	3	4
c. Swollen or discolored tongue, gums, lips	0	1	2	3	4
d. Canker sores	0	1	2	3	4
Total: _____					

10. NOSE

a. Stuffy nose	0	1	2	3	4
b. Sinus problems	0	1	2	3	4
c. Hay fever	0	1	2	3	4
d. Sneezing attacks	0	1	2	3	4
e. Excessive mucous	0	1	2	3	4
Total: _____					

11. SKIN

a. Acne	0	1	2	3	4
b. Hives, rashes, or dry skin	0	1	2	3	4
c. Hair loss	0	1	2	3	4
d. Flushing	0	1	2	3	4
e. Excessive sweating	0	1	2	3	4
Total: _____					

12. HEART

a. Skipped heartbeats	0	1	2	3	4
b. Rapid heartbeats	0	1	2	3	4
c. Chest pain	0	1	2	3	4
Total: _____					

13. JOINTS / MUSCLES

a. Pain or aches in joints	0	1	2	3	4
b. Rheumatoid arthritis	0	1	2	3	4
c. Osteoarthritis	0	1	2	3	4
d. Stiffness or limited movement	0	1	2	3	4
e. Pain or aches in muscles	0	1	2	3	4
f. Recurrent back aches	0	1	2	3	4
g. Feeling of weakness or tiredness	0	1	2	3	4
Total: _____					

14. WEIGHT

a. Binge eating or drinking	0	1	2	3	4
b. Craving certain foods	0	1	2	3	4
c. Excessive weight	0	1	2	3	4
d. Compulsive eating	0	1	2	3	4
e. Water retention	0	1	2	3	4
f. Underweight	0	1	2	3	4
Total: _____					

15. OTHER:

a. Frequent illness	0	1	2	3	4
b. Frequent or urgent urination	0	1	2	3	4
c. Leaky bladder	0	1	2	3	4
d. Genital itch, discharge	0	1	2	3	4
Total: _____					

Section I Total:	_____
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Section II: Risk of Exposure

Rate each of the following situations based upon your environmental profile for the past 120 days.

16. Circle the corresponding number for questions 16a-16f below.									
0	Never	1	Rarely	2	Monthly	3	Weekly	4	Daily
a. How often are strong chemicals used in your home? (disinfectants, bleaches, oven and drain cleaners, furniture polish, floor wax, window cleaners, etc.)									
									0 1 2 3 4
b. How often are pesticides used in your home?									
									0 1 2 3 4
c. How often do you have your home treated for insects?									
									0 1 2 3 4
d. How often are you exposed to dust, overstuffed furniture, tobacco smoke, mothballs, incense, or varnish in your home or office?									
									0 1 2 3 4
e. How often are you exposed to nail polish, perfume, hairspray, or other cosmetics?									
									0 1 2 3 4
f. How often are you exposed to diesel fumes, exhaust fumes, or gasoline fumes?									
									0 1 2 3 4
									Total: _____

17. Circle the corresponding number for questions 17a-17b below.							
0	No	1	Mild Change	2	Moderate Change	3	Drastic Change
a. Have you noticed any negative change in your health since you moved into your home or apartment?							
							0 1 2 3
b. Have you noticed any change in your health since you started your new job?							
							0 1 2 3
							Total: _____

18. Answer yes or no and circle the corresponding number for questions 18a-18d below.			
		No	Yes
a. Do you have a water purification system in your home?			
		2	0
b. Do you have any indoor pets?			
		0	2
c. Do you have an air purification system in your home?			
		2	0
d. Are you a dentist, painter, farm worker, or construction worker?			
		0	2
			Total: _____

Section II Total:	_____
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Grand Total (Section I & Section II)	_____
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Add up the numbers to arrive at a total for each section, and then add the totals for each section to arrive at the grand total. If any individual section total is 6 or more, or the grand total is 40 or more, you may benefit from a purification program.

Adapted with permission from the author of *Clinical Purification™: A Complete Treatment and Reference Manual*, Dr. Gina L. Nick.

SYSTEMS SURVEY FORM
(Restricted to Professional Use)

PATIENT _____ AGE _____ DOCTOR _____ DATE _____

INSTRUCTIONS: Circle the number that applies to you. **If a symptom does not apply, leave it blank.**
Circle either: (1) for **MILD** symptoms (occurs rarely), (2) for **MODERATE** symptoms (occurs several times a month),
or (3) for **SEVERE** symptoms (occurs almost constantly).

GROUP ONE

- | | | |
|--|---|--|
| 1 – 1 2 3 Acid foods upset | 8 – 1 2 3 Gag Easily | 15 – 1 2 3 Appetite reduced |
| 2 – 1 2 3 Get chilled, often | 9 – 1 2 3 Unable to relax, startles easily | 16 – 1 2 3 Cold sweats often |
| 3 – 1 2 3 “Lump” in throat | 10 – 1 2 3 Extremities cold, clammy | 17 – 1 2 3 Fever easily raised |
| 4 – 1 2 3 Dry mouth-eyes-nose | 11 – 1 2 3 Strong light irritates | 18 – 1 2 3 Neuralgia-like pains |
| 5 – 1 2 3 Pulse speeds after meal | 12 – 1 2 3 Urine amount reduced | 19 – 1 2 3 Staring, blinks little |
| 6 – 1 2 3 Keyed up - fail to calm | 13 – 1 2 3 Heart pounds after retiring | 20 – 1 2 3 Sour stomach frequent |
| 7 – 1 2 3 Cuts heal slowly | 14 – 1 2 3 “Nervous” stomach | |

GROUP TWO

- | | | |
|--|---|---|
| 21 – 1 2 3 Joint stiffness after arising | 29 – 1 2 3 Digestion rapid | 37 – 1 2 3 “Slow starter” |
| 22 – 1 2 3 Muscle-leg-toe cramps at night | 30 – 1 2 3 Vomiting frequent | 38 – 1 2 3 Get “chilled” infrequently |
| 23 – 1 2 3 “Butterfly” stomach, cramps | 31 – 1 2 3 Hoarseness frequent | 39 – 1 2 3 Perspire easily |
| 24 – 1 2 3 Eyes or nose watery | 32 – 1 2 3 Breathing irregular | 40 – 1 2 3 Circulation poor,
sensitive to cold |
| 25 – 1 2 3 Eyes blink often | 33 – 1 2 3 Pulse slow; feels “irregular” | 41 – 1 2 3 Subject to colds,
asthma, bronchitis |
| 26 – 1 2 3 Eyelids swollen, puffy | 34 – 1 2 3 Gagging reflex slow | |
| 27 – 1 2 3 Indigestion soon after meals | 35 – 1 2 3 Difficulty swallowing | |
| 28 – 1 2 3 Always seem hungry;
feels “lightheaded” often | 36 – 1 2 3 Constipation,
diarrhea alternating | |

GROUP THREE

- | | | |
|--|---|--|
| 42 – 1 2 3 Eat when nervous | 49 – 1 2 3 Heart palpitates if meals
missed or delayed | 53 – 1 2 3 Crave candy or coffee
in afternoons |
| 43 – 1 2 3 Excessive appetite | 50 – 1 2 3 Afternoon headaches | 54 – 1 2 3 Moods of depression -
“blues” or melancholy |
| 44 – 1 2 3 Hungry between meals | 51 – 1 2 3 Overeating sweets upsets | 55 – 1 2 3 Abnormal craving for
sweets or snacks |
| 45 – 1 2 3 Irritable before meals | 52 – 1 2 3 Awaken after few hours sleep
- hard to get back to sleep | |
| 46 – 1 2 3 Get “shaky” if hungry | | |
| 47 – 1 2 3 Fatigue, eating relieves | | |
| 48 – 1 2 3 “Lightheaded” if meals delayed | | |

GROUP FOUR

- | | | |
|--|--|---|
| 56 – 1 2 3 Hands and feet go to sleep
easily, numbness | 63 – 1 2 3 Get “drowsy” often | 68 – 1 2 3 Bruise easily, “black
and blue” spots |
| 57 – 1 2 3 Sigh frequently, “air
hunger” | 64 – 1 2 3 Swollen ankles
worse at night | 69 – 1 2 3 Tendency to anemia |
| 58 – 1 2 3 Aware of “breathing
heavily” | 65 – 1 2 3 Muscle cramps, worse
during exercise; get
“charley horses” | 70 – 1 2 3 “Nose bleeds” frequent |
| 59 – 1 2 3 High altitude discomfort | 66 – 1 2 3 Shortness of breath
on exertion | 71 – 1 2 3 Noises in head, or
“ringing in ears” |
| 60 – 1 2 3 Opens windows in
closed room | 67 – 1 2 3 Dull pain in chest or
radiating into left arm,
worse on exertion | 72 – 1 2 3 Tension under the
breastbone, or feeling
of “tightness”,
worse on exertion |
| 61 – 1 2 3 Susceptible to colds
and fevers | | |
| 62 – 1 2 3 Afternoon “yawner” | | |

GROUP FIVE

- | | | |
|---|--|---|
| 73 - 1 2 3 Dizziness | 83 - 1 2 3 Feeling queasy; headache over eyes | 91 - 1 2 3 Sneezing attacks |
| 74 - 1 2 3 Dry skin | 84 - 1 2 3 Greasy foods upset | 92 - 1 2 3 Dreaming, nightmare type bad dreams |
| 75 - 1 2 3 Burning feet | 85 - 1 2 3 Stools light-colored | 93 - 1 2 3 Bad breath (halitosis) |
| 76 - 1 2 3 Blurred vision | 86 - 1 2 3 Skin peels on foot soles | 94 - 1 2 3 Milk products cause distress |
| 77 - 1 2 3 Itching skin and feet | 87 - 1 2 3 Pain between shoulder blades | 95 - 1 2 3 Sensitive to hot weather |
| 78 - 1 2 3 Excessive falling hair | 88 - 1 2 3 Use laxatives | 96 - 1 2 3 Burning or itching anus |
| 79 - 1 2 3 Frequent skin rashes | 89 - 1 2 3 Stools alternate from soft to watery | 97 - 1 2 3 Crave sweets |
| 80 - 1 2 3 Bitter, metallic taste in mouth in mornings | 90 - 1 2 3 History of gallbladder attacks or gallstones | |
| 81 - 1 2 3 Bowel movements painful or difficult | | |
| 82 - 1 2 3 Worrier, feels insecure | | |

GROUP SIX

- | | | |
|--|--|--|
| 98 - 1 2 3 Loss of taste for meat | 101 - 1 2 3 Coated tongue | 104 - 1 2 3 Mucous colitis or "irritable bowel" |
| 99 - 1 2 3 Lower bowel gas several hours after eating | 102 - 1 2 3 Pass large amounts of foul-smelling gas | 105 - 1 2 3 Gas shortly after eating |
| 100 - 1 2 3 Burning stomach sensations, eating relieves | 103 - 1 2 3 Indigestion 1/2 - 1 hour after | 106 - 1 2 3 Stomach "bloating" eating; may be up to 3-4 hours after |

GROUP SEVEN

- | | | |
|---|---|---|
| (A) | | (E) |
| 107 - 1 2 3 Insomnia | | 150 - 1 2 3 Dizziness |
| 108 - 1 2 3 Nervousness | | 151 - 1 2 3 Headaches |
| 109 - 1 2 3 Can't gain weight | (C) | 152 - 1 2 3 Hot flashes |
| 110 - 1 2 3 Intolerance to heat | 137 - 1 2 3 Failing memory | 153 - 1 2 3 Increased blood pressure |
| 111 - 1 2 3 Highly emotional | 138 - 1 2 3 Low blood pressure | 154 - 1 2 3 Hair growth on face or body (female) |
| 112 - 1 2 3 Flush easily | 139 - 1 2 3 Increased sex drive | 155 - 1 2 3 Sugar in urine (not diabetes) |
| 113 - 1 2 3 Night sweats | 140 - 1 2 3 Headaches, "splitting or rendering" type | 156 - 1 2 3 Masculine tendencies (female) |
| 114 - 1 2 3 Thin, moist skin | 141 - 1 2 3 Decreased sugar tolerance | |
| 115 - 1 2 3 Inward trembling | (D) | (F) |
| 116 - 1 2 3 Heart palpitates | 142 - 1 2 3 Abnormal thirst | 157 - 1 2 3 Weakness, dizziness |
| 117 - 1 2 3 Increased appetite without weight gain | 143 - 1 2 3 Bloating of abdomen | 158 - 1 2 3 Chronic fatigue |
| 118 - 1 2 3 Pulse fast at rest | 144 - 1 2 3 Weight gain around hips or waist | 159 - 1 2 3 Low blood pressure |
| 119 - 1 2 3 Eyelids and face twitch | 145 - 1 2 3 Sex drive reduced or lacking | 160 - 1 2 3 Nails, weak, ridged |
| 120 - 1 2 3 Irritable and restless | 146 - 1 2 3 Tendency to ulcers, colitis | 161 - 1 2 3 Tendency to hives |
| 121 - 1 2 3 Can't work under pressure | 147 - 1 2 3 Increased sugar tolerance | 162 - 1 2 3 Arthritic tendencies |
| (B) | 148 - 1 2 3 Women: menstrual disorders | 163 - 1 2 3 Perspiration increase |
| 122 - 1 2 3 Increase in weight | 149 - 1 2 3 Young girls: lack of menstrual function | 164 - 1 2 3 Bowel disorders |
| 123 - 1 2 3 Decrease in appetite | | 165 - 1 2 3 Poor circulation |
| 124 - 1 2 3 Fatigue easily | | 166 - 1 2 3 Swollen ankles |
| 125 - 1 2 3 Ringing in ears | | 167 - 1 2 3 Crave salt |
| 126 - 1 2 3 Sleepy during day | | 168 - 1 2 3 Brown spots or bronzing of skin |
| 127 - 1 2 3 Sensitive to cold | | 169 - 1 2 3 Allergies - tendency to asthma |
| 128 - 1 2 3 Dry or scaly skin | | 170 - 1 2 3 Weakness after colds, influenza |
| 129 - 1 2 3 Constipation | | 171 - 1 2 3 Exhaustion - muscular and nervous |
| 130 - 1 2 3 Mental sluggishness | | 172 - 1 2 3 Respiratory disorders |
| 131 - 1 2 3 Hair coarse, falls out | | |
| 132 - 1 2 3 Headaches upon arising wear off during day | | |
| 133 - 1 2 3 Slow pulse, below 65 | | |
| 134 - 1 2 3 Frequency of urination | | |
| 135 - 1 2 3 Impaired hearing | | |
| 136 - 1 2 3 Reduced initiative | | |

