

# SYSTEMS SURVEY FORM



Patient \_\_\_\_\_ Doctor \_\_\_\_\_ Date \_\_\_\_\_

Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Approx Weight \_\_\_\_\_ Vegetarian  Gluten-free

**INSTRUCTIONS:** Fill in only the circles which apply to you. Leave blank if you don't have the problem.

- Fill in the circle marked 1 for MILD symptoms (occurs rarely).
- Fill in the circle marked 2 for MODERATE symptoms (occurs several times a month).
- Fill in the circle marked 3 for SEVERE symptoms (occurs almost constantly).
- Leave circles **BLANK** if they don't apply to you!

### GROUP 1

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

### GROUP 2

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

### GROUP 3

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

### GROUP 4

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



**SYSTEMS SURVEY FORM - PAGE 2**

**GROUP 5**

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

**GROUP 6**

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

**GROUP 7**

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



# SYSTEMS SURVEY FORM - PAGE 3

## GROUP 8

<table style="width: 100%;"> <tr><td>173</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Muscle weakness</td></tr> <tr><td>174</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Lack of Stamina</td></tr> <tr><td>175</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Drowsiness after eating</td></tr> <tr><td>176</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Muscular soreness</td></tr> <tr><td>177</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Rapid heart beat</td></tr> <tr><td>178</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Hyper-irritable</td></tr> <tr><td>179</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Feeling of a band around your head</td></tr> <tr><td>180</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Melancholia (feeling of sadness)</td></tr> <tr><td>181</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Swelling of ankles</td></tr> <tr><td>182</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Diminished urination</td></tr> </table>	173	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Muscle weakness	174	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Lack of Stamina	175	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Drowsiness after eating	176	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Muscular soreness	177	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Rapid heart beat	178	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hyper-irritable	179	<input 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196	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nervousness with indigestion																																																																																																																																					
197	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Gastritis																																																																																																																																					
198	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Forgetfulness																																																																																																																																					
199	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Thinning hair																																																																																																																																					

### FEMALE ONLY

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### IMPORTANT

Please list the five main complaints you have in the order of their importance:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### BARNES THYROID TEST

This test was developed by Dr. Broda Barnes, M.D. and is a measurement of the underarm temperature to determine hypo and hyperthyroid states. The test is conducted by the patient in the a.m. before leaving bed - with the temperature being taken for 10 minutes. The test is invalidated if the patient expends any energy prior to taking the test - getting up for any reason, shaking down the thermometer, etc. It is important that the test be conducted for exactly 10 minutes, making the prior positioning of both the thermometer and a clock important.

You can do the following test at home to see if you may have a functional low thyroid. Use an oral thermometer or a digital one. When you use a digital one, place the probe under your arm for 5 minutes then turn your machine on; continue on for an additional 5 minutes. When using a regular one, shake down the night before.

Date _____	Temperature _____
Date _____	Temperature _____
Date _____	Temperature _____
Date _____	Temperature _____
Date _____	Temperature _____
Date _____	Temperature _____
Date _____	Temperature _____

### PRE-MENSES FEMALES AND MENOPAUSAL FEMALES

Any two days during the month

### FEMALES HAVING MENSTRUAL CYCLES

The 2nd and 3rd day of flow OR any 5 days in a row

### MALES

Any 2 days during the month

**SYSTEMS SURVEY FORM - PAGE 4**

**Please list any medications you are taking:**

No Medications

**Please list any vitamins, herbs, or supplements you are taking:**

No Vitamins

**Please list any allergies you have:**

No Allergies

**Please list any surgeries you have had in the past 12 months:**

No Recent Surgeries

**Please list any other surgeries or medical procedures you have had:**

No Other Surgeries

**TO BE COMPLETED BY DOCTOR**

Blood Pressure: Recumbent \_\_\_\_\_ Standing \_\_\_\_\_

Pulse: Recumbent \_\_\_\_\_ Standing \_\_\_\_\_

Hema-Combistix Urine Readings: pH \_\_\_\_\_ Albumin % \_\_\_\_\_ Glucose % \_\_\_\_\_

Occult Blood \_\_\_\_\_ pH of Saliva \_\_\_\_\_ pH of Stool Specimen \_\_\_\_\_

Blood Clotting Time \_\_\_\_\_ Hemoglobin \_\_\_\_\_ Blood Type \_\_\_\_\_ Weight \_\_\_\_\_



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
<b>Total:</b>	_____

**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
<b>Total:</b>	_____

**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
<b>Total:</b>	_____

**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
<b>Total:</b>	_____

**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
<b>Total:</b>	_____

**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
<b>Total:</b>	_____

**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
<b>Total:</b>	_____

**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
<b>Total:</b>	_____

**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
<b>Total:</b>	_____

**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
<b>Total:</b>	_____

**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
<b>Total:</b>	_____

**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
<b>Total:</b>	_____

**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
<b>Total:</b>	_____

**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
<b>Total:</b>	_____

**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
<b>Total:</b>	_____

**Section I Total:** \_\_\_\_\_



## 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: \_\_\_\_\_

Grand Total (Section I & Section II) \_\_\_\_\_

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.