

Total Toxin Load Questionnaire

Part 1 - Occurring Symptoms

Name: _____ Date: _____

Point Count for Symptoms	Points
Never have the symptom	0
Rarely & / OR very mild	1
Sometimes & / OR effect is mild	2
Fairly often & / OR effect is moderate	3
Very often & / OR effect is severe	4

General / Metabolic	Points
Feel the cold	
Compulsive eating / drinking alcohol	
Water retention	
Fatigue / sluggishness	
Significant weight gain	
Cellulite	
Significant weight loss	
Burning sensation in limbs / hands / feet	
Sensitive to strong odours / exhaust / perfumes etc.	
Rapid heart beat	
Subtotal	

Skin	Points
Increased sweating	
Skin rashes	
Brown spots on hands and face	
Boils	
Skin tags (small hanging warts)	
Hives, rashes, dry skin	
Acne	
Psoriasis	
Eczema	
Fever blisters	
Warts	
Hair loss (Non-hereditary) / Alopecia	
Subtotal	

Cognitive	Points
Hyperactivity	
Stammering / speech problems	
Difficulty in concentration	
Difficulty in making decisions	
Headache	
Poor memory	
Poor coordination	
Compulsive behaviour	
Sleep disturbance	
Memory loss	
Dizziness/faintness	
Tingling / burning / electric sensation in head / body	
Subtotal	

Digestive System	Points
Loose stools	
Heartburn	
Constipation	
Bloating	
Abdominal pain	
Intolerance to certain foods	
Nausea or vomiting	
Subtotal	

Liver / Kidney	Points
Fatigue / malaise	
Dark coloured urine (not from B vitamins)	
Bad breath / coated tongue	
Nausea (not pregnant)	
Yellow tinge to skin and eyes / jaundice	
Increase in urination frequency and amount	
Needing to get up in the night to pass urine	
Urinary tract infections / cystitis	
Poor appetite in the morning	
Kidney stones	
Blood in the urine or stool	
Have a strong reaction to caffeine	
Subtotal	

Joints and Muscles	Points
Muscle aches	
Aching joints	
Tendinitis (sore tendons)	
Fibromyalgia (painful muscles)	
Gout (high acidity)	
Arthritis	
Tremors in muscles / hands / wrist	
Stiffness / limited movement	
Subtotal	

Mind/Emotions	Points
Irritability	
Nervousness	
Mood swings	
Frequent crying	
Anger or impatient behaviour (eg. road rage)	
Stressed	
Anxiety	
Confusion	
Depression	
Panic attacks	
Suicidal thoughts	
Subtotal	

Eyes/Ears/Nose/Throat	Points
Eyes watery / itchy / red / swollen	
Floaters in vision field (dark spots)	
Bags or dark circles under eyes	
Blurred vision	
Mouth ulcers	
Frequent colds or flu	
Sinusitis/sneezing episodes	
Hoarseness in throat	
Swollen or discolored lips/ tongue/gums/mouth	
Sore throats	
Hay fever	
Ear infections	
Bronchitis	
Loss of smell	
Cough	
Subtotal	

Add Part 1 subtotals for
Total Occurring Symptoms Score: _____

LOW < 20 MODERATE 21-59 HIGH > 60

Part 2 - Environmental Influences

If any of the following statements apply to you, tick the corresponding box, if not leave blank.

NB: If you are already using known certified organic or chemically free products then do not tick the box for that question.

Environmental Influences 2A - Do you/have you...	Scaling	Tick
Own a new car (within 12 months)	3	
Recent painting (home painting / artistic)	2	
Use dry-cleaned clothes / linen	2	
Noticed changes in health since moving home	5	
Use industrial chemicals / metal de-greasers	5	
Regularly swim in chlorinated pools / spa (> 3 times p/w)	5	
Live in an old home (built prior to 1970)	5	
Moved into a new home / new office building (within 1 year)	5	
Live on / near a non-organic farm (within 100 meters)	5	
Use mobile phone/ computer / screens daily	5	
Have new carpets / lounge suite/drapes	5	
Been in contact with glues / resins / epoxy (within last month)	1	
Smoke cigarettes or other smoking	10	
Pesticides / weed killers are used on your property	10	
Work in an industry known to have toxic environment	10	
Use fumigants / insect repellants	2	
Have fluorescent/energy saving lights	5	
Use moth balls	2	
Use air fresheners	1	
Use non-natural commercial household cleaners	3	
Own known fumigated furniture (in past 2 yrs)	5	
Live near a golf course (within 100 metres)	5	
Live near an industrial area (within 100 metres)	5	
Live near a landfill (within 100 metres)	5	
Live near power lines (within 100 metres)	5	
Sleep near active electrical items or power points	2	
Have wifi in your home on 24 hours daily	10	
Been exposed to known radiation	10	
Use mildew cleaners /rug /carpet cleaners/spot stain removers	2	
Live in a damp home	5	
Have poor ventilation at home or work	1	
Have an open fire place	1	
Have gas heating or cooking	1	
Live near or on a busy road	5	
Is your home chemically termite treated	2	
Have a known existing chemical/heavy metal exposure	10	
Subtotal Environmental Influences (2A)		

Environmental Influences 2B - Do you/have you...	Scaling	Tick
Eat non-organic rice regularly (> 3 times p/w)	2	
Eat non-organic chicken regularly (> 3 times p/w)	2	
Drink coffee each day	2	
Consume gluten containing grains (> 3 times p/w)	5	
Consume berries/grapes/stone-fruit/apples (> 3 times p/w)	2	
Eat smoked / cured meats regularly (> 3 times p/w)	3	
Use plastics in your kitchen / home	10	
Eat tuna, swordfish, shark, orange roughly (> 3 times p/w)	10	
Cook with aluminum pots and pans	5	
Consume rice milk/ soy milk regularly (> 3 times p/w)	2	
Consume cow's milk or dairy products (> 3 times p/w)	2	
Drink alcohol (more than 7 glasses p/w)	5	
Regularly eat canned food (> 3 times p/w)	5	
Regularly touch/handle newsprint/magazines	1	
Use commercial sunscreen regularly (> 3 times p/w)	2	
Use toothpaste with flouride	2	
Sleep with an electric blanket on	1	
Use a microwave daily	2	
Drink soft drinks such as cola or diet sodas (> 3 times p/w)	5	
Eat processed foods regularly (> 3 times p/w)	5	
Use Teflon cooking pans	5	
Use commercial fabric softener / spray starch	2	
Drink tap water	10	
Use hair spray	1	
Have mercury fillings	10	
Have had mercury filling removed in last 10 years	5	
Use recreational drugs (once per month or more)	10	
Wear commercial make-up / body moisturizer most days	5	
Dye your hair (non-henna)	2	
Use deodorant containing aluminium	5	
Take any medication with suspected toxicity (ask your practitioner)	5	
Use medication for reflux / heart burn (> 3 times p/w)	5	
Use painkillers / steroid / NSAID medication (> 3 times p/w)	5	
Use medications for nerve pain / muscle relaxants (> 3 times p/w)	5	
Regularly use antihistamines or anticholinergic medications	5	
Take mood altering medication (antidepressants / antipsychotics)	5	
Subtotal Environmental Influences (2B)		

Add each column for subtotal (2A & 2B), then add both subtotals for your
Total Environmental Influences Score: _____

Relatively LOW < 50 MODERATE 51-100 HIGH > 100

Total Toxin Load Score

Part 1 + Part 2 = _____

Interpreting Results for Total Toxin Load Score

- Total Toxin Load Score <80**
 Relatively low Total Toxin Load. Probably no action required.
- Total Toxin Load Score 81-150**
 Suggestive of mild to moderate toxin load. Regular detoxification may be beneficial. Consider Modified Activated Clinoptilolite (MAC) in a professional detoxification protocol to help bind and remove toxins from the gastrointestinal tract and relieve the liver.
- Total Toxin Load Score 151-250**
 Suggestive of moderate to severe toxin load. Detoxification and possible further testing is recommended. Consider Modified Activated Clinoptilolite (MAC) in a professional detoxification protocol to help bind and remove toxins from the gastrointestinal tract and relieve the liver.
- Total Toxin Load Score > 250**
 Suggestive of severe toxin load. Immediate detoxification and further testing is recommended. Consider Modified Activated Clinoptilolite (MAC) in a professional detoxification protocol to help bind and remove toxins from the gastrointestinal tract and relieve the liver.

