

# Symptom Assessment

Rate your symptoms using this 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

Take this Assessment quarterly to track your progress.

	Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		
<b>HEAD:</b>					<b>HEART:</b>					<b>ENERGY/ACTIVITY:</b>					<b>GRAND TOTAL</b>	
Headaches	—	—	—	—	Chest Pain	—	—	—	—	Fatigue/sluggishness	—	—	—	—		
Faintness	—	—	—	—	Irregular or skipped heartbeat	—	—	—	—	Apathy/lethargy	—	—	—	—		Q1 _____
Dizziness	—	—	—	—	Rapid or pounding heartbeat	—	—	—	—	Hyperactivity	—	—	—	—		
Insomnia	—	—	—	—	<b>LUNGS:</b>					Restlessness	—	—	—	—		
<b>EYES:</b>					Chest congestion	—	—	—	—	<b>MIND:</b>						
Watery/Itchy Eyes	—	—	—	—	Asthma, bronchitis	—	—	—	—	Poor memory	—	—	—	—		Q2 _____
Swollen, reddened or sticky eyelids	—	—	—	—	Shortness of breath	—	—	—	—	Confusion, poor comprehension	—	—	—	—		
Bags/Dark circles under eyes	—	—	—	—	Difficulty breathing	—	—	—	—	Difficulty in making decisions	—	—	—	—		Q3 _____
Blurred or tunnel vision	—	—	—	—	<b>DIGESTIVE TRACK:</b>					Stuttering or stammering	—	—	—	—		
<b>EARS:</b>					Nausea, vomiting	—	—	—	—	Slurred speech	—	—	—	—		
Itchy Ears	—	—	—	—	Diarrhea	—	—	—	—	Learning disabilities	—	—	—	—		
Earaches, ear infections	—	—	—	—	Constipation	—	—	—	—	Poor concentration	—	—	—	—		
Drainage from ear	—	—	—	—	Bloated feeling	—	—	—	—	Poor physical coordination	—	—	—	—		Q4 _____
Ringing in ears, hearing loss	—	—	—	—	Belching, passing gas	—	—	—	—	<b>EMOTIONS:</b>						
<b>NOSE:</b>					Heartburn	—	—	—	—	Mood swings	—	—	—	—		
Stuffy nose	—	—	—	—	Intestinal stomach pain	—	—	—	—	Anxiety, fear, nervousness	—	—	—	—		
Sinus problem	—	—	—	—	<b>JOINTS/MUSCLE:</b>					Anger, irritability, aggressiveness	—	—	—	—		
Hay fever	—	—	—	—	Pain or aches in joints	—	—	—	—	Depression	—	—	—	—		
Sneezing attacks	—	—	—	—	Arthritis	—	—	—	—	Pain or aches in muscle	—	—	—	—		
Excessive mucus formation	—	—	—	—	Stiffness or limitation of movement	—	—	—	—	<b>OTHER:</b>						
<b>MOUTH/THROAT:</b>					Feeling of weakness or tiredness	—	—	—	—	Frequent illness	—	—	—	—		
Chronic coughing	—	—	—	—	Pain or aches in muscles	—	—	—	—	Frequent or urgent urination	—	—	—	—		
Gagging, constant need to clear throat	—	—	—	—	<b>WEIGHT:</b>					General itch or discharge	—	—	—	—		
Sore throat, hoarseness, loss of voice	—	—	—	—	Binge eating/drinking	—	—	—	—	<b>Your Score</b>	<b>Detox Status</b>	<b>Toxicity Level</b>				
Swollen or discolored tongue	—	—	—	—	Craving certain foods	—	—	—	—	10 or less	Fabulous	Your detox systems are working well!				
Canker sores	—	—	—	—	Excessive weight	—	—	—	—	11-50	Fair	You could use some extra support to improve symptoms				
<b>SKIN:</b>					Water retention	—	—	—	—	51-100	Funky	Your detox systems are struggling and need a lot of TLC				
Acne	—	—	—	—	Night eating	—	—	—	—	Over 100	Foul	Do this program for 4 weeks - you may need some professional intervention				
Hives, rashes, dry skin	—	—	—	—	Excessive alcohol intake	—	—	—	—							
Hair loss	—	—	—	—												
Flushing, hot flashes	—	—	—	—												
Excessive Sweating	—	—	—	—												



That which is measured, improves.