

## TOXIC LOAD ASSESSMENT

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

- 0 = Never feel this symptom**  
**1 = Feel this symptom 1-2 times per month**  
**2 = Feel this symptom weekly**  
**3 = Feel this symptom daily**

Head	Test 1	Test 2	Test 3	Test 4
Headaches/Migraines				
Dizziness/Faintness				
Neck tension				
Cloudy head				
<b>Totals</b>				

Sinus	Test 1	Test 2	Test 3	Test 4
Nasal congestion (stuffy nose)				
Allergies (seasonal or daily)				
Mucus				
Sneezing				
Nose blowing				
<b>Totals</b>				

Eyes	Test 1	Test 2	Test 3	Test 4
Dark circles under eyes				
Bags under eyes				
Itchy eyes				
Discharge or watery eyes				
Blurred vision				
Crusted eyes upon waking				
<b>Totals</b>				

Ears	Test 1	Test 2	Test 3	Test 4
Itchy ears				
Discharge or drainage from ears				
Ringing in ears, tinnitus				
Excessive wax build up				
Blocked or muffled hearing				
<b>Totals</b>				

Teeth	Test 1	Test 2	Test 3	Test 4
Pain in gums or teeth				
Bleeding gums				
Silver fillings (Score with a 3 if you have any metal fillings)				
<b>Totals</b>				

Mouth	Test 1	Test 2	Test 3	Test 4
Canker sores				
Cold sores (herpes virus)				
Cracking on lips				
Discolored lips				
White film on lips upon waking or after eating				
<b>Totals</b>				

Tongue	Test 1	Test 2	Test 3	Test 4
Red dots on tongue				
Sides of tongue have dents (“scalloping”)				
White, yellow, or brown coating on tongue				
Cracks or lines on tongue				
<b>Totals</b>				

Sleep	Test 1	Test 2	Test 3	Test 4
Inability to fall asleep				
Can’t stay asleep/Wake up frequently				
Nightmares				
Heart racing at night				

Night sweats				
<b>Totals</b>				

<b>Glands</b>	<b>Test 1</b>	<b>Test 2</b>	<b>Test 3</b>	<b>Test 4</b>
Swollen lymph nodes (neck, armpits, groin)				
Difficulty swallowing				
Loss of voice				
Swollen ankles or wrists/hands/fingers				
<b>Totals</b>				

<b>Breathing</b>	<b>Test 1</b>	<b>Test 2</b>	<b>Test 3</b>	<b>Test 4</b>
Chest tension				
Inability to get enough air in				
Chest congestion				
Chronic cough				
Clear throat a lot				
Voice hoarseness				
<b>Totals</b>				

<b>Weight</b>	<b>Test 1</b>	<b>Test 2</b>	<b>Test 3</b>	<b>Test 4</b>
Difficulty losing weight				
Gain weight easily				
Feel swollen or puffy				
Retain water				
Binge or compulsive eating				
<b>Totals</b>				

<b>Joints/Muscles</b>	<b>Test 1</b>	<b>Test 2</b>	<b>Test 3</b>	<b>Test 4</b>
Pain in joints				
Muscle stiffness				
Limited range of motion				
Muscle weakness/Loss of strength				
Arthritis				
<b>Totals</b>				

Skin	Test 1	Test 2	Test 3	Test 4
Acne				
Hair loss				
Flushing/Hot flashes				
Dry, flaky skin				
Excessive sweating				
Hives or itchiness				
Psoriasis, eczema, ringworm or skin rashes				
<b>Totals</b>				

Energy	Test 1	Test 2	Test 3	Test 4
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				
<b>Totals</b>				

Digestion	Test 1	Test 2	Test 3	Test 4
Get tired after meals (especially lunch)				
Bloating				
Belching/Burping				
Gas				
Heartburn or indigestion				
Diarrhea				
Constipation				
Stomach or intestinal pain				
Nausea or vomiting				
Stomach sticks out more as day				
<b>Totals</b>				

<b>Mind</b>	<b>Test 1</b>	<b>Test 2</b>	<b>Test 3</b>	<b>Test 4</b>
Lack of concentration				
Easily distracted or lose train of thought				
Difficulty making decisions				
Brain fog				
Stuttering or difficulty putting together sentences				
Uncoordinated or drop things				
ADD/ADHD or learning disabilities				
<b>Totals</b>				

<b>Immunity</b> ( <i>Score each question below with 10 points if you answered yes</i> )	<b>Test 1</b>	<b>Test 2</b>	<b>Test 3</b>	<b>Test 4</b>
Frequent colds (more than 2-3 illnesses/year)				
Allergies (environmental or non-fatal food sensitivities)				
Pneumonia (Score with a 10 if yes within the last 12 months)				
Diagnosed disease (Score with a 10 if you have a diagnosed disease)				
Unexplained illness (Score with a 10 for an undiagnosed disease)				
<b>Totals</b>				

<b>TOTALS</b>	<b>Test 1</b>	<b>Test 2</b>	<b>Test 3</b>	<b>Test 4</b>
<b>Grand Total Scores</b> (add up your total points from above)				

Each time you complete a 7, 14, or 21-day detox please retake this assessment to see how your score has decreased.

## **SCORING INTERPRETATION**

Take a look at your overall quiz results and see which health sections you seem to be doing the best and what 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 | Recommended 7 Day Detox**

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 "rain barrel" with continued stress, lack of sleep, poor eating, etc.

The recommendation in terms of detoxification at this point is only a seasonal 7-day detox to keep up with and remove the continual accumulation of toxins. Do also try to incorporate a healthy daily routine as shared later in this book in order to stay well and balanced.

- **Stage 2: 10-19 Points | Recommended 7, 14, Or 21-Day Detox**

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 empty your toxic load rainbarrel.

A formal 7, 14, or 21-day detox is advised and then seasonal detoxes after that to maintain optimal health and balance. I also highly recommend incorporating the daily healthy living routines as part of lifestyle medicine.

- **Stage 3: 20+ Points | Recommended 21-Day Detox**

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, lowered mood, and less overall "get up and go."

A 21-day detox is recommended followed by a seasonal 7, 14, or 21-day detoxes 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/quarterly. This is also the time to pay special attention to each step as recommended in a dietary and lifestyle medicine program.

*\* All information provided is for health education purposes only and is not intended to diagnose, treat, cure, or prevent any disease.*

*\*Adapted from IntegrativeHealthPractitioner.org. This is an authorized reprint 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 for details.*

