**THE TOXIC BURDEN**

**Are Your Symptoms Caused By Toxin Overload?**

**Find out in minutes by completing this simple survey.**

***Ask About Our Detox Program***

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***Rate each symptom using the following scale:***

|  |  |  |
| --- | --- | --- |
| 0 | Never or almost never have the symptoms | |
| 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 | |
|  |  | |
| ***DIGESTIVE***   |  |  | | --- | --- | |  | Nausea or vomiting | |  | Diarrhea | |  | Constipation | |  | Bloated feeling | |  | Belching, passing gas | |  | Heartburn | |  | **Total Score** | | | ***WEIGHT***   |  |  | | --- | --- | |  | Binge eating/drinking | |  | Excessive weight gain | |  | Compulsive eating | |  | Water retention | |  | Underweight | |  | Craving certain foods | |  | **Total Score** | | | ***MIND***   |  |  | | --- | --- | |  | Poor memory | |  | Confusion | |  | Poor concentration | |  | Poor coordination | |  | Difficulty making decisions | |  | Stuttering, stammering | |  | Slurred speech | |  | Learning disabilities | |  | **Total Score** | |
| ***ENERGY/ACTIVITY***   |  |  | | --- | --- | |  | Fatigue, sluggishness | |  | Apathy | |  | Hyperactivity | |  | Restlessness | |  | **Total Score** | | | ***EMOTIONS***   |  |  | | --- | --- | |  | Mood Swings | |  | Anxiety, fear, nervous | |  | Anger, irritability | |  | Depression | |  | **Total Score** | | | ***HEAD***   |  |  | | --- | --- | |  | Headaches | |  | Faintness | |  | Dizziness | |  | Insomnia | |  | **Total Score** | |
| ***EYES***   |  |  | | --- | --- | |  | Watery, itchy eyes | |  | Swollen, reddened, sticky eyelids | |  | Dark circles under eyes | |  | **Total Score** | | | ***EARS***   |  |  | | --- | --- | |  | Itchy ears | |  | Earaches, ear infections | |  | Drainage from ears | |  | Ringing in ears, hearing loss | |  | **Total Score** | | | ***LUNGS***   |  |  | | --- | --- | |  | Chest congestion | |  | Asthma, bronchitis | |  | Shortness of breath | |  | Difficulty breathing | |  | **Total Score** | |
| ***JOINTS/ MUSCLES***   |  |  | | --- | --- | |  | Pain or aches in joints | |  | Arthritis | |  | Stiff, limited movement | |  | Pain, aches in muscles | |  | Weakness or tiredness | |  | **Total Score** | | | ***NOSE***   |  |  | | --- | --- | |  | Stuffy Nose | |  | Sinus problems | |  | Hay fever, allergies | |  | Sneezing attacks | |  | Excessive mucus | |  | **Total Score** | | | ***MOUTH/THROAT***   |  |  | | --- | --- | |  | Chronic Gagging | |  | Gagging, needing to clear throat | |  | Sore throat, hoarse | |  | Swollen or discolored | |  | **Total Score** | |
| ***SKIN***   |  |  | | --- | --- | |  | Acne | |  | Hives, rashes, dry skin | |  | Hair loss | |  | Flushing, hot flashes | |  | Excessive sweating | |  | **Total Score** | | | ***OTHER***   |  |  | | --- | --- | |  | Frequent illness | |  | Frequent, urgent urination | |  | Genital itch, discharge | |  | **Total Score** | | | **Add up the numbers to arrive at a total for each section. Add the totals for each section to arrive at the grand total. If any individual**  **section total is 10 or more, or the grand total is 14 or more, you may benefit from our detox program.**   |  |  | | --- | --- | |  | **Total Score** | |