**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** |

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