

# Easy 3-Step Detoxification Symptom Questionnaire

Rate each of the following symptoms based upon your typical health profile:

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
	<b>Total Score</b>

## Emotions

	Mood Swings
	Anxiety, fear, nervous
	Anger, irritability
	Depression
	<b>Total Score</b>

## Eyes

	Watery, itchy eyes
	Swollen, reddened, sticky eyelids
	Dark circles under eyes
	Blurred, tunnel vision
	<b>Total Score</b>

## Lungs

	Chest congestion
	Asthma, bronchitis
	Shortness of breath
	Difficulty breathing
	<b>Total Score</b>

## Weight

	Binge eating/drinking
	Craving certain foods
	Excessive weight gain
	Compulsive eating
	Water retention
	Underweight
	<b>Total Score</b>

## Energy / Activity

	Fatigue, sluggishness
	Apathy
	Hyperactivity
	Restlessness
	<b>Total Score</b>

## Head

	Headaches
	Faintness
	Dizziness
	Insomnia
	<b>Total Score</b>

## Ears

	Itchy ears
	Earaches, ear infections
	Drainage from ears
	Ringing in ears, hearing loss
	<b>Total Score</b>

## Mouth / Throat

	Chronic Gagging
	Gagging, needing to clear throat
	Sore throat, hoarse
	Swollen or discolored tongue, gums or lips
	Canker sores
	<b>Total Score</b>

## Skin

	Acne
	Hives, rashes, dry skin
	Hair loss
	Flushing, hot flashes
	Excessive sweating
	<b>Total Score</b>

## Joints / Muscles

	Pain or aches in joints
	Arthritis
	Stiff, limited movement
	Pain, aches in muscles
	Weakness or tiredness
	<b>Total Score</b>

## Nose

	Stuffy Nose
	Sinus problems
	Hay fever, allergies
	Sneezing attacks
	Excessive mucus
	<b>Total Score</b>

## Mind

	Poor Memory
	Confusion
	Poor concentration
	Poor coordination
	Difficulty making decisions
	Stuttering, stammering
	Slurred speech
	Learning disabilities
	<b>Total Score</b>

## Other

	Frequent illness
	Frequent, urgent urination
	Genital itch, discharge
	<b>Total Score</b>

**Total Score**

Add up the numbers to arrive at a total for each section. Then 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 the Easy 3-Step Bio-Detoxification program.



# Pain & Toxicity Assessment

Yes - No

*Mark the symptoms you experience:*

- ☐ ☐ Do you feel tired or fatigued?
- ☐ ☐ Do you experience early morning stiffness?
- ☐ ☐ Do you feel stiff after periods of rest?
- ☐ ☐ Do you feel dizzy, foggy-headed or have trouble concentrating?
- ☐ ☐ Do you experience cracking joints?
- ☐ ☐ Do you experience frequent back pain or headaches?
- ☐ ☐ Do you eat fast, fatty, processed or fried foods?
- ☐ ☐ Do you experience generalized aches and pains in the body?
- ☐ ☐ Do you experience frequent sinus problems?
- ☐ ☐ Do you use coffee, cigarettes, candy or soda to get "up"?
- ☐ ☐ Are you sleepy in the afternoon?
- ☐ ☐ Do you experience intestinal gas and bloating after meals?
- ☐ ☐ Do you bruise easily?
- ☐ ☐ Do you recover slowly from moderate exercise?
- ☐ ☐ Do you feel you don't exercise enough or feel sluggish and need to lose weight?
- ☐ ☐ Do you have food allergies, or are often exposed to chemicals, sedatives or stimulants?
- ☐ ☐ Do you take pain relievers to get rid of aches and pains?
- ☐ ☐ Do you have a family history of arthritis or auto-immune disorders?
- ☐ ☐ Do your bowels move less than twice per day?
- ☐ ☐ Are you working or living in a closed environment with exposure to fresh air less than twice a day?
- ☐ ☐ Do you use regular municipal water (non-filtered) for your shower?
- ☐ ☐ Do you purchase food from the "normal" section of the grocery store, instead of buying organic fresh foods?
- ☐ ☐ Do you change/replace the filter for the heating/air conditioning less than twice a year?
- ☐ ☐ Does the concept of trying a cleansing program to rid your body of toxins seem foreign to you?

## **Total your "Yes" and "No" answers**

If your **Yes score totals 4 or greater**, your current symptoms might be due to toxic overload and may suggest you need the Easy 3-Step Bio-Detoxification Program to purify your system of toxins and experience **PAIN FREE** living.