

Medical Symptom Toxicity Questionnaire

Using the point scale below, rate each of the following symptoms based upon your symptoms over the last thirty days. For each symptom category, total your points.

Finally, add up the totals from each category to come up with your grand total.

POINT SCALE

- 0 = Never or almost never have the symptom
- 1 = Occasionally have it; the effect is not severe
- 2 = Occasionally have it; the effect is severe (it interferes with my life)
- 3 = Frequently have it; the effect is not severe
- 4 = Frequently have it; the effect is severe

DIGESTIVE TRACT	HEAD	MOUTH/THROAT
Nausea or vomiting	Headaches	Chronic coughing
Diarrhea	Faintness	Gagging, need to clear throat
Constipation	Dizziness	Sore throat, hoarseness, loss of voice
Bloated feeling	Insomnia	Swollen/discolored tongue, gums, lips
Belching or passing gas	Total: ____	Canker sores
Heartburn		Total: ____
Intestinal/stomach pain		
Total: ____		
EARS	HEART	NOSE
Itchy ears	Irregular or skipped heartbeat	Stuffy nose
Earaches, ear infections	Rapid or pounding heartbeat	Sinus problems
Drainage from ear	Chest pain	Hay fever
Ringing in ears, hearing loss	Total: ____	Sneezing attacks
Total: ____		Excessive mucus formation
		Total: ____

EMOTIONS	JOINTS/MUSCLES	SKIN
Mood swings Anxiety, fear, or nervousness Anger, irritability, or aggressiveness Depression Total: ____	Pain or aches in joints Arthritis Stiffness or limitation of movement Pain or aches in muscles Feeling of weakness or tiredness Total: ____	Acne Hives, rashes, or dry skin Hair loss Flushing or hot flashes Excessive sweating Total: ____
ENERGY/ACTIVITY	LUNGS	WEIGHT
Fatigue, sluggishness Apathy, lethargy Hyperactivity Restlessness Total: ____	Chest congestion Asthma, bronchitis Shortness of breath Difficulty breathing Total: ____	Binge eating/drinking Craving certain foods Excessive weight Compulsive eating Water retention Underweight Total: ____
EYES	MIND	OTHER
Watery or itchy eyes Swollen, reddened, or sticky eyelids Bags or dark circles under eyes Blurred or tunnel vision (does not include near- or farsightedness) Total: ____	Poor memory Confusion, poor comprehension Poor concentration Poor physical coordination Difficulty in making decisions Stuttering or stammering Slurred speech Learning disabilities Total: ____	Frequent illness Frequent or urgent urination Genital itch or discharge Total: ____

Scoring

OPTIMAL	MILD TOXICITY	MODERATE TOXICITY	SEVERE TOXICITY
< 10	10-50	50-100	> 100