



## Detoxification System Inflammation Assessment

|  | NEVER:<br>0 | RARELY:<br>1 | SOMETIMES:<br>2 | OFTEN:<br>3 | ALWAYS:<br>4 |
|--|-------------|--------------|-----------------|-------------|--------------|
| Do you retain water easily, and/or feel like your body looks much larger on some days and much smaller and tighter on other days, in a way too extreme or sudden to be related to fat gain or loss? If you press your finger into your lower leg, does it leave a pit for a few seconds? |             |              |                 |             |              |
| Does your weight fluctuate more than five pounds from morning to evening or from one day to the next?  |             |              |                 |             |              |
| Have you been diagnosed with any chronic infections such as mold toxicity, Lyme disease, or viral infection?   |             |              |                 |             |              |

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|--|-------------|--------------|-----------------|-------------|--------------|
| Do you have a vague feeling of “being toxic,” even if you can’t pin it on any particular symptom?  |             |              |                 |             |              |
| Have you noticed a yellowish tint to your skin or the whites of your eyes?   |             |              |                 |             |              |
| Do you have abdominal tenderness that seems unrelated to eating, especially in the upper right quadrant of your torso, or that spreads to your upper back or shoulder? |             |              |                 |             |              |
| Does your urine tend to be dark yellow, and/or does your stool tend to float?  |             |              |                 |             |              |
| Do you have unexplained itching, flaking, or rashes on your hands and/or feet?   |             |              |                 |             |              |

DETOXIFICATION SYSTEM INFLAMMATION SCORE: \_\_\_\_\_