DETOXIFICATION QUESTIONNAIRE

| Patient Name: | | | Date: |
|------------------|--|---|------------------------------|
| Rate each of the | following symptoms based on your typic | al health profile for the specified duration: | |
| Past month | Past week | □ Past 48 hours | |
| Point Scale: 0— | -Never or almost never have the sympto | m 1—Occasionally have the symptom 2— | -Frequently have the symptom |
| | | | |

| I. Medical Symptoms Questionnaire (MSQ) | | | | |
|---|--|-------------|---|--|
| HEAD | Headaches | DIGESTIVE | Nausea, vomiting | |
| | Faintness | TRACT | Diarrhea | |
| | Dizziness | | Constipation | |
| | Insomnia TOTAL | | Bloated feeling | |
| EYES | Watery or itchy eyes | <u></u> | Belching, passing gas | |
| | Swollen, reddened or sticky eyelids | | Heartburn Intestinal/stomach pain TOTAL | |
| | Bags or dark circles under eyes | JOINTS/ | Pain or aches in joints | |
| | Blurred or tunnel vision TOTAL | MUSCLE | Arthritis | |
| EARS | ltchy ears | | Stiffness or limitation of movement | |
| | Earaches, ear infections | | — Feeling of weakness or tiredness | |
| | Drainage from ear | _ | Pain or aches in muscles TOTAL | |
| | Ringing in ears, | WEIGHT | Binge eating/drinking | |
| NOCE | hearing loss TOTAL | | Craving certain foods | |
| NOSE | Stuffy nose | | Excessive weight | |
| | Sinus problems | | Water retention | |
| | ——— Hay fever | | Underweight | |
| | Sneezing attacks | | Compulsive eating TOTAL | |
| MOUTH/ | Excessive mucus formation TOTAL | ENERGY/ | Fatigue, sluggishness | |
| | Chronic coughing | ACTIVITY | Apathy, lethargy | |
| THROAT | Gagging, frequent need to clear throat | | Hyperactivity | |
| | Sore throat, hoarseness, | | Restlessness TOTAL | |
| | loss of voice | MIND | Poor memory | |
| | Swollen or discolored | | Confusion, poor comprehension | |
| | tongue, gums, lips | | Difficulty in making decisions | |
| | Canker sores TOTAL | | Stuttering or stammering | |
| SKIN | Acne | | Slurred speech | |
| | Hives, rashes, dry skin | | Learning disabilities | |
| | Hair loss | | Poor concentration | |
| | Flushing, hot flashes | | Poor physical coordination TOTAL | |
| | Excessive sweating TOTAL | EMOTIONS | Mood swings | |
| HEART | Chest pain | | Anxiety, fear, nervousness | |
| | Irregular or skipped heartbeat | | Anger, irritability, aggressiveness | |
| • | Rapid or pounding heartbeat TOTAL | | Depression | |
| LUNGS | Chest congestion | | Slurred speech TOTAL | |
| | Asthma, bronchitis | OTHER | Frequent illness | |
| _ | Shortness of breath | · | Frequent or urgent urination | |
| _ | Difficulty breathing TOTAL | | Genital itch or discharge TOTAL | |
| | | GRAND TOTAL | TOTAL | |

| II. Xenobiotic Tolerability Test (XTT) | | | | |
|--|--|--|--|--|
| 1. Are you presently using prescription drugs? 1. Yes (1 pt.) 1. Yes (1 pt.) 1. Yes (1 pt.) 1. Yes (0 pt.) 2. Are you presently taking one or more of the following over-the counter drugs? 1. Cimetidine (2 pts.) 1. Acetaminophen (2 pts.) 1. Estradiol (2 pts.) | 6. Do you commonly experience "brain fog," fatigue, or drowsiness? Yes (1 pt.) No (0 pt.) 7. Do you develop symptoms on exposure to fragrances, exhaust fumes, or strong odors? Yes (1 pt.) No (0 pt.) Don't know (0 pt.) 8. Do you feel ill after you consume even small amounts of alcohol? Yes (1 pt.) No (0 pt.) Don't know (0 pt.) 10. Do you have a personal history of Environmental and/or chemical sensitivities (5 pts.) Chronic fatigue syndrome (5 pts.) Multiple chemical sensitivity (5 pts.) Fibromyalgia (3 pts.) Parkinson's type symptoms (3 pts.) Alcohol or chemical dependence (2 pts.) Asthma (1 pt.) | | | |
| 3. If you have used or currently use prescription drugs, which of the following scenarios best represents your response to them: Experience side effects, drug(s) is (are) efficacious at lowered dose(s) (3 pts.) Experience side effects, drug(s) is (are) efficacious at usual dose(s) (2 pts.) Experience no side effects, drug(s) is (are) usually not efficacious | | | | |
| (2 pts.) Experience no side effects, drug(s) is (are) usually efficacious (0 pt.) | 11. Do you have a history of significant exposure to harmful chemicals such as herbicides, insecticides, pesticides, or organic solvents? — Yes (1 pt.) — No (0 pt.) | | | |
| 4. Do you currently use or within the last 6 months had you regularly used tobacco products? ——————————————————————————————————— | 12. Do you have an adverse or allergic reaction when you consume sulfite containing foods such as wine, dried fruit, salad bar vegetables, etc? Yes (1 pt.) No (0 pt.) Don't know (0 pt.) GRAND TOTAL: | | | |
| 5. Do you have strong negative reactions to caffeine or caffeine containing products? Yes (1 pt.) No (0 pt.) Don't know (0 pt.) | | | | |

For Practitioner Use Only:

4 or <

14 or <

OVERALL SCORE TABULATION Recommended protocols based on new MSQ SCORE _____ (High >50; moderate 15-49: Low <14) detoxification questionnaire (MSQ and XTT) XTT SCORE _____ (High >10; moderate 5-9: Low <4) Functional Medicine Protocol Additional Nutraceutical Support Description Medical Food Diet MSQ Score XTT Score 28-day elimination Bifunctional, antioxidant, High level of general symptoms and Medical food for 50 or > 10 or > and chlorophyllin nutraceuticals indicated symptoms of elevated toxic load imbalanced detoxifiers diet 10-day elimination Consider bifunctional, antioxidant, Medical food for 5-915-49 Moderate level of general symptoms with moderate symptoms of toxic load imbalanced detoxifiers diet and chlorophyllin nutraceuticals

| Additional Symptom-Specific Support | | | | |
|--|-------------------------------------|--|--|--|
| Symptom | Nutraceutical Support | | | |
| Water retention and/or frequent or urgent urination | Kidney support nutraceuticals | | | |
| Heartburn and/or intestinal/stomach pain | Functional dyspepsia nutraceuticals | | | |
| Diarrhea, constipation, and/or intestinal/stomach pain | Probiotics | | | |

Low level of general symptoms and

minimal indicators of toxic load

Note: Patients with high MSQ but low XTT may be exhibiting pathology that is not related to toxic load. Other mechanisms should be considered such as inflammation/immune/allergic gastrointestinal dysfunction, oxidative stress, hormonal/neurotransmitter dysfunction, nutritional depletion, and/or mind body. Individualize support with specific medical foods, diet, and/or nutraceuticals.

Maintenance

Yeast Questionnaire — Adult 18. Loss of sexual desire 19. Endometriosis In Section A circle the score for each YES answer. For Sections 20. Cramps and/or other menstrual irregularities B and C score as indicated. Record total scores at the end of the 21. Premenstrual tension questionnaire. Add the totals to get your GRAND TOTAL SCORE. 22. Spots in front of eyes______ 23. Erratic vision..... Section A — History 1. Have you taken tetracyclines (Surrycin, Panmycin, Vibramycin, Minocin, etc.) or other antibiotics for acne for one Section C — Other Symptoms month or longer?......35 Enter the appropriate score for each symptom below. 2. Have you lever taken other "broad spectrum" antibiotics If a symptom is occasional or mild Score 1 points for urinary, respiratory, or other infections for two months If a symptom is frequent or moderately severe Score 2 points or longer, or in shorter courses four or more times in a If a symptom is severe or disabling Score 3 points 3. Have you ever taken a "broad spectrum" antibiotic drug? 6 1. Drowsiness 4. Have you ever been bothered by persistent prostatitis, 2. Irritability or jitteriness vaginitis, or other reproductive organ problems? 25 3. Incoordination 4. Inability to concentrate 1 time? 3 5. Frequent mood swings 6. Have you taken birth control pills for more than two years? .. 15 6. Headache 7. Dizziness/loss of balance 7. Have you taken prednisone, Decadron, or other cortisonetype drugs for more than two weeks? 15 8. Pressure above ears, feeling of head tingling For two weeks or less? 6 9. Itching 8. Does exposure to perfumes, insecticides, fabric shop 10. Other rashes odors, and other chemicals provoke: 11. Heartburn Moderate to severe symptoms?......20 12. Indigestion Mild symptoms? 5 Are symptoms worse on damp, muggy days or in moldy 13. Belching and intestinal gas 14. Mucus in stools..... Have you had athlete's foot, ring worm, "jock itch," or Hemorrhoids other chronic fungous infections of the skin or nails? 16. Dry mouth 17. Rash or blisters in mouth Mild to moderate? 10 18. Bad breath 11. Do you crave sugar? 10 19. Joint swelling or arthritis 12. Do you crave breads? 10 20. Nasal congestion or discharge 13. Do you crave alcoholic beverages? 10 21. Postnasal drip 14. Does tobacco smoke really bother you? 10 22. Nasal itching 23. Sore or dry throat_______ Section B - Major Symptoms 24. Cough Enter the appropriate score for each symptom below. 25. Pain or tightness in chest If a symptom is occasional or mild Score 3 points 26. Wheezing or shortness of breath If a symptom is frequent or moderately severe Score 6 points If a symptom is severe or disabling Score 9 points 27. Urgency or urinary frequency..... 28. Burning on urination______ Fatigue or lethargy 29. Failing vision Feeling of being "drained" 30. Burning or tearing of eyes 3. Poor memory 31. Recurrent infections or fluid in ears_______ 4. Feeling "spacey" or "unreal"..... 32. Ear pain or deafness 5. Depression..... Numbness, burning, or tingling Scores: Section A ____ _ Section B ____ Section C _ 7. Muscle aches GRAND TOTAL SCORE Muscle weakness or paralysis The GRAND TOTAL SCORE will help determine if your health problems 9. Joint pain are yeast connected. Scores in women will run higher because more 10. Abdominalpain.... questions apply only to women than to men. 11. Constipation Yeast connected health problems are almost CERTAINLY PRESENT in women with scores over 180, and in men with scores over 140. 12. Diarrhea 13. Bloating Yeast connected problems are PROBABLY PRESENT in women with scores over 120 and in men with scores over 90. 14. Troublesome vaginal discharge Yeast connected problems are POSSIBLY PRESENT in women with 15. Persistent vaginal burning or itching scores over 60 and in men with scores over 40. 16. Prostatitis Scores less than 60 in women and 40 in men; yeasts are less apt to cause 17. Impotence health problems.