DETOXIFICATION QUESTIONNAIRE

	1 —Never or almost never have the symptom 1 —O		· ·		
<u> </u>		requently have it, effect is			
		oms Questionnaire (I			
HEAD	Headaches		Nausea, vomiting		
	Faintness	TRACT	Diarrhea		
	Dizziness	_	Constipation		
	Insomnia TOTAL	_	Bloated feeling		
EYES	— Watery or itchy eyes		Belching, passing gas		
	Swollen, reddened or sticky eyelids	Heartburn			
	——— Bags or dark circles under eyes		Intestinal/stomach pain TOTAL		
	Blurred or tunnel vision TOTAL		Pain or aches in joints		
EARS	Itchy ears	muscle	Arthritis		
LAIG	Earaches, ear infections	Stiffness or limitation of movement			
	Drainage from ear	Feeling of weakness or tiredness			
	— Ringing in ears,		Pain or aches in muscles TOTAL		
	hearing loss TOTAL		Binge eating/drinking		
NOSE	——— Stuffy nose		Craving certain foods		
	———— Sinus problems		Excessive weight		
	——— Hay fever		Water retention		
	Sneezing attacks	_	Underweight		
	Excessive mucus formation TOTAL		Compulsive eating TOTAL_		
MOUTH/	Chronic coughing		Fatigue, sluggishness		
THROAT	Gagging, frequent need to		Apathy, lethargy		
	clear throat	_	Hyperactivity Restlessness TOTAL		
	Sore throat, hoarseness,	MIND			
	Swollen or discolored	MIND —	Poor memory 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		Depression TOTAL_		
	heartbeat TOTAL	OTHER	Frequent illness		
LUNGS	Chest congestion		Frequent or urgent urination		
	Asthma, bronchitis		Genital itch or discharge TOTAL		
	———— Shortness of breath		— Gential field of discharge TUTAL		

Difficulty breathing

TOTAL_

GRAND TOTAL

TOTAL ___

II. Xenobiotic Tolerability Test (XTT)						
1. Are you presently using prescription drugs? Yes (1 pt.) If yes, how many are you currently taking? (1 pt. each) No (0 pt.) 2. Are you presently taking one or more of the following over-the counter drugs? Cimetidine (2 pts.) Acetaminophen (2 pts.) Estradiol (2 pts.) 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) usually not efficacious (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.) 4. Do you currently use or within the last 6 months had you regularly used tobacco products? Yes (2 pts.) No (0 pt.) 5. Do you have strong negative reactions to caffeine or caffeine containing products? Yes (1 pt.) No (0 pt.)	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.) 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.) 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:					

For Practitioner Use Only:

			Functional Medicine Protocol		
MSQ Score	XTT Score	Description	Medical Food	Diet	Additional Nutraceutical Support
50 or >	10 or >	High level of general symptoms and indicated symptoms of elevated toxic load	Medical food for imbalanced detoxifiers	28-day elimination diet	Bifunctional, antioxidant, and chlorophyllin nutraceuticals
15-49	5-9	Moderate level of general symptoms with moderate symptoms of toxic load	Medical food for imbalanced detoxifiers	10-day elimination diet	Consider bifunctional, antioxidant, and chlorophyllin nutraceuticals
14 or <	4 or <	Low level of general symptoms and minimal indicators of toxic load			Maintenance

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			

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.