



## Tolerability Test (TT)

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

### OVERALL SCORE TABULATION

Recommended protocols based on new detoxification questionnaire (SQ and TT)					
		SQ SCORE _____ (High >50; moderate 15-49; Low <14)			
		TT SCORE _____ (High >10; moderate 5-9; Low <4)			
SQ Score	TT Score	Description	Functional Medicine Protocol		
			Meal Replacement Powder (MRP)	Diet	Additional Nutraceutical Support
50 or >	10 or >	High level of general symptoms and indicated symptoms of elevated toxic load	-Super Shake or Best Whey -Pro Lean Greens	30 Day Detoxification Program	-LivClear II -Liver/Gallbladder Tincture -EnerDMG
15-49	5-9	Moderate level of general symptoms with moderate symptoms of toxic load	-Super Shake or Best Whey -Pro Lean Greens	10 Day Detoxification Program	-LivClear II -Liver/Gallbladder Tincture -EnerDMG
14 or <	4 or <	Low level of general symptoms and minimal indicators of toxic load	-Super Shake or Best Whey -Pro Lean Greens		<b>Maintenance:</b> -LivClear II
Additional Symptom-Specific Support					
Symptom		Nutraceutical Support			
Water retention and/or frequent or urgent urination		K&B Tincture			
Heartburn and/or intestinal/stomach pain		Prob-Zyme			
Diarrhea, constipation, and/or intestinal/stomach pain		Frontier Biotics			

**NOTE:** Patients with chronic constipation should take Frontier Cleanse (4 Capsules) one hour after meals up to three times per day.