Toxicity Survey

Harmony & Health

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Quality Products for Health

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This Toxicity Questionnaire helps you evaluate, as well as track your health progress.
Rate each symptom based on awareness over the past 30 days when evaluating as an initial overview analysis.
Then after doing a detox or health regimen, review the survey, assessing symptoms based on the last 72 hours.

Point Scale:

0= never or almost never have this situation
1= occasionally have it, effect is mild
2= occasionally notice, effect is moderate
3= frequently have it, effect is mild to moderate
4= frequently have it, effect is severe

Digestive
__Upset stomach
__Loose stool
__Difficulty with bowel movement
__Bloated feeling
__Intestinal/stomach discomfort
__Chest or gut discomfort after eating

Ears
__Itchy ears
__Difficulty sorting out ambient noise, tinnitus

Emotions
__Moodiness
__ Feelings of anxiousness or nervousness
__ Anger, easily irritated or aggressive
__ Feeling blue/melancholy

Energy/Activity
__ Fatigue, sluggishness
__ Feelings of indifference
__ Feelings of restlessness

Eyes
__ Excess tears in eyes
__ Frequent rubbing of eyes
__ Change of appearance in eyelids
__ Bags or dark circles under eyes

Lungs
__Coughing
__Respiratory concerns
__Difficult breathing

Head
__Pressure or discomfort in head
__Feeling dizzy
__Loss of balance during/after movement
__Sleeplessness

Heart
__Heartbeat rhythm concerns
__Discomfort in the chest
__Heartbeat rhythm concerns

Joints/Muscles
__ Stiffness, lack of free movement
__ Muscle soreness
__ Feeling weak
__Joint discomfort

Mind
__Memory concerns
__Reduced concentration
__Won't or can't make decisions

Mouth/Throat
__Frequent coughing
__Frequent need to clear throat
__Mouth discomfort eating acidic foods

Nose
__Stuffy nose
__Head congestion
__Seasonal respiratory irritation
__Sneezing
__Too much mucus

Skin
__Facial blemishes
__ Red bumps or patches
__ Thinning hair
__ Flushing in the face
__ Excessive sweating

Weight
__ Binge eating/drinking
__ Craving certain foods
__ Being overweight
__ Compulsive eating
__ Water retention

Other
__Feel need to urinate often
__ Frequent urination
__ Genital irritation

Survey Results:

TOTAL:_____

(Hint: Add totals for each group, then add group scores for total.)

Less than 0 = Low Toxicity
0-50 = Mild Toxicity
50-100 = ModerateToxicity
Over 100 = High Toxicity

- we have many detox programs and can offer suggestions based on YOUR toxicity survey results.

Important: This information is for educational purposes only. It is not intended for diagnosing or treating diseases. If you have a serious illness, we recommend you consult a competent health practitioner before beginning a course of treatment.

Building Better Health Naturally

Harmony & Health Wellness Center