

Vitality Detox Rox Toxicity Questionnaire

This Toxicity Questionnaire is designed to aid in discovering if there is a potential benefit to cleanse oneself by doing a purification program such as the Vitality Detox Rox.

Using this scale, rate each of the following based upon your health profile for the past 90 days:

- 0 - Rarely or Never Experience the Symptom
- 1 - Occasionally Experience the Symptom, Effect is Not Severe
- 2 - Occasionally Experience the Symptom, Effect is Severe
- 3 - Frequently Experience the Symptom, Effect is Not Severe
- 4 - Frequently Experience the Symptom, Effect is Severe

The numbers are added to arrive at a total for each section, then the totals for each section are added to arrive at the Grand Total. If any individual section total is 6 or more, or the Grand Total is 36 or more, you may benefit from a purification program such as Vitality Detox Rox.

1. DIGESTIVE	
a. Nausea and/or vomiting	
b. Diarrhea	
c. Constipation	
d. Bloating feeling	
e. Belching and/or passing gas	
f. Heartburn	
Total	
2. EARS	
a. Itchy ears	
b. Earaches or ear infections	
c. Drainage from ear	
d. Ringing in ears or hearing loss	
Total	
3. EMOTIONS	
a. Mood swings	
b. Anxiety, fear or nervousness	
c. Anger, irritability	
d. Depression	
e. Sense of despair	
f. Uncaring or disinterest	
Total	
4. ENERGY / ACTIVITY	
a. Fatigue or sluggishness	
b. Hyperactivity	
c. Restlessness	
d. Insomnia	
e. Startled awake at night	
Total	
5. EYES	
a. Watery or itchy eyes	
b. Swollen, reddened, or sticky eyelids	
c. Dark circles under eyes	
d. Blurred or tunnel vision	
Total	

6. HEAD	
a. Headaches	
b. Faintness	
c. Dizziness	
d. Pressure	
Total	
7. LUNGS	
a. Chest congestion	
b. Asthma or bronchitis	
c. Shortness of breath	
d. Difficulty breathing	
Total	
8. MIND	
a. Poor memory	
b. Confusion	
c. Poor concentration	
d. Poor coordination	
e. Difficulty making decisions	
f. Stuttering, stammering	
g. Slurred speech	
h. Learning disabilities	
Total	
9. MOUTH / THROAT	
a. Chronic coughing	
b. Gagging or frequent need to clear throat	
c. Swollen or discolored tongue, gums, lips	
d. Canker sores	
Total	
10. NOSE	
a. Stuffy nose	
b. Sinus problems	
c. Hay fever	
d. Sneezing attacks	
e. Excessive mucous	
Total	

11. SKIN	
a. Acne	
b. Hives, rashes, or skin	
c. Hair loss	
d. Flushing	
e. Excessive sweating	
Total	
12. HEART	
a. Skipped heart beats	
b. Rapid heart beats	
c. Chest pain	
Total	
13. JOINTS / MUSCLES	
a. Pain or aches in joints	
b. Rheumatoid arthritis	
c. Osteoarthritis	
d. Stiffness or limited movement	
e. Pain or aches in muscles	
f. Recurrent back aches	
g. Feeling of weakness or tiredness	
Total	
14. WEIGHT	
a. Binge eating or drinking	
b. Craving certain foods	
c. Excessive weight	
d. Compulsive eating	
e. Water retention	
f. Underweight	
Total	
15. OTHER	
a. Frequent illness	
b. Frequent or urgent urination	
c. Leaky bladder	
d. Genital itch, discharge	
Total	
Grand Total	