

Detoxification Questionnaire

Are You Toxic?

If you breathe air, drink water, or eat food, the answer to this question is likely yes. Completing the following questionnaire can help to determine if your toxic burden might be contributing to your symptoms or preventing you from achieving optimal health.

For the following questions, check all that apply, and answer “in general.”

	Yes
1. Are you frequently constipated or have hard to pass stools?	
2. Do you only urinate two to three times a day?	
3. Do you rarely break a sweat?	
4. Do you experience fatigue, muscle aches, headaches, concentration, or memory problems?	
5. Do you have fibromyalgia or chronic fatigue syndrome?	
6. Do you drink unfiltered water?	
7. Do you have your clothes dry cleaned?	
8. Do you work or live in a building with poor ventilation or windows that do not open?	
9. Do you live in an urban or industrial area?	
10. Do you use lawn or garden chemicals or have you home treated for bugs by an exterminator?	
11. Do you use non-stick cookware?	
12. Do you have more than one or two mercury amalgam fillings?	
13. Do you eat tuna, halibut, or swordfish more than once a week?	
14. Are you bothered by any of the following odors? (gasoline, perfume, new cars, fabric stores, dry cleaning, hair spray, cleaning products, fabric softeners, soaps, detergents, tobacco, or chlorinated water)	
15. Do you have a negative reaction when you consume foods containing garlic, onions, MSG, sulfites, sodium benzoate, red wine, aged cheese, bananas, chocolate, or even small amounts of alcohol?	
16. When you drink coffee or other caffeinated beverages do you feel wired, have increased muscle or joint aches, or feel anxious or dizzy?	
17. Do you regularly consume any of the following medications: acetaminophen (Tylenol), acid blocking medications, oral contraceptive pills, cholesterol lowering medications, ibuprofen, naproxen, or antifungal medications?	
18. Have you had jaundice (turned yellow) or been told you have Gilbert’s syndrome?	
19. Do you have or have a family history of cancer?	
20. Do you have or have a family history of neurological conditions such as Parkinson’s, Alzheimer’s, multiple sclerosis, or ALS?	
Total	

Scoring:

Add up the total number of yes responses and score one point for each.

If you scored 2 to 5, it is possible that you have a low level of toxicity. You would benefit from following the recommendations outlined on the [Decreasing Your Toxic Load](#) page at drpeterknight.com

If you scored between 5 and 10, it is likely that you have a moderate level of toxicity and that impaired detoxification may be contributing to your symptoms. In addition to following the above recommendations you would benefit from a more organized detoxification program such as the 10 Day Clear Change Program by Metagenics. This can be ordered directly from Fullscript through the [Order Supplements](#) page at drpeterknight.com

If you scored greater than 10, it is very likely that you have a moderate to severe level of toxicity. Before embarking on a detoxification program, you may benefit from having lab tests done to determine the extent of your toxic burden and to determine how well your body is able to detoxify. Using the results of these tests, Dr. Knight can customize a safe and effective detoxification program that is appropriate for you.