## DETOXIFICATION QUESTIONNAIRE

Rate each of the following symptoms based on your typical health profile for the specified duration:

- ☐ Past month
- ☐ Past week
- ☐ Past 48 hours

**Point Scale:**
- 0 — Never or almost never have the symptom
- 1 — Occasionally have it, effect is not severe
- 2 — Occasionally have it, effect is severe
- 3 — Frequently have it, effect is not severe
- 4 — Frequently have it, effect is severe

### 1. Medical Symptoms Questionnaire (MSQ)

<table>
<thead>
<tr>
<th>Section</th>
<th>Symptoms</th>
<th>Point Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEAD</td>
<td>Headaches, Faintness, Dizziness, Insomnia</td>
<td></td>
</tr>
<tr>
<td>EYES</td>
<td>Watery or itchy eyes, Swollen, reddened or sticky eyelids, Bags or dark circles under eyes, Blurred or tunnel vision</td>
<td></td>
</tr>
<tr>
<td>EARS</td>
<td>Itchy ears, Earaches, ear infections, Drainage from ear, Ringing in ears, hearing loss</td>
<td></td>
</tr>
<tr>
<td>NOSE</td>
<td>Stuffy nose, Sinus problems, Hay fever, Sneezing attacks, Excessive mucus formation</td>
<td></td>
</tr>
<tr>
<td>MOUTH/</td>
<td>Gagging, frequent need to clear throat, Sore throat, hoarseness, loss of voice, Swollen or discolored tongue, gums, lips</td>
<td></td>
</tr>
<tr>
<td>THROAT</td>
<td>Canker sores</td>
<td></td>
</tr>
<tr>
<td>SKIN</td>
<td>Acne, Hives, rashes, dry skin, Hair loss, Flushing, hot flashes, Excessive sweating</td>
<td></td>
</tr>
<tr>
<td>HEART</td>
<td>Chest pain, Irregular or skipped heartbeat, Rapid or pounding heartbeat</td>
<td></td>
</tr>
<tr>
<td>LUNGS</td>
<td>Chest congestion, Asthma, bronchitis, Shortness of breath, Difficulty breathing</td>
<td></td>
</tr>
</tbody>
</table>

### 2. Point Scale

- 0 — Never or almost never have the symptom
- 1 — Occasionally have it, effect is not severe
- 2 — Occasionally have it, effect is severe
- 3 — Frequently have it, effect is not severe
- 4 — Frequently have it, effect is severe

### 3. Grand 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) efficacious at usual dose(s) (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.)
   - Don’t know (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.)

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For Practitioner Use Only:

**OVERALL SCORE TABULATION**

Recommended protocols based on new detoxification questionnaire (MSQ and XTT)

<table>
<thead>
<tr>
<th>MSQ Score</th>
<th>XTT Score</th>
<th>Description</th>
<th>Medical Food</th>
<th>Diet</th>
<th>Additional Nutraceutical Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>50 or &gt;</td>
<td>10 or &gt;</td>
<td>High level of general symptoms and indicated symptoms of elevated toxic load</td>
<td>Medical food for imbalanced detoxifiers</td>
<td>28-day elimination diet</td>
<td>Bifunctional, antioxidant, and chlorophyllin nutraceuticals</td>
</tr>
<tr>
<td>15-49</td>
<td>5-9</td>
<td>Moderate level of general symptoms with moderate symptoms of toxic load</td>
<td>Medical food for imbalanced detoxifiers</td>
<td>10-day elimination diet</td>
<td>Consider bifunctional, antioxidant, and chlorophyllin nutraceuticals</td>
</tr>
<tr>
<td>14 or &lt;</td>
<td>4 or &lt;</td>
<td>Low level of general symptoms and minimal indicators of toxic load</td>
<td>Maintenance</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Additional Symptom-Specific Support**

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Nutraceutical Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water retention and/or frequent or urgent urination</td>
<td>Kidney support nutraceuticals</td>
</tr>
<tr>
<td>Heartburn and/or intestinal/stomach pain</td>
<td>Functional dyspepsia nutraceuticals</td>
</tr>
<tr>
<td>Diarrhea, constipation, and/or intestinal/stomach pain</td>
<td>Probiotics</td>
</tr>
</tbody>
</table>

**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.