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Toxicity Self Test

Rate each of the following symptoms on a scale from 0 to 5 (5 being the most severe) based upon your health profile for the past 30 days.

- ___ Diarrhea
- ___ Constipation
- ___ Belching, passing gas
- ___ Bloating feeling
- ___ Heartburn
- ___ *Total*

- ___ Itchy ears
- ___ Earaches / infection
- ___ Ringing in ears
- ___ Hearing loss
- ___ *Total*

- ___ Mood swings
- ___ Anxiety, fear nervousness
- ___ Anger, irritability
- ___ Depression
- ___ *Total*

- ___ Fatigue, sluggishness
- ___ Apathy, lethargy
- ___ Hyperactivity
- ___ Restlessness
- ___ *Total*

- ___ Watery, itchy eyes
- ___ Swollen, reddened, or sticky eyelids
- ___ Dark circles under eyes
- ___ Blurred or tunnel vision
- ___ *Total*

- ___ Headaches
- ___ Faintness
- ___ Dizziness
- ___ Insomnia
- ___ *Total*

- ___ Skipped heartbeats
- ___ Rapid heartbeats

- ___ Chest pain

___ *Total*

- ___ Frequent illness
- ___ Frequency or urgent need to urinate
- ___ *Total*

___ *Grand Total.*

- ___ Pain or aches in joints
- ___ Stiffness, limited movement
- ___ Pain, aches in muscles
- ___ Weakness in muscles
- ___ *Total*

- ___ Chest Congestion
- ___ Asthma, bronchitis
- ___ Shortness of breath
- ___ Difficulty breathing
- ___ *Total*

- ___ Poor memory
- ___ Poor concentration
- ___ Difficulty making decisions
- ___ Stuttering, stammering
- ___ Learning disabilities
- ___ *Total*

- ___ Stuffy nose
- ___ Sinus problems
- ___ Sneezing attacks
- ___ Excessive mucus
- ___ *Total*

- ___ Chronic coughing
- ___ Gagging, frequent need to clear throat
- ___ Sore throat, hoarseness
- ___ Swollen, discolored tongue, gums, or lips

___ Canker

___ *Total*

___ Acne

___ Hives, rashes, dry skin

___ Flushing or hot flashes

___ Excessive sweating

___ *Total*

___ Binge eating/drinking

___ Craving certain foods

___ Excessive weight

___ Compulsive eating

___ Water retention

___ Underweight

___ *Total*

A Grand Total score of 25 or higher—or a section total of 10 or higher—
indicates increased toxicity...