

# DETOXIFICATION QUESTIONNAIRE

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

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

## I. Medical Symptoms Questionnaire (MSQ)

<b>HEAD</b>	_____ Headaches	<b>DIGESTIVE</b>	_____ Nausea, vomiting
	_____ Faintness	<b>TRACT</b>	_____ Diarrhea
	_____ Dizziness		_____ Constipation
	_____ Insomnia		_____ Bloating feeling
	<b>TOTAL</b> _____		_____ Belching, passing gas
<b>EYES</b>	_____ Watery or itchy eyes		_____ Heartburn
	_____ Swollen, reddened or sticky eyelids		_____ Intestinal/stomach pain <b>TOTAL</b> _____
	_____ Bags or dark circles under eyes	<b>JOINTS/</b>	_____ Pain or aches in joints
	_____ Blurred or tunnel vision <b>TOTAL</b> _____	<b>MUSCLE</b>	_____ Arthritis
<b>EARS</b>	_____ Itchy ears		_____ Stiffness or limitation of movement
	_____ Earaches, ear infections		_____ Feeling of weakness or tiredness
	_____ Drainage from ear		_____ Pain or aches in muscles <b>TOTAL</b> _____
	_____ Ringing in ears, hearing loss <b>TOTAL</b> _____	<b>WEIGHT</b>	_____ Binge eating/drinking
<b>NOSE</b>	_____ Stuffy nose		_____ Craving certain foods
	_____ Sinus problems		_____ Excessive weight
	_____ Hay fever		_____ Water retention
	_____ Sneezing attacks		_____ Underweight
	_____ Excessive mucus formation <b>TOTAL</b> _____		_____ Compulsive eating <b>TOTAL</b> _____
<b>MOUTH/</b>	_____ Chronic coughing	<b>ENERGY/</b>	_____ Fatigue, sluggishness
<b>THROAT</b>	_____ Gagging, frequent need to clear throat	<b>ACTIVITY</b>	_____ Apathy, lethargy
	_____ Sore throat, hoarseness, loss of voice		_____ Hyperactivity
	_____ Swollen or discolored tongue, gums, lips		_____ Restlessness <b>TOTAL</b> _____
	_____ Canker sores <b>TOTAL</b> _____	<b>MIND</b>	_____ Poor memory
<b>SKIN</b>	_____ Acne		_____ Confusion, poor comprehension
	_____ Hives, rashes, dry skin		_____ Difficulty in making decisions
	_____ Hair loss		_____ Stuttering or stammering
	_____ Flushing, hot flashes		_____ Slurred speech
	_____ Excessive sweating <b>TOTAL</b> _____		_____ Learning disabilities
<b>HEART</b>	_____ Chest pain		_____ Poor concentration
	_____ Irregular or skipped heartbeat		_____ Poor physical coordination <b>TOTAL</b> _____
	_____ Rapid or pounding heartbeat <b>TOTAL</b> _____	<b>EMOTIONS</b>	_____ Mood swings
<b>LUNGS</b>	_____ Chest congestion		_____ Anxiety, fear, nervousness
	_____ Asthma, bronchitis		_____ Anger, irritability, aggressiveness
	_____ Shortness of breath		_____ Depression <b>TOTAL</b> _____
	_____ Difficulty breathing <b>TOTAL</b> _____	<b>OTHER</b>	_____ Frequent illness
			_____ Frequent or urgent urination
			_____ Genital itch or discharge <b>TOTAL</b> _____
		<b>GRAND TOTAL</b>	<b>TOTAL</b> _____

## 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.)

**GRAND TOTAL:** \_\_\_\_\_

*For Practitioner Use Only:*

### OVERALL SCORE TABULATION

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

MSQ SCORE \_\_\_\_\_ (High >50; moderate 15-49; Low <14)

XTT SCORE \_\_\_\_\_ (High >10; moderate 5-9; Low <4)

MSQ Score	XTT Score	Description	Functional Medicine Protocol		
			Medical Food	Diet	Additional Nutraceutical Support
50 or >	10 or >	High level of general symptoms and indicated symptoms of elevated toxic load	Medical food for imbalanced detoxifiers	28-day elimination diet	Bifunctional, antioxidant, and chlorophyllin nutraceuticals
15-49	5-9	Moderate level of general symptoms with moderate symptoms of toxic load	Medical food for imbalanced detoxifiers	10-day elimination diet	Consider bifunctional, antioxidant, and chlorophyllin nutraceuticals
14 or <	4 or <	Low level of general symptoms and minimal indicators of toxic load			Maintenance

#### Additional Symptom-Specific Support

Symptom	Nutraceutical Support
Water retention and/or frequent or urgent urination	Kidney support nutraceuticals
Heartburn and/or intestinal/stomach pain	Functional dyspepsia nutraceuticals
Diarrhea, constipation, and/or intestinal/stomach pain	Probiotics

**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.