

Ortho Molecular: Toxicity & Inflammation Questionnaire-General Signs & Symptoms

Patient Name: _____

Initial Date: _____

Follow-up Date: _____

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

HEAD	Point Scale 0-4	SAME	BETTER	WORSE
Headaches				
Dizziness				
Insomnia				
Faintness				
EARS				
Itchy Ears				
Ringing in ears/loss of hearing				
Earaches/ear infections				
Drainage from ear				
EYES				
Bags or dark circles under eyes				
Watery or itchy eyes				
Swollen, reddened , or sticky eyelids				
Blurred or tunnel vision (excluding near/far sightedness)				
NOSE				
Stuffy nose				
Sinus congestion, sinus infection				
Constant sneezing				
Hay fever/allergies				
Excess mucus formation				
MOUTH/THROAT				
Chronic coughing				
Sore throat, hoarseness, loss of voice				
Gagging, frequent need to clear throat				
Swollen tongue, gums or lips				
Swollen lymph nodes				
Canker sores, mouth ulcers				
HEART				
Chest pain				
Irregular or skipped heartbeat				
Rapid or pounding heartbeat				
LUNGS				
Asthma, bronchitis				
Chest congestion				
Shortness of breath				
Difficulty breathing				

SKIN	Point Scale 0-4	SAME	BETTER	WORSE
Acne or brown "age/liver spots"				
Hives, rashes, cysts, boils				
Eczema or psoriasis				
Itchy skin/dermatitis				
Hair loss, hair thinning				
Body odor				
Excessive sweating				
JOINT/MUSCLES				
Pain or aches in joints or lower back				
Stiffness or limitation of movement				
Arthritis				
Pain or aches in muscles				
MENTAL/EMOTIONAL				
Poor memory				
Difficulty concentrating				
Mood swings				
Depression				
Anxiety, fear, or nervousness				
Anger, irritability or aggressiveness				
Insomnia				
ENERGY LEVEL				
Fatigue/low energy				
Restlessness				
Hyperactivity				
Feeling of weakness				
WEIGHT				
Underweight				
Overweight				
Difficulty losing weight				
Crave certain foods				
DIGESTIVE TRACT				
Nausea, vomiting				
Diarrhea				
Constipation				
Bloated feeling				
Belching, passing gas				
Heartburn				
Intestinal/stomach pain				
OTHER				
PMS				
Frequent colds, flus				
Chemical or environmental sensitivities				
Food allergies, sensitivities				

S – QUESTIONNAIRE

Scoring: 1 = Minor 2 = Moderate 3 = Severe
Leave blank if does not apply.

- I tend to over-react rather than react to stressful situations.
- I feel irritable, rushed, overwhelmed and no time for myself.
- I feel stressed much of the time.
- I don't get enough rest/sleep and/or have a hard time falling asleep.
- I find it difficult to exercise.
- I have a difficult time sharing problems with other people.
- I don't feel I'm accomplishing my life's purpose.
- I tend to make poor food choices when stressed.
- I tend to use food and/or drinks as stimulants.
- I tend to stay up late even when I'm tired.
- **Total**

Comments:

L – QUESTIONNAIRE

Scoring: 1 = Minor 2 = Moderate 3 = Severe
Leave blank if does not apply.

- I tend toward one-sided headaches.
- I have more muscle tightness for no apparent reason.
- I feel more angry, impatient & irritable for no apparent reason.
- I have a history/or family history of alcoholism.
- I tend to have poor nail health and/or am a nail biter.
- Lights tend to bother me. (photo-sensitive)
- I wake between 1 -3 am.
- I have increased gas/bloating especially after consuming dairy.
- I gain weight, especially in the midsection even with dietary changes and exercise.
- I often describe myself as feeling toxic.
- **Total**

Comments:

M – QUESTIONNAIRE

Scoring: 1 = Minor 2 = Moderate 3 = Severe
Leave blank if does not apply.

- I feel tired and sluggish even with adequate sleep.
- I have dry skin and/or hair.
- I am depressed and lack motivation.
- I have thinning of the outer third of my eyebrows.
- I feel cold, especially hands and feet.
- I gain weight easily, even on a low calorie diet.
- I have infrequent and difficult bowel movements.
- I need extra sleep to function normally.
- I have diminished sex drive.
- I have heart palpitations and/or anxiety for no apparent reason.
- **Total**

Comments:

G – QUESTIONNAIRE

Scoring: 1 = Minor 2 = Moderate 3 = Severe
Leave blank if does not apply.

- _____ I get irritable and shaky if I miss a meal.
- _____ I crave carbs (sugar, pasta, bread, potatoes, etc.) even when not hungry.
- _____ I get lightheaded between meals.
- _____ I feel a blast of energy following a high carb meal.
- _____ I find it difficult to eat in the morning.
- _____ I have a hard time getting up and don't like to go to bed at a decent hour.
- _____ I have a drop in energy mid-morning and/or mid to late afternoon.
- _____ I need stimulants like coffee to push through my day.
- _____ I find it difficult to lose and easy to gain weight.
- _____ I feel agitated, upset and/or nervous between meals.
- _____ **Total**

Comments:

LG - QUESTIONNAIRE

Scoring: 1 = Minor 2 = Moderate 3 = Severe
Leave blank if does not apply.

- I feel gassy/bloated quite often.
- I feel certain foods tend to bother me.
- I have digestive problems even if I take antacids.
- I tend to gain water weight.
- I feel hungry an hour or so after eating my meal.
- I feel no amount of food tends to satisfy me.
- Vitamin/mineral supplements tend to be ineffective.
- I alternate between constipation and diarrhea.
- My stool smells foul and is poorly formed.
- I constantly am trying to figure out what foods bother my digestive system.
- **Total**

Comments:

P – QUESTIONNAIRE - ♀ - Female Only

Scoring: 1 = Minor 2 = Moderate 3 = Severe

Leave blank if does not apply.

- I tend toward anxiety and/or depression.
- I am cyclically irritable.
- I have mood swings tied to my menstrual cycle.
- I have a history of miscarriages.
- I tend to crave carbs.
- I sleep poorly.
- I have/had problems with cholesterol and/or triglycerides.
- I have/had scanty and/or irregular periods.
- I have a history of PMS.
- I tend to retain fluid.
- **Total**

Comments:

E – QUESTIONNAIRE - ♀ - Female Only

Scoring: 1 = Minor 2 = Moderate 3 = Severe

Leave blank if does not apply.

- _____ I tend to gain weight in my thighs, hips and abdomen and especially triceps.
- _____ I tend toward swollen and/or fibrocystic breasts.
- _____ I tend to feel bloated.
- _____ I tend to have low sex drive/libido.
- _____ I tend to have depression with anxiety or agitation.
- _____ I tend to retain fluid.
- _____ I tend towards insomnia.
- _____ I have/had heavy menstrual cycles.
- _____ I tend to have mood swings.
- _____ I've had a history of uterine fibroids.
- _____ I have increased frequency of hot flashes. *
- _____ I wake from night sweats. *
- _____ I am more forgetful. *
- _____ I have an increase in mental fog. *
- _____ I have vaginal dryness and/or painful intercourse. *

_____ **Total**

Comments:

T – QUESTIONNAIRE - ♂ - Male Only

Scoring: 1 = Minor 2 = Moderate 3 = Severe

Leave blank if does not apply.

- _____ I've seen a significant drop in my libido as I've aged.
- _____ I am experiencing a diminished ability to maintain an erection.
- _____ I have a decrease in spontaneous morning erections.
- _____ I have hair loss where my "socks are."
- _____ I poor emotional control.
- _____ I have a decrease in physical stamina.
- _____ I have spells of poor concentration and/or mental fatigue.
- _____ I have a decrease in muscle mass.
- _____ I experience episodic depression.
- _____ I feel more fatigued for no apparent reason.
- _____ I have erectile dysfunction. *
- _____ I have an increase in belly fat. *
- _____ I have weight gain at my waist, thighs and neck. *
- _____ I have "man boobs." *
- _____ I have loss of body hair. *

_____ **Total**

Comments:

RT Questionnaire

Scoring: 1 = Minor 2 = Moderate 3 = Severe

Leave blank if does not apply.

- I daydream and often fantasize.
- I tend to make decisions based on hunches.
- I keep past experiences in mind before I make decisions.
- I protect myself from being hurt by others by never telling much about myself.
- I am sometimes so structured that I become inflexible.
- Sometimes the mystical can excite me.
- People seem to take advantage of me.
- Other people get angry about bothersome things that I do?
- When things are dull, I always try to introduce some excitement.
- I tend to get overly excited about things.
- **Total**

Comments:
