Heavy Metal Toxicity Screening Questionnaire

Please put an X by all the following symptoms that apply to you. When you’re finished, add the scores next to those you have marked.

1. Numbness and tingling in extremities ______ 6
2. Twitching of face and other muscles ______ 5
3. Tremors or shakes of hands, feet, head, etc. ______ 5
4. Jumpy, jittery, nervous ______ 3
5. Unexplained chest pains ______ 3
6. Tachycardia ______ 3
7. Unexplained rashes or skin irritations ______ 4
8. Excessive itching ______ 4
9. Bloated feeling most of the time ______ 6
10. Frequent or recurring heartburn ______ 4
11. Constipation on a regular basis ______ 5
12. Frequent diarrhea ______ 1
13. Constant or very frequent periods of depression ______ 7
14. Unexplained irritability ______ 7
15. Sudden, unexplained or unsolicited anger ______ 5
16. Constant death wish or suicidal intent ______ 3
17. Difficulty in making even simple decisions ______ 5
18. Cold hands and feet, even in moderate/warm weather ______ 6
19. Get out of breath easily ______ 4
20. Get headaches just after eating ______ 2
21. Experience frequent leg cramps ______ 4
22. Constant or frequent metallic taste in mouth ______ 3
23. Burning sensation on the tongue ______ 2
24. Constant or frequent ringing or noise in ears ______ 4
25. Frequent urination during the night ______ 6
26. Unexplained chronic fatigue ______ 6
27. Difficulty remembering or use of memory ______ 5
28. Constant or frequent pain in joints ______ 3
29. Frequent insomnia ______ 3
30. Unexplained fluid retention ______ 2

TOTAL ______

Score of 86-126: Strong likelihood of heavy metal toxicity.
Score of 40-85: Moderate likelihood of heavy metal toxicity.
Score or 0-39: Low likelihood of heavy metal toxicity.