

Date:

Name:

Symptom Survey

This survey asks you to rate your health based on a range of symptoms and conditions. Your answers give us a snapshot of your body's toxicity level, ranging from low to moderate to high. We'll use this survey to benchmark your progress after you start the program.

If you score less than 14 and weight loss is not a goal use the 10-day program: if you score 14 or higher and/or weight loss is a goal, use the 30-day program.

Please visit MorrisonHealth.com for more information or to take the survey online.

Point scale:

Rate the frequency of each symptom according to the following point scale.

0 – never or rarely

1 – infrequently (less than once a month) and effect is mild

2 – Occasionally (at least once a month) and effect is modest

3 – regularly (at least once a week) and effect is moderate

4 – constantly (everyday) and effect is severe

IMMUNITY**Head**

- Dizziness
 Faintness
 Headaches

Eyes

- Bags/dark circles
 Blurred/tunnel vision
 Swollen, reddened, sticky eyelids
 Watery/itchy eyes

Ears

- Drainage from ear
 Earaches, ear infections
 Itchy ears

Nose

- Excessive mucus
 Hay fever
 Sinus problems
 Sneezing attacks
 Stuffy nose

Mouth/Throat

- Canker sores
 Chronic coughing
 Frequent need to clear throat
 Sore throat, hoarseness
 Swollen/discolored tongue, gums, lips

Skin

- Acne
 Excessive sweating
 Flushing
 Hair loss
 Hives, rashes, dry skin

Lungs

- Asthma
 Bronchitis
 Chest congestion
 Difficulty breathing
 Shortness of breath

Joints/Muscle

- Stiffness/limitation of movement
 Feeling of weakness
 Pain/aches in joints
 Pain/aches in muscles

**NEUROLOGICAL
Energy/Activity**

- Apathy, lethargy
 Fatigue, sluggishness
 Hyperactivity
 Restlessness
 Insomnia
Mind
 Confusion
 Difficulty making decisions
 Learning disabilities
 Poor concentration
 Poor memory
 Poor physical coordination
 Slurred speech
 Stuttering/stammering

Emotions

- Anxiety, fear, nervousness
 Depression
 Mood swings

WEIGHT

- Binge eating/drinking
 Craving certain foods
 Excessive weight
 Underweight
 Water retention

DIGESTION

- Belching, passing gas
 Bloating
 Constipation
 Diarrhea
 Heartburn
 Intestinal/stomach pain
 Nausea, vomiting

ENDOCRINE**Women**

- Genital itch/discharge
 Hot flashes/night sweats
 Loss of libido
 Painful menstrual cycle
 Premenstrual syndrome
 Short/long menstruation
 Early onset of menopause
 Fertility issues

Men

- Difficulty starting/stopping urination
 Difficulty getting/maintaining erection
 Loss of libido
 Fertility issues

CARDIOVASCULAR

- Chest pain
 Frequent illness
 Frequent/urgent urination
 Irregular/skipped heartbeat
 Rapid/pounding heartbeat
 Numbness/tingling in hands

Immunity Subtotal**Neurological Subtotal****Weight Subtotal****Digestion Subtotal****Endocrine Subtotal****Cardiovascular Subtotal****GRAND TOTAL****Toxicity level:**

Low: 0 -14

Moderate: 15-49

High: 50+