

# 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.

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|-----|--|--------|
| 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.