

TOXICITY QUIZ

To complete the toxicity questionnaire and find your personal results score, simply fill in the blank ____ with a 0, 1, 2, or 3 depending on your typical symptoms.

0 = Never feel this symptom
2 = Feel this symptom weekly

1 = Feel this symptom 1-2 times per month
3 = Feel this symptom daily

Head

- ☐ Headaches/Migraines
- ☐ Dizziness/Faintness
- ☐ Neck tension
- ☐ Cloudy head

Sinus

- ☐ Nasal congestion (stuffy nose)
- ☐ Allergies (seasonal or daily)
- ☐ Mucus
- ☐ Sneezing
- ☐ Nose blowing

Eyes

- ☐ Dark circles under eyes
- ☐ Bags under eyes
- ☐ Itchy eyes
- ☐ Discharge or watery eyes
- ☐ Blurred vision
- ☐ Crusted eyes upon waking

Ears

- ☐ Itchy ears
- ☐ Discharge or drainage from ears
- ☐ Ringing in ears, tinnitus
- ☐ Excessive wax build up
- ☐ Blocked or muffled hearing

Teeth

- ☐ Pain in gums or teeth
- ☐ Bleeding gums
- ☐ Silver fillings (Score with a 3 if you have any metal fillings)

Mouth

- ☐ Canker sores
- ☐ Cold sores (herpes virus)
- ☐ Cracking on lips
- ☐ Discolored lips
- ☐ White film on lips upon waking or after eating

Tongue

- ☐ Red dots on tongue
- ☐ Sides of tongue have dents ("scalloping")
- ☐ ____ White, yellow, or brown coating on tongue
- ☐ Cracks or lines on tongue

Glands

- ☐ Swollen lymph nodes (neck, armpits, or groin)
- ☐ Difficulty swallowing
- ☐ Loss of voice
- ☐ Swollen ankles or wrists/hands/fingers

Breathing

- ☐ Chest tension
- ☐ Inability to get enough air in
- ☐ Chest congestion
- ☐ Chronic cough
- ☐ Clear throat a lot
- ☐ Voice hoarseness

Weight

- ☐ Difficulty losing weight
- ☐ Gain weight easily
- ☐ Feel swollen or puffy
- ☐ Retain water
- ☐ Binge or compulsive eating

Joints/Muscles

- ☐ Pain in joints
- ☐ Muscle stiffness
- ☐ Limited range of motion
- ☐ Muscle weakness/Loss of strength
- ☐ Arthritis

Skin

- ☐ Acne
- ☐ Hair loss
- ☐ Flushing/Hot flashes
- ☐ Dry, flaky skin
- ☐ Excessive sweating
- ☐ Hives or itchiness
- ☐ Psoriasis, eczema, ringworm or skin rashes

Sleep

- ☐ Inability to fall asleep
- ☐ Can't stay asleep/Wake up frequently
- ☐ Nightmares
- ☐ Heart racing at night
- ☐ Night sweats

Energy

- ☐ Tired upon waking
- ☐ Daytime or afternoon fatigue
- ☐ General lack of energy
- ☐ Apathy
- ☐ Lack of ambition or drive
- ☐ Hyperactivity (can't sit still – have to always be doing something)
- ☐ Restlessness (feel uncomfortable with quiet)
- ☐ Tap feet or shake leg or hands when seated
- ☐ Decreased libido or sexual function

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Digestion

- ☐ Get tired after meals (esp. lunch)
- ☐ Bloating
- ☐ Gas
- ☐ Belching/Burping
- ☐ Heartburn or indigestion
- ☐ Diarrhea
- ☐ Constipation
- ☐ Stomach or intestinal pain
- ☐ Nausea or vomiting
- ☐ Stomach sticks out more as day progresses

Mind

- ☐ Lack of concentration
- ☐ Easily distracted or lose train of thought
- ☐ Difficulty making decisions
- ☐ Brain fog
- ☐ Stuttering or difficulty putting together sentences
- ☐ Uncoordinated or drop things
- ☐ ADD/ADHD or learning disabilities

Emotions

- ☐ Anxiety
- ☐ Overwhelm
- ☐ Irritability
- ☐ Anger or rage
- ☐ Dark thoughts
- ☐ Sad for no reason
- ☐ Mood swings
- ☐ Depressed
- ☐ High-strung
- ☐ Seasonal Affective Disorder (SAD)

Immunity

(Score each question below with 10 points if you answered yes)

- ☐ Frequent colds (more than 2-3 illnesses a year)
- ☐ Allergies (environmental or non-fatal food sensitivities)
- ☐ Pneumonia (Score with a 10 if yes within the last 12 months)
- ☐ Diagnosed disease (Score with a 10 if you have a diagnosed disease)
- ☐ Unexplained illness (Score with a 10 for an undiagnosed disease)

TOTAL SCORE

Grand Total Score (add up your total points from above)

Scoring

Take a look at your overall quiz results and see which health sections you seem to be doing the best and what areas need some work. Those are the areas where you have underlying imbalances that must be corrected.

After adding up your total point total see what toxicity stage you're at below:

Stage 1: 0-9 Points

Congratulations - it looks like you're doing great! You appear to be well and it seems like you have your health under control. Just make sure you are not filling up your "rain barrel" with continued stress, lack of sleep, poor eating, etc.

My recommendation in terms of detoxification at this point is only a seasonal 7-day detox to keep up with and remove the continual accumulation of toxins. Do also try to incorporate a healthy daily routine as shared later in this book in order to stay well and balanced.

Stage 2: 10-19 Points

It looks like you're doing pretty well, but you're starting to see the effects of hidden toxicities expressing themselves on the outside as symptoms. It's also at this point that you may be moving towards a dis-ease state unless you begin to Empty Your Rain Barrel™.

A formal 7, 14, or 21-day detox is advised and then seasonal detoxes after that to maintain optimal health and balance. I also highly recommend incorporating the daily healthy living routines shared later in the DESTRESS Protocol™.

Stage 3: 20+ Points

Your body is now showing signs of toxic overload and total body burden. Most likely, you are feeling the effects of this toxicity in your daily life in terms of inflammation, lowered vitality, lowered mood, and less overall "get up and go."

A 21-day detox is recommended followed by a seasonal 7, 14, or 21-day detoxes to decrease toxic accumulation until you reach a score of 10 points or less. At that point you can simply drop down to one 7-day detox seasonally/quarterly. This is also the time to pay special attention to each step in the DESTRESS Protocol™ coming up soon.

Each time you complete a 7, 14, or 21-day detox please retake this RBE Toxicity Quiz to see how your score has decreased. And remember, my total toxicity score on this test used to be well over 100 pts! Now, it remains below 10 points and I want to show you how to do the same.

Authorized Reprint

This is an authorized reprint of Dr. Stephen Cabral's toxicity quiz from his original book, the Rain Barrel Effect. To find out more about Dr. Cabral's Functional Medicine Detox that he uses in his private practice please see, StephenCabral.com for details.