







NAME .....

DATE .....

## Hypothyroid

	Never	Occasionally	Often	Regularly
Tired or sluggish	0	1	2	3
Feel cold (hands, feet, or your whole body)	0	1	2	3
Require an excessive amount of sleep to function properly	0	1	2	3
Gain weight easily	0	1	2	3
Difficult, infrequent bowel movements	0	1	2	3
Depression or lack of motivation	0	1	2	3
Thinning of outer third of eyebrows	0	1	2	3
Thinning of hair on scalp, face, or genitals, or excessive hair loss	0	1	2	3
Dry skin and/or scalp	0	1	2	3
Slow brain processing	0	1	2	3
Lack of or diminished sex drive	0	1	2	3
Infertility or impotency		N	Y	
Heavy or profuse menstrual bleeding (women only)	0	1	2	3

Hypothyroid Total .....

GREEN	YELLOW	RED
0-11	12-22	23-40

## Hyperthyroid

	Never	Occasionally	Often	Regularly
Heart palpitations	0	1	2	3
Inward trembling	0	1	2	3
Increased pulse, even at rest	0	1	2	3
Nervous or emotional	0	1	2	3
Insomnia	0	1	2	3
Night sweats	0	1	2	3
Eyes appear bulging or swollen	0	1	2	3
Difficulty gaining weight	0	1	2	3

Hyperthyroid Total .....

GREEN	YELLOW	RED
0-5	6-10	11-24

## Instructions

Rate each of the symptoms to the best of your ability based on the last **90 days**. For Yes/No answers, circle the number next to your answer (if there is a number). Total your score in the space provided. Compare your results with the rating system. A score in the yellow or red range suggests this area is more likely a problem for you.

Parasites	Frequency					Frequency			
	Never	Occasionally	Often	Regularly		Never	Occasionally	Often	Regularly
Restless sleep (foss, turn, or wake up often)	0	1	2	3	Travel in developing nations	0	2	4	6
Skin issues, rashes, itches, hives, eczema, or acne	0	2	4	6	Eat pork products	0	1	2	3
Frequent diarrhea or loose stools	0	1	2	3	Eat sushi, raw fish	0	2	4	6
Alternating constipation and diarrhea	0	1	2	3	Sleep with pets on bed	0	1	2	3
SIBO (small intestinal bacterial overgrowth), feel bloated or gassy	0	1	2	3	Bed-wetting	0	1	2	3
Bowel urgency, occasional accidents	0	1	2	3	Frequent vomiting	0	1	2	3
Abdominal pains, cramps, or burning	0	1	2	3	Loss of appetite	0	1	2	6
Rectal, anal itch	0	2	4	6	Hungry all the time, bottomless pit, hungry after meals	0	2	4	6
Anal fissures (small, painful tears or cracks)	0	2	4	6	Strong sugar and processed food cravings	0	1	2	3
Stomach or small intestinal ulcers or lesions	0	1	2	3	Breathing problems, asthma	0	2	4	6
Grinding of teeth when asleep	0	2	4	6	Pain in belly button area (umbilicus)	0	1	2	4
Picking at nose, boring nose with finger	0	2	4	6	Blurry, unclear vision	0	1	2	3
Excess boogers in nose and scab-like boogers	0	2	4	6	Eye floaters	0	2	4	6
Fingernail biting	0	1	2	3	Lethargy, apathy (disinterest)	0	1	2	3
Headaches/Migraines	0	2	4	6	Menstrual problems	0	1	2	3
Irritable (no apparent reason)	0	1	2	3	Dry lips	0	1	2	3
Mood disorder, depression, anxiety, or suicidal thoughts	0	1	2	3	Drooling while asleep	0	1	2	3
Hyperactive tendency (nervous)	0	1	2	3	Occult blood in stool (from lab test)	0	1	2	3
Dark circles under eyes	0	2	4	6	Swim in creeks, rivers, lakes	0	2	4	6
Need for extra sleep, wake unrefreshed	0	1	2	3	History of <i>Giardia</i> , pinworms, or other parasites?	N	Y		
Allergies and/or food sensitivities	0	2	3	4	Do you work in childcare?	N	Y		
Fevers of unknown origin	0	1	2	3	History of or currently have cancer?	N	Y		
Night sweats (not menopausal)	0	1	2	3					
Kiss pets, allow pets to lick your face	0	1	2	4					
Increase of symptoms around a full moon	0	2	6	8					
Anemia (low iron/hemoglobin on blood test)	0	1	2	4					
Iron deficiency	0	2	4	6					
Vitamin B6 deficiency	0	2	4	6					
Zinc deficiency and/or white spots on nails	0	2	4	6					
Frequent colds, flu, sore throats	0	1	2	3					

Parasite Infection Total .....



















## Mycotoxins

	Never	Occasionally	Often	Regularly		Never	Occasionally	Often	Regularly
See mold growing at home, work, or school?	N	Y			Wake up during the night with an attack of coughing	0	1	2	3
Ever experienced water damage at home, work, or school?	N	Y			Chest tightness when around animals or a dusty part of the house	0	1	2	3
Home, workplace, or school has a damp or mildewy odor	0	1	2	3	Achy all over	0	1	2	3
Spending time in basement causes or worsens symptoms	0	4	6	8	Headaches	0	1	2	3
Basement ever wet?	N	Y			Extreme or unusual fatigue	0	1	2	3
Symptoms decrease when spend time in a different location for at least a few days?	N	Y			Hoarse voice	0	1	2	3
Plumbing in your kitchen or bathroom leaks or has leaked in the past?	N	Y			Memory loss	0	1	2	3
Wet spots anywhere in your home (whether currently or past)?	N	Y			Difficulty recalling names of people you know	0	1	2	3
Often see condensation (fog) on the inside of windows and/or cold surfaces in your home?	N	Y			Sensitive to chemicals and smells	0	1	2	3
Car has a mildewy smell?	N	Y			Sensitive to EMF's	0	1	2	3
Brain fog	0	1	2	3	Bloating or SIBO	0	1	2	3
Reactions to supplements opposite of expected	0	1	2	3	Blurry vision	0	1	2	3
Nosebleeds	0	1	2	3	Difficulty sleeping or insomnia	0	1	2	3
Body rashes	0	1	2	3	Anxiety or depression	0	1	2	3
Any skin conditions?	N	Y			Frequent urination, unable to hold bladder	0	1	2	3
Anyone in your home have asthma-like symptoms?	N	Y							
Sinus infections	0	1	2	3					
One or more family members have chronic sinus infections or irritations	0	1	2	3					
Runny, blocked, or stuffy nose	0	1	2	3					
Experience static shocks	0	1	2	3					
Wheezing or whistling in your chest	0	1	2	3					
Wake up in the morning with a feeling of tightness in your chest	0	1	2	3					
Wake up during the night with shortness of breath	0	1	2	3					
Shortness of breath when you're not doing anything strenuous	0	1	2	3					

Mold Total \_\_\_\_\_

GREEN	YELLOW	RED
0-19	20-68	69-138

### Instructions

Rate each of the symptoms to the best of your ability based on the last **90 days**. For Yes/No answers, circle the number next to your answer, if there is a number. Total your score in the space provided. Compare your results with the rating system. A score in the yellow or red range suggests this area is more likely a problem for you.