



Neurotoxin Questionnaire (Autonomic Nervous System)

The following is a dys-autonomia questionnaire approved for use in an FDA study on mercury toxicity, developed by Dr. Dietrich Klinghardt and Dr. Paula Bickel. You will notice the wide range of symptoms and organs that can be affected by heavy metal toxicity, toxic chemicals, chronic infections and anything else that affects the functional nervous system (ANS).

Rate each on the following symptoms based upon your health profile for the past 30 days. Add your Total Score.

Point scale

- 0 = never or almost never have the symptom
- 1 = occasionally have it, effect is not severe
- 2 = occasionally have it, effect is severe
- 3 = frequently have it, effect is not severe
- 4 = frequently have it, effect is severe.

Digestive tract:

- | | | |
|---|---|--|
| <input type="checkbox"/> nausea or vomiting | <input type="checkbox"/> heartburn | <input type="checkbox"/> diarrhea |
| <input type="checkbox"/> Colitis | <input type="checkbox"/> constipation | <input type="checkbox"/> abdominal pain |
| <input type="checkbox"/> bloated feeling | <input type="checkbox"/> blood in stool | <input type="checkbox"/> belching, passing gas |
| <input type="checkbox"/> ulcer | <input type="checkbox"/> Crohns disease | <input type="checkbox"/> poor appetite |
| <input type="checkbox"/> Graves disease | | |

Ears:

- | | | |
|---|--|--|
| <input type="checkbox"/> itchy ears | <input type="checkbox"/> hissing in ears | <input type="checkbox"/> earaches, ear infection |
| <input type="checkbox"/> hearing problems | <input type="checkbox"/> drain age from ears | <input type="checkbox"/> ringing in ears |
| <input type="checkbox"/> noise in ears | | |

Emotions:

- | | | |
|---|--|---|
| <input type="checkbox"/> mood swings | <input type="checkbox"/> anger | <input type="checkbox"/> depression |
| <input type="checkbox"/> divorced | <input type="checkbox"/> suicidal tendencies | <input type="checkbox"/> irritability, aggressiveness |
| <input type="checkbox"/> anxiety, fear or nervousness | | |

Energy, Activity:

- | | | |
|--|---|--|
| <input type="checkbox"/> fatigue, sluggishness | <input type="checkbox"/> apathy, lethargy | <input type="checkbox"/> hyperactivity |
| <input type="checkbox"/> restlessness | <input type="checkbox"/> tire easily | <input type="checkbox"/> tired when awoken in AM |

Eyes:

- | | | |
|---|---|---|
| <input type="checkbox"/> watery or itchy | <input type="checkbox"/> swollen, red or sticky | <input type="checkbox"/> bags or dark circles under |
| <input type="checkbox"/> blurred or tunnel vision (does not include near or far sightedness) eyes | | |

Head:

- | | | |
|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> headaches | <input type="checkbox"/> faintness | <input type="checkbox"/> dizziness |
| <input type="checkbox"/> insomnia | | |

Heart:

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> heart attack | <input type="checkbox"/> heart, chest pain | <input type="checkbox"/> heart murmur |
| <input type="checkbox"/> partial heart block | <input type="checkbox"/> endocarditis | <input type="checkbox"/> angina |
| <input type="checkbox"/> high blood pressure | <input type="checkbox"/> low blood pressure | <input type="checkbox"/> abnormal EKG |
| <input type="checkbox"/> tachycardia (racing heart) | | |

Joints/ Muscles:

- | | | |
|---|--|---|
| <input type="checkbox"/> pain or aches in joint | <input type="checkbox"/> arthritis | <input type="checkbox"/> pain or aches in muscles |
| <input type="checkbox"/> feeling of weakness/ tiredness | | <input type="checkbox"/> osteoporosis |
| <input type="checkbox"/> cramp in legs | <input type="checkbox"/> stiffness, limitation of movement | |

Lungs:

chest congestion shortness of breath asthma
 difficulty breathing laryngitis 1 or more times per year
 Pneumonia 1 or more times per year bronchitis 1 or more times per year

Mind:

Poor memory Poor concentration learning disabilities
 stuttering or stammering slurred speech difficulty making decisions
 confusion, poor comprehension poor physical coordination
 brain fog, hard to mentally function

Mouth/ throat:

metal taste in mouth increased saliva decreased saliva
 sore throat chronic coughing loss of voice
 canker sores hoarseness bleeding gums
 gagging, frequent need to clear throat loosening of teeth, periodontal disease
 swollen or discolored tongue, gums of lips

Nose:

stuffy nose bloody nose sinus problems
 hay fever sneezing attacks loss of smell
 excessive mucus formation dry, crusty membranes

Skin:

unexplained rashes excessive itching red flushed of color
 rough skin acne, pimples hives
 hair loss

Weight:

binge eating, drinking craving certain foods excessive weight
 compulsive eating water retention underweight

Endocrine:

thyroid, under of over active cold hands or feet diabetes
 low female hormones estrogen dominant prostate problems
 chronically sub-normal temperatures pancreas, blood sugar low or pancreatitis
 menstruation, painful too often, too seldom

Immune System:

autoimmune allergies low immune system
 chronic infections (Lyme, Bartonella, Ehrlichia, Chlamydia, Candida, Babesia, Rickettsia, Mycoplasma, Staph, Strept, Mycobacterium...)
 shingles (herpes zoster) chronic parasites chronic virus (Herpes I, II, VI, VII, Cytomegalio, Epstein Barr)

Nervous and neurodegenerative disorders:

multiple sclerosis Bells palsy Alzheimer's
 Parkinson's knees or leg jerk epilepsy or convulsions
 numbness in any part of body tingling in any part of body
 burning pain tremor of hands, feet of head
 twitching of face or other muscles

Cancer:

leukemia Hodgkin's any other (name)

Total Score _____