

# Signs and Symptoms Detox Checklist



Use this checklist to rate  
how you feel:

- 0 Never
- 1 Occasionally mild symptoms
- 2 Occasionally severe symptoms
- 3 Frequently mild symptoms
- 4 Frequently severe symptoms

## Head:

- \_\_\_ Headache
- \_\_\_ Faintness
- \_\_\_ Dizziness
- \_\_\_ Insomnia

\_\_\_ Subtotal

## Skin:

- \_\_\_ Acne
- \_\_\_ Dry Skin

\_\_\_ Subtotal

## Digestive:

- \_\_\_ Nausea
- \_\_\_ Diarrhea
- \_\_\_ Constipation
- \_\_\_ Bloating
- \_\_\_ Belching/passing gas
- \_\_\_ Heartburn

\_\_\_ Subtotal

## Joints/Muscle:

- \_\_\_ Pain and aches in joints
- \_\_\_ Stiffness and limited movement
- \_\_\_ Muscle pain
- \_\_\_ Muscle weakness

\_\_\_ Subtotal

## Weight:

- \_\_\_ Binge eating
- \_\_\_ Cravings
- \_\_\_ Excessive weight
- \_\_\_ Struggling with weight

\_\_\_ Subtotal

## Energy:

- \_\_\_ Fatigue
- \_\_\_ Apathy/Lethargy
- \_\_\_ Restlessness

\_\_\_ Subtotal

## Mind:

- \_\_\_ Poor Memory
- \_\_\_ Confusion/poor comprehension
- \_\_\_ Poor concentration
- \_\_\_ Difficulty in making decisions
- \_\_\_ Stuttering/stammering

\_\_\_ Subtotal

## Emotions:

- \_\_\_ Mood swings
- \_\_\_ Anxiety
- \_\_\_ Nervousness
- \_\_\_ Anger/Irritable

\_\_\_ Subtotal

Grand Total \_\_\_\_\_