

Mercury/Toxic Sensitivity Questionnaire

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| 1. Sore gums (Gingivitis)? | Yes | No |
| 2. Mental symptoms such as confusion, forgetfulness? | Yes | No |
| 3. Severe depression? | Yes | No |
| 4. Ringing in ears (Tinnitus)? | Yes | No |
| 5. TMJ (Temporal Mandibular Joint) problems? | Yes | No |
| 6. Unusual Shakiness (tremors) of hands or arms,
or twitching of other muscles? | Yes | No |
| 7. "Brown spots" or "Age Spots" | Yes | No |
| 8. Colds, flu, infectious diseases? | Yes | No |
| 9. Food allergies or intolerances? | Yes | No |
| 10. Have you been to many doctors for your health problems,
only to hear that "There is nothing wrong"? | Yes | No |
| 11. Numbness, burning in mouth and gums? | Yes | No |
| 12. Numbness or unexplained tingling in arms and legs? | Yes | No |
| 13. Difficulty in walking (ataxia)? | Yes | No |
| 14. 4 or more "silver" fillings? | Yes | No |
| 15. A "metallic" taste in mouth? | Yes | No |
| 16. Worked as a painter or in manufacturing/chemical
pesticide/fungicide factories (fungicides with methyl
mercury or in pulp/paper mills that used mercury)? | Yes | No |
| 17. Ever worked as a dentist, hygienist, or dental assistant? | Yes | No |
| 18. Candida-Related Complex (CRC) or yeast infections? | Yes | No |
| 19. Bad breath (halitosis) or white tongue (thrush)? | Yes | No |
| 20. Low basal body temperature (below 97.4 degrees F) | Yes | No |
| 21. Constipation? | Yes | No |
| 22. Heart irregularities or rapid pulse (tachycardia) | Yes | No |
| 23. Arthritis? | Yes | No |
| 24. Mucus in stools? | Yes | No |
| 25. Chest pains? | Yes | No |
| 26. Poor sleep or insomnia? | Yes | No |
| 27. Frequent kidney infections or kidney problems? | Yes | No |
| 28. Extreme Fatigue? | Yes | No |
| 29. Irritability or dramatic changes in behavior? | Yes | No |
| 30. Using antidepressants? | Yes | No |

Test score meaning:

If a person answers yes to 5 or more of the questions, a toxic metal screening is recommended using provoked urine challenge and/or hair analysis.