

Take This Short Heavy Metal Toxicity Questionnaire

Please put an X by all the following symptoms that apply to you. When you're finished, add the scores next to those you have marked.

1. Numbness and tingling in extremities _____6
2. Twitching of face and other muscles _____5
3. Tremors or shakes of hands, feet, head, etc. _____5
4. Jumpy, jittery, nervous _____3
5. Unexplained chest pains _____3
6. Tachycardia _____3
7. Unexplained rashes or skin irritations _____4
8. Excessive itching _____4
9. Bloating feeling most of the time _____6
10. Frequent or recurring heartburn _____4
11. Constipation on a regular basis _____5
12. Frequent diarrhea _____1
13. Constant or very frequent periods of depression _____7
14. Unexplained irritability _____7
15. Sudden, unexplained or unsolicited anger _____5
16. Constant death wish or suicidal intent _____3
17. Difficulty in making even simple decisions _____5
18. Cold hands and feet, even in moderate/warm weather _____6
19. Get out of breath easily _____4
20. Get headaches just after eating _____2
21. Experience frequent leg cramps _____4
22. Constant or frequent metallic taste in mouth _____3
23. Burning sensation on the tongue _____2
24. Constant or frequent ringing or noise in ears _____4
25. Frequent urination during the night _____6
26. Unexplained chronic fatigue _____6
27. Difficulty remembering or use of memory _____5
28. Constant or frequent pain in joints _____3
29. Frequent insomnia _____3
30. Unexplained fluid retention _____2

TOTAL _____

Score of 86-126: Strong likelihood of heavy metal toxicity.

Score of 40-85: Moderate likelihood of heavy metal toxicity.

Score or 0-39: Low likelihood of heavy metal toxicity.

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