



Meet Dr. Knight
AMIT Certified Practitioner

Signs of Poor Detoxification





Read the following questions and rate them based on how you have been feeling in the past 30 days. Fill in the number that applies on the form below. Total your score for each category.

SCORING

0 (or leave blank) = No, or never, or almost never occurs

1 = Occasionally occurs, effect is not severe

2 = Occasionally occurs, effect is severe

3 = Frequently occurs, effect is not severe

4 = Frequently occurs, effect is severe

Liver

_____ Wine makes you feel bad?

_____ Easily intoxicated if drinking alcohol?

_____ Hangovers after drinking alcohol?

_____ Sensitive to chemicals (perfume, solvents, exhaust)?

_____ Sensitive to tobacco smoke?

_____ Hemorrhoids or varicose veins?

_____ Bothered by aspartame (NutraSweet™)?

_____ Chronic Fatigue or Fibromyalgia?

_____ Feeling wired or jittery if drinking coffee?

_____ Feet have a strong odor?

_____ Sweat has a strong odor?

TOTAL _____

Gastrointestinal

- Belching or gas?
 - Heartburn or acid reflux?
 - Bloating or abdominal discomfort shortly after eating?
 - Bad breath (halitosis)?
 - Aggravated by certain foods? Food sensitivities?
 - Diarrhea, chronic?
 - Undigested food in stool ?
 - Constipation?
 - Nausea or vomiting when not ill?
 - Fewer than one bowel movement a day?
 - Stools are loose and unformed?
- TOTAL _____

Ears

- Ear infections?
 - Ear drainage or discharge?
 - Itchy ears?
 - Ringing in the ears?
- TOTAL _____

Eyes

- Dark circles around the eyes?
- Puffy eyelids?
- Bags under the eyes?
- Bloodshot or reddened eyes?

Eyes Contined

_____ Whites of eyes are yellowed?

_____ Inflamed eyelids?

_____ Eyes are water and/or itchy?

_____ Blurred or tunnel vision?

TOTAL _____

Mental Emotional

_____ Feel spacey, thinking seems slow or fuzzy?

_____ Bizarre vivid or nightmarish dreams?

_____ Depressed Worried, apprehensive, anxious?

_____ Nervous or agitated, often?

_____ Mentally sluggish, reduced initiative?

_____ Difficulty concentrating?

_____ Mood swings?

_____ Coordination is poor?

_____ Poor memory?

TOTAL _____

Head

_____ Tension headaches at base of skull?

_____ Splitting type headache?

_____ Dizziness?

_____ Faintness?

TOTAL _____

Skin

- _____ Experience hives, cysts, boils, rashes?
- _____ Cold sores, fever blisters, or herpes lesions?
- _____ Dry flaky skin and/or dandruff?
- _____ Fragile skin, easily chaffed, as in shaving?
- _____ Acne Itchy skin / dermatitis?
- _____ Dull colored skin, yellowish, pale or grayish?
- _____ Pale complexion?
- _____ Skin has a sour or unpleasant odor ?
- TOTAL _____

Nose

- _____ Stuffy nose?
- _____ Airborne allergies?
- _____ Sinus congestion, "stuffy head", sinus infections?
- _____ Runny or drippy nose?
- _____ Ulcers?
- _____ Clinkers (crusty deposits in nose)?
- TOTAL _____

Nails

- _____ Ridged nails?
- _____ Splitting nails?
- _____ White spots on nails?
- _____ Crumbling nails?
- _____ Lack of nailbed 'moons' (poor peripheral circulation)?
- TOTAL _____

Mouth & Throat

- _____ Coated tongue (yellow, grayish-white or thick film)?
- _____ Swollen tongue?
- _____ Hoarseness?
- _____ Difficulty swallowing?
- _____ Lump in throat sensation?
- _____ Dry mouth, eyes and/or nose?
- _____ Gag easily or need to clear throat often?
- _____ Mouth ulcers or canker sores?
- TOTAL _____

Musculoskeletal

- _____ Pain or swelling in joints?
- _____ Muscles become easily fatigued?
- _____ Muscle aches and pains?
- _____ Arthritic tendencies?
- _____ Joints are painful upon waking?
- _____ Joint pain after mild exertion?
- _____ Joint pain after eating certain foods?
- _____ Abdomen tends to hang out?
- _____ Surface of abdomen is uneven and distended?
- _____ Use over-the-counter pain medications?
- TOTAL _____

Metabolism

- Pulse speeds after eating?
 - Night sweats?
 - MSG sensitivity?
 - Mood swings associated with periods (PMS)?
 - Breast tenderness associated with cycle?
- TOTAL _____

Heart/Lungs

- Asthma, wheezing or difficulty breathing?
 - Shortness of breath?
 - Chest congestion?
 - Heart races, rapid heartbeat?
 - Fast pulse at rest?
 - Flush or blush easily?
 - Heart skips beats?
- TOTAL _____

Energy (Cellular mitochondria ability to generate ATP)

- Weakness?
 - Easily fatigued, sleepy during the day?
 - Fatigue is persistent and extreme?
 - Apathetic and lethargic?
 - Tired, even after a good nights rest?
- TOTAL _____

Kidney

_____ Urine has a strong odor?

_____ Pain in mid back region?

_____ Urine is frothy?

_____ Urinate infrequently?

TOTAL _____

Weight

_____ Crave bread or noodles?

_____ Crave certain foods (sweets)?

_____ Bloating, retain water?

_____ Excessive weight? TOTAL _____

Immune System

_____ Frequent infections (bladder, skin, ear, chest, sinus)?

_____ Frequent colds or flu?

_____ Auto-immune diseases (hyperactive immunity)?

_____ History of vaccinations (toxic mercury, aluminum squalene)?

_____ History of antibiotics?

_____ Food allergies?

_____ Feel worse in moldy or musty places?

TOTAL _____

GRAND TOTAL _____



Add the numbers from each section and write the total in the spaces provided, then add all the totals for each section together and put that total in the space below.

How to Interpret your score:

- 15 or less = Excellent
- 31-40 = Marginal need to start detox
- 16-30 = Good
- 51 or more = Very Poor, imperative to detox



Disclaimer: This questionnaire is not intended to be used to diagnose any disease or as a basis for prescribing for any disease. It is solely for clinician insight and patient self-knowledge.



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GET IN TOUCH

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