Biotoxin Symptom Questionnaire

Please check **each** symptom you are experiencing:

_____ Fatigue

_____ Weakness
_____ Decreased ability to retain new knowledge
_____ Muscle aches
_____ Headaches
_____ Light sensitivity

_____ Impaired memory
_____ Decreased ability to find words

_____ Joint pains
_____ Morning stiffness
_____ Muscle cramps

_____ Cough
_____ Excessive thirst
_____ Confusion

_____ Appetite swings
_____ Difficulty regulating body temperature
_____ Increased urinary frequency

_____ Abdominal pain
_____ Diarrhea
_____ Numbness

_____ Static shocks
_____ Vertigo (Dizziness)

_____ Tearing of eyes
_____ Disorientation
_____ Metallic taste

_____ Difficulty concentrating

_____ Unusual skin sensitivity
_____ Tingling

_____ Shortness of breath
_____ Sinus congestion

_____ Red eyes
_____ Blurry vision
_____ Night sweats
_____ Mood swings
_____ Ice-pick pains

_____ _____
Signature Date