



SYMPTOM QUESTIONNAIRE

Name: _____

Date: _____

If you have amalgam fillings please check how often you have encountered the symptoms below that could possibly signify mercury toxicity. Rate them accordingly to the following scale:

0 = Never

1 = Rarely

2 = Often

3 = Always

Central Nervous System

- ___ Irritability
- ___ Anxiety/nervousness
- ___ Restlessness
- ___ Exaggerated response to stimulation
- ___ Fearfulness
- ___ Emotional instability
- ___ Lack of self-control
- ___ Mood swings
- ___ Fits of anger
- ___ Violent behavior
- ___ Loss of self-confidence
- ___ Indecision
- ___ Shyness/timidity
- ___ Easily embarrassed
- ___ Memory loss
- ___ Insomnia
- ___ Depression/despondency
- ___ Manic depression
- ___ Withdrawal
- ___ Suicidal thoughts/tendencies
- ___ Numbness/tingling of: hands/feet/fingers/toes
- ___ Muscle weakness
- ___ Tremors/trembling in hands
- ___ Headaches
- ___ Confusion
- ___ Poor physical coordination
- ___ Slurred speech

Digestive Tract

- ___ Nausea or vomiting
- ___ Colitis
- ___ Bloating
- ___ Heartburn
- ___ Constipation
- ___ Blood in stool
- ___ Crohn's Disease
- ___ Diarrhea
- ___ Abdominal pain
- ___ Belching, passing gas
- ___ Poor appetite
- ___ Food sensitivities
- ___ Food cravings
- ___ Binge eating/drinking
- ___ Compulsive eating
- ___ Excessive weight gain
- ___ Weight loss

Head, Neck, Oral Cavity

- ___ Bleeding gums
- ___ Loosening of teeth
- ___ Excessive salivation
- ___ Foul breath
- ___ Metallic taste
- ___ Burning sensation lip/tongue
- ___ Canker sores
- ___ Gagging
- ___ Frequent clearing of throat