



The AIP Lifestyle Program Health Check

This questionnaire will help you find a baseline for your health toxicity. It is also a tool that can help you track your progress as you implement healthy lifestyle changes. You will first score these issues based on the past 3 months. You will rate these again in week 9 to check your progress based on only the past 3 weeks.

Scoring: 0- never an issue **1-** occurs occasionally, not severe **2-** occurs occasionally, severe **3-** occurs frequently, not severe **4-** occurs frequently, severe

Digestion:

- Abdominal pain/cramps
- Belching
- Bloating
- Blood in stools
- Constipation
- Diarrhea
- Heartburn/indigestion
- Nausea/vomiting
- Total**

Ears:

- Drainage
- Earache/infections
- Ears itch or are stuffy
- Ringing in ears
- Total**

Emotions/Mental health:

- Anxiety
- Confusion
- Depression
- Difficult to make decisions
- Irritability
- Learning disability
- Mood swings
- Poor concentration
- Slurred speech
- Total**

Energy:

- Fatigue
- Hyper
- Lethargy
- Restless
- Total**

Eyes:

- Bags under eyes
- Dark circles under eyes
- Itchy
- Watery
- Total**

Head:

- Dizziness
- Faintness
- Itchy scalp/dandruff
- Hair loss
- Headache
- Migraine
- Total**

Heart:

- Chest pain
- Feel heartbeat throughout body
- Hear heartbeat on pillow at night
- Irregular heartbeat
- Pounding/fast heartbeat
- Total**

Joints/Muscles:

- Aches/pain in joints
- Aches/pain in muscles
- Arthritis
- Stiffness, especially in the morning
- Limited range of motion
- Tired/weak muscles
- Total**

Lungs:

- Asthma
- Bronchitis
- Chest congestion
- Difficulty breathing
- Shortness of breath
- Total**

Mind:

- Comprehension problems
- Confusion
- Difficult to make decisions
- Lack of coordination
- Learning disabilities
- Poor concentration
- Poor memory
- Speech problems
- Total**

Mouth/Nose/Throat:

- Canker sores
- Chronic cough
- Excessive mucus production
- Frequent sneezing
- Hay fever/allergies
- Sinus issues
- Sore throat/hoarseness
- Strong gag reflex
- Stuffy/runny nose
- Total**

Skin:

- Acne
- Dry skin
- Excessive sweating/no sweating
- Hives/rashes
- Hot flashes/flushing
- Total**

Weight/Other:

- Binge eating/drinking
- Cravings
- Excessive weight/underweight
- Water retention
- Frequently ill
- Frequent/ urgent urination
- Total**

Grand Total _____

Your Score: Less than 10= Ideal 10-50= Low toxicity 51-100= Moderate toxicity Over 100= High toxicity

Name: _____ Date: _____