

b. Faintness	0	1	2	3	4
c. Dizziness	0	1	2	3	4
d. Pressure	0	1	2	3	4
Total: _____					

7. LUNGS

a. Chest congestion	0	1	2	3	4
b. Asthma, Bronchitis	0	1	2	3	4
c. Shortness of breath	0	1	2	3	4
d. Difficulty breathing	0	1	2	3	4
Total: _____					

8. MIND

a. Poor memory	0	1	2	3	4
b. Confusion	0	1	2	3	4
c. Poor concentration	0	1	2	3	4
d. Poor coordination	0	1	2	3	4
e. Difficulty making decisions	0	1	2	3	4
f. Stuttering, stammering	0	1	2	3	4
g. Slurred speech	0	1	2	3	4
h. Learning disabilities	0	1	2	3	4
Total: _____					

9. MOUTH / THROAT

a. Chronic coughing	0	1	2	3	4
b. Gagging, frequent need to clear throat	0	1	2	3	4
c. Swollen or discolored tongue, gums, lips	0	1	2	3	4
d. Canker sores	0	1	2	3	4
Total: _____					

10. NOSE

a. Stuffy Nose	0	1	2	3	4
b. Sinus problems	0	1	2	3	4
c. Hay fever	0	1	2	3	4
d. Sneezing attacks	0	1	2	3	4
e. Excessive mucous	0	1	2	3	4
Total: _____					

b. Hives, rashes, dry skin	0	1	2	3	4
c. Hair loss	0	1	2	3	4
d. Flushing	0	1	2	3	4
e. Excessive sweating	0	1	2	3	4
Total: _____					

12. HEART

a. Skipped heartbeats	0	1	2	3	4
b. Rapid heartbeats	0	1	2	3	4
c. Chest pain	0	1	2	3	4
Total: _____					

13. JOINTS / MUSCLES

a. Pain or aches in joints	0	1	2	3	4
b. Rheumatoid arthritis	0	1	2	3	4
c. Osteoarthritis	0	1	2	3	4
d. Stiffness, limited movement	0	1	2	3	4
e. Pain, aches in muscles	0	1	2	3	4
f. Recurrent back aches	0	1	2	3	4
g. Feeling of weakness or tiredness	0	1	2	3	4
Total: _____					

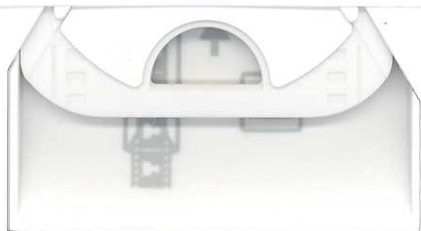
14. WEIGHT

a. Binge eating / drinking	0	1	2	3	4
b. Craving certain foods	0	1	2	3	4
c. Excessive weight	0	1	2	3	4
d. Compulsive eating	0	1	2	3	4
e. Water retention	0	1	2	3	4
f. Underweight	0	1	2	3	4
Total: _____					

15. OTHER

a. Frequent illness	0	1	2	3	4
b. Frequent or urgent urination	0	1	2	3	4
c. Leaky bladder	0	1	2	3	4
d. Genital itch, discharge	0	1	2	3	4
Total: _____					

Section I Total: _____



16. Circle the corresponding number for questions 16a - 16f below.

0 Never	1 Rarely	2 Monthly	3 Weekly	4 Daily
----------------	-----------------	------------------	-----------------	----------------

- | | | | | | |
|--|---|---|---|---|---|
| a. How often are strong chemicals used in your home?
(disinfectants, bleaches, oven and drain cleaners, furniture polish, floor wax, window cleaners, etc.) | 0 | 1 | 2 | 3 | 4 |
| b. How often are pesticides used in your home? | 0 | 1 | 2 | 3 | 4 |
| c. How often do you have your home treated for insects? | 0 | 1 | 2 | 3 | 4 |
| d. How often are you exposed to dust, overstuffed furniture,
tobacco smoke, mothballs, incense, or varnish in your home or office? | 0 | 1 | 2 | 3 | 4 |
| e. How often are you exposed to nail polish, perfume, hair spray, and other cosmetics? | 0 | 1 | 2 | 3 | 4 |
| f. How often are you exposed to diesel fumes, exhaust fumes, or gasoline fumes? | 0 | 1 | 2 | 3 | 4 |

Total: _____

17. Circle the corresponding number for questions 17a - 17b below.

0 No	1 Mild Change	2 Moderate Change	3 Drastic Change
-------------	----------------------	--------------------------	-------------------------

- | | | | | |
|---|---|---|---|---|
| a. Have you noticed any negative change in your health since you moved into your home or apartment? | 0 | 1 | 2 | 3 |
| b. Have you noticed any negative change in your health since you started your new job? | 0 | 1 | 2 | 3 |

Total: _____

18. Answer yes or no and circle the corresponding number for questions 18a - 18d below.

	No	Yes
a. Do you have a water purification system in your home?	2	0
b. Do you have any indoor pets?	0	2
c. Do you have an air purification system in your home?	2	0
d. Are you a dentist, painter, farm worker, or construction worker?	0	2

Total: _____

Section II Total: _____

GRAND TOTAL (Section I + Section II) _____

Add up the numbers to arrive at a total for each section, and then add the totals for each section to arrive at the grand total. If any individual section total is 6 or more, or the grand total is 40 or more, you may benefit from a Clinical Purification™ program.

Adapted with permission from the author of *Clinical Purification™: A Complete Treatment and Reference Manual*, Dr. Gina L. Nick. Health care professionals may obtain complete copies of this book at a professional discount from Standard Process Order Department at 1-800-558-8740. Patients may purchase the book through retail outlets.

