

## Mercury/Toxic Sensitivity Questionnaire

1. Sore gums (Gingivitis)? Yes  No
2. Cognitive symptoms such as confusion, forgetfulness? Yes  No
3. Severe depression? Yes  No
4. Ringing in ears (Tinnitus)? Yes  No
5. TMJ (Temporal Mandibular Joint) problems? Yes  No
6. Unusual Shakiness (tremors) of hands or arms,  
or twitching of other muscles? Yes  No
7. "Brown spots" or "Age Spots" Yes  No
8. Colds, flu, infectious diseases? Yes  No
9. Food allergies or intolerances? Yes  No
10. Have you been to many doctors for your health problems,  
only to hear that "There is nothing wrong"? Yes  No
11. Numbness, burning in mouth and gums? Yes  No
12. Numbness or unexplained tingling in arms and legs? Yes  No
13. Difficulty in walking (ataxia)? Yes  No
14. 4 or more "silver" fillings? Yes  No
15. A "metallic" taste in mouth? Yes  No
16. Worked as a painter or for manufacturing/chemical  
pesticide/fungicide factories (fungicides with methyl  
mercury or in pulp/paper mills that used mercury? Yes  No
17. Ever worked as a dentist, dental hygienist, or dental assistant? Yes  No
18. Candida-Related Complex (CRC) or yeast infections? Yes  No
19. Bad breath (halitosis) or white tongue (thrush)? Yes  No
20. Low basal body temperature (below 97.4 degrees F) Yes  No
21. Constipation? Yes  No
22. Heart irregularities or rapid pulse (tachycardia) Yes  No
23. Arthritis? Yes  No
24. Mucus in stools? Yes  No
25. Chest pains? Yes  No
26. Poor sleep or insomnia? Yes  No
27. Frequent kidney infections or kidney problems? Yes  No
28. Extreme Fatigue? Yes  No
29. Irritability or dramatic changes in behavior? Yes  No
30. Using antidepressants? Yes  No

### **Test**

### **score**

### **meaning:**

If a person answers "yes" to 5 or more of the questions, a toxic metal screening is recommended using provoked urine challenge and/or hair analysis.