

LIVER FUNCTION SCORECARD

Mark which symptoms apply to you

- | | | |
|--|---|---|
| <input type="checkbox"/> Acne | <input type="checkbox"/> Faintness | <input type="checkbox"/> Pain or aches in joints |
| <input type="checkbox"/> Anger, irritability , or aggressiveness | <input type="checkbox"/> Fatigue, Sluggishness | <input type="checkbox"/> Pain or aches in muscles |
| <input type="checkbox"/> Anxiety , fear or nervousness | <input type="checkbox"/> Feeling of weakness or tiredness | <input type="checkbox"/> Poor concentration |
| <input type="checkbox"/> Apathy, lethargy | <input type="checkbox"/> Food Sensitivities | <input type="checkbox"/> Poor Memory |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Flushing or hot flashes | <input type="checkbox"/> Poor Physical coordination |
| <input type="checkbox"/> Asthma, Bronchitis | <input type="checkbox"/> Frequent illness | |
| | <input type="checkbox"/> Frequent or urgent urination | <input type="checkbox"/> Rapid or pounding heartbeat |
| <input type="checkbox"/> Bags or dark circles under eyes | | <input type="checkbox"/> Restlessness |
| <input type="checkbox"/> Bad breath | <input type="checkbox"/> Gagging, frequent need to clear throat | <input type="checkbox"/> Ringing in ears, hearing loss |
| <input type="checkbox"/> Belching or passing gas | <input type="checkbox"/> Genital itch or discharge | |
| <input type="checkbox"/> Binge eating or drinking | | <input type="checkbox"/> Sensitivity to medications and supplements |
| <input type="checkbox"/> Bloating | <input type="checkbox"/> Hair loss | <input type="checkbox"/> Shortness of breath |
| <input type="checkbox"/> Blurred or tunnel vision | <input type="checkbox"/> Hay fever | <input type="checkbox"/> Sinus problems |
| <input type="checkbox"/> Brain Fog | <input type="checkbox"/> Headaches | <input type="checkbox"/> Slurred speech |
| | <input type="checkbox"/> Heartburn | <input type="checkbox"/> Sneezing attacks |
| <input type="checkbox"/> Canker sores | <input type="checkbox"/> Hives, rashes, or dry skin | <input type="checkbox"/> Sore throat, hoarseness, loss of voice |
| <input type="checkbox"/> Chest Congestion | <input type="checkbox"/> Hormonal imbalances | <input type="checkbox"/> Stiffness or limitation of movement |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Stuffy nose |
| <input type="checkbox"/> Chronic coughing | | <input type="checkbox"/> Stuttering or stammering |
| <input type="checkbox"/> Compulsive eating | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Swollen, reddened, or sticky eyelids |
| <input type="checkbox"/> Confusion, Poor Comprehension | <input type="checkbox"/> Intestinal or stomach pain | <input type="checkbox"/> Swollen or discolored tongue, gum, lips |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Irregular or skipped heartbeat | |
| <input type="checkbox"/> Craving certain foods | <input type="checkbox"/> Itchy ears | <input type="checkbox"/> Underweight |
| | | <input type="checkbox"/> Unexplained weakness |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Learning disabilities | |
| <input type="checkbox"/> Diarrhea | | <input type="checkbox"/> Water retention |
| <input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> Mood Swings | <input type="checkbox"/> Watery or itchy eyes |
| <input type="checkbox"/> Difficulty in making decisions | <input type="checkbox"/> Multiple chemical sensitivity | |
| <input type="checkbox"/> Digestive Problems | | |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Nausea or vomiting | |
| <input type="checkbox"/> Drainage from ear | <input type="checkbox"/> Near - or farsightedness | |
| | | |
| <input type="checkbox"/> Earaches , ear infections | <input type="checkbox"/> One or more autoimmune conditions | |
| <input type="checkbox"/> Eczema | | |
| <input type="checkbox"/> Emotional Dysregulation | | |
| <input type="checkbox"/> Excessive mucus formation | | |
| <input type="checkbox"/> Excessive sweating | | |
| <input type="checkbox"/> Excessive weight | | |

Total Number of Symptoms:-

- <3: Optimal
3-12: Mild Toxicity
13-24: Moderate Toxicity
>25: Severe Toxicity