

Carol Shwery DC, CCN

Questionnaire #5 Xenobiotic Tolerability Test (XTT)

Name: _____ Date of Birth: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

1. Are you presently using prescription drugs?
Yes (1 pt)
If yes, how many are you currently taking? _____ (1 pt each)
No
2. Are you presently taking one or more of the following over-the-counter drugs?
Cimetidine (2 pts)
Acetaminophen (2 pts)
Estradiol (2 pts)
3. If you have used or currently use prescription drugs, which of the following scenarios best represents your response to them:
Experience side effects, drug(s) is (are) efficacious at lowered dose(s) (3 pts)
Experience side effects, drug(s) is (are) efficacious at usual dose(s) (2 pts)
Experience no side effects, drug(s) is (are) usually not efficacious at lowered dose(s) (2 pts)
Experience no side effects, drug(s) is (are) usually efficacious (0 pt)
4. Do you currently use or within the last 6 months had you regularly used tobacco products? Yes (2 pts) No (0 pt)
5. Do you have strong negative reactions to caffeine or caffeine containing products?
Yes (1 pt) No (0 pt) Don't know (0 pt)
6. Do you commonly experience "brain fog", fatigue or drowsiness?
Yes (1 pt) No (0 pt)
7. Do you develop symptoms on exposure to fragrances, exhaust fumes or strong odors?
Yes (1 pt) No (0 pt) Don't know (0 pt)
8. Do you feel ill after you consume even small amounts of alcohol?
Yes (1 pt) No (0 pt) Don't know (0 pt)
9. Do you have a personal history of
Environmental and/or chemical sensitivities (5 pts)
Chronic fatigue syndrome (5 pts)
Multiple chemical sensitivity (5 pts)
Fibromyalgia (3 pts)

Parkinson's type symptoms (3 pts)
Alcohol or chemical dependence (2 pts)
Asthma (1 pt)

10. Do you have a history of significant exposure to harmful chemicals such as herbicides, insecticides, pesticides, or organic solvents?

Yes (1 pt) No (0 pt)

11. Do you have an adverse or allergic reaction when you consume sulfite containing foods such as wine, dried fruit, salad bar vegetables, etc?

Yes (1 pt) No (0 pt) Don't know (0 pt)

GRAND TOTAL _____

Alkalizing Assessment

1. Do you have a history or currently have kidney dysfunction?

Yes No

2. Have you ever been diagnosed with a condition known as hyperkalemia?

Yes No

3. Are you currently on diuretics or blood pressure medication?

Yes No

Note: Prescribe non-alkalizing nutrients if patient answered yes to any part of this section.