# WELLNESS SELF-ASSESSMENT

### Signs and Symptoms Review

Tick the items that feel most relevant to you. This self-assessment is designed as an educational wellness tool to help you reflect on common symptoms and patterns that may be worth exploring further as part of a broader health review.

Many symptoms can have more than one cause. This questionnaire is not intended to diagnose any condition or replace professional medical advice.

## Self-Assessment Score Guide

**0-5 = Lower score**
You may wish to continue focusing on balanced nutrition, healthy daily habits, and general wellness support.

**6-10 = Mild score**
You may wish to explore simple daily wellness support options.

**11-20 = Moderate score**
You may wish to consider a more structured wellness routine and review the support options available.

**21-30 = Higher score**
You may wish to consider a hair mineral analysis and explore longer-term wellness support options.

**31-49 = Elevated score**
You may wish to consider a hair mineral analysis and review the more comprehensive support options available.

## How to complete the questionnaire

Place a mark in either the Yes or No box for each item, then total the number of Yes responses at the end.

| No. | Question | Yes | No |
|---|---|---|---|
| 1 | Do you often feel tired even after rest or sleep? | [ ] | [ ] |
| 2 | Do you frequently notice brain fog or trouble concentrating? | [ ] | [ ] |
| 3 | Do you often experience digestive discomfort such as bloating, gas, constipation, or loose stools? | [ ] | [ ] |
| 4 | Have you noticed changes in your skin such as dryness, irritation, rashes, or breakouts? | [ ] | [ ] |
| 5 | Do headaches or migraines regularly interfere with your day? | [ ] | [ ] |
| 6 | Have you experienced unexplained muscle or joint discomfort, stiffness, or weakness? | [ ] | [ ] |
| 7 | Do you often feel anxious, low, irritable, or emotionally flat without a clear reason? | [ ] | [ ] |
| 8 | Have you noticed changes in vision such as blur, light sensitivity, or difficulty focusing? | [ ] | [ ] |
| 9 | Do you have trouble falling asleep, staying asleep, or waking refreshed? | [ ] | [ ] |
| 10 | Have you experienced weight changes or difficulty managing weight despite healthy habits? | [ ] | [ ] |
| 11 | Do you often notice tingling or numbness in your hands or feet? | [ ] | [ ] |

| No. | Question | Yes | No |
|---|---|---|---|
| 12 | Have you noticed more mood swings or increased irritability? | [ ] | [ ] |
| 13 | Do you frequently experience coughing, wheezing, or shortness of breath? | [ ] | [ ] |
| 14 | Have you noticed unusual tastes or smells, such as metallic or bitter sensations? | [ ] | [ ] |
| 15 | Do you often feel dizzy or lightheaded, especially when standing quickly? | [ ] | [ ] |
| 16 | Have you noticed increased hair shedding or changes in hair texture? | [ ] | [ ] |
| 17 | Have you noticed changes in your nails, such as ridges, brittleness, or discoloration? | [ ] | [ ] |
| 18 | Do you often feel puffy, achy, or inflamed without a clear reason? | [ ] | [ ] |
| 19 | Have you noticed slower thinking, difficulty processing information, or reduced mental sharpness? | [ ] | [ ] |
| 20 | Do you experience unexplained tremors, shakiness, or internal vibration sensations? | [ ] | [ ] |
| 21 | If applicable, have you noticed changes in menstrual pattern or discomfort? | [ ] | [ ] |
| 22 | Do you feel weak or unusually fatigued after small amounts of activity? | [ ] | [ ] |
| 23 | Have you noticed slow healing, unusual skin marks, or changes in skin colour? | [ ] | [ ] |
| 24 | Do you often feel persistently sad, hopeless, or less interested in activities you usually enjoy? | [ ] | [ ] |
| 25 | Have you noticed changes in teeth or gums, such as more sensitivity or dental problems? | [ ] | [ ] |
| 26 | Do you frequently notice unexplained swelling or fluid retention? | [ ] | [ ] |
| 27 | Have you noticed changes in libido or sexual wellbeing? | [ ] | [ ] |
| 28 | Do you often feel uncomfortable after meals, such as bloating, gas, or indigestion? | [ ] | [ ] |
| 29 | Have you noticed more clumsiness or difficulty with fine movements? | [ ] | [ ] |
| 30 | Do you often feel forgetful or have trouble recalling recent information? | [ ] | [ ] |
| 31 | Have you noticed unusual odours or taste changes without a clear cause? | [ ] | [ ] |
| 32 | Do you often experience recurring headaches? | [ ] | [ ] |
| 33 | Have you noticed thinning hair, brittleness, or texture changes? | [ ] | [ ] |
| 34 | Do you frequently feel faint or lightheaded when changing position? | [ ] | [ ] |
| 35 | Have your sleep patterns changed noticeably? | [ ] | [ ] |
| 36 | Do you often notice stiffness, joint discomfort, or general inflammatory-type symptoms? | [ ] | [ ] |
| 37 | Have you noticed emotional or behavioural changes that feel unlike your usual self? | [ ] | [ ] |
| 38 | Have you noticed changes in urinary frequency or urgency? | [ ] | [ ] |
| 39 | Do you seem to pick up infections often or take longer to recover than expected? | [ ] | [ ] |
| 40 | Have friends or family commented on changes in your mood or behaviour? | [ ] | [ ] |
| 41 | Do you often feel overwhelmed by everyday stress? | [ ] | [ ] |
| 42 | Have you noticed increased cravings or a reduced appetite? | [ ] | [ ] |

| No. | Question | Yes | No |
|---|---|---|---|
| 43 | Do you seem more sensitive than usual to foods, smells, chemicals, or environmental triggers? | [ ] | [ ] |
| 44 | Do your energy levels fluctuate a lot through the day? | [ ] | [ ] |
| 45 | Do you experience feelings of anxiety or panic without a clear trigger? | [ ] | [ ] |
| 46 | Have you noticed changes in balance or steadiness? | [ ] | [ ] |
| 47 | Do you experience muscle twitching or spasms without a clear reason? | [ ] | [ ] |
| 48 | Have you noticed ringing in the ears or changes in hearing? | [ ] | [ ] |
| 49 | Do you often feel unmotivated, apathetic, or low in drive? | [ ] | [ ] |

## Your response summary

**Total Yes answers:** ____________________

**Lower score:** 0-5 **Mild:** 6-10 **Moderate:** 11-20

**Higher:** 21-30 **Elevated:** 31-49

If you would like to learn more, you may wish to explore a hair mineral analysis and review the available wellness support options.

## Important note

This self-assessment is for educational and wellness purposes only. It is not a medical test and is not intended to diagnose, treat, cure, or prevent any disease.

For more information, visit detoxmetals.com