



Mercury/Toxic Sensitivity Questionnaire

1. Sore gums (Gingivitis)?	Yes	No
2. Mental 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 in 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, 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
31. Do you have trigeminal neuralgia or other neuralgias?	Yes	No

Test score meaning:

Those who answer yes to 3 or more of these questions may have hidden toxic metal poisoning. A toxic metal screening is recommended using provoked urine challenge and/or hair analysis and/or the porphyrin test by Metamatrix.