

# Christian CIRS Network

## Biotoxin Symptom Questionnaire

Name: \_\_\_\_\_

Please check **each** symptom you are experiencing:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Fatigue                                   | <input type="checkbox"/> Decreased ability to find words | <input type="checkbox"/> Cough                                  |
| <input type="checkbox"/> Static shocks                             | <input type="checkbox"/> Abdominal pain                  | <input type="checkbox"/> Excessive thirst                       |
| <input type="checkbox"/> Vertigo (Dizziness)                       | <input type="checkbox"/> Diarrhea                        | <input type="checkbox"/> Confusion                              |
| <input type="checkbox"/> Weakness                                  | <input type="checkbox"/> Numbness                        | <input type="checkbox"/> Appetite swings                        |
| <input type="checkbox"/> Decreased ability to retain new knowledge | <input type="checkbox"/> Joint pains                     | <input type="checkbox"/> Difficulty regulating body temperature |
| <input type="checkbox"/> Muscle aches                              | <input type="checkbox"/> Morning stiffness               | <input type="checkbox"/> Increased urinary frequency            |
| <input type="checkbox"/> Headaches                                 | <input type="checkbox"/> Muscle cramps                   | <input type="checkbox"/> Red eyes                               |
| <input type="checkbox"/> Light sensitivity                         | <input type="checkbox"/> Unusual skin sensitivity        | <input type="checkbox"/> Blurry vision                          |
| <input type="checkbox"/> Tearing of eyes                           | <input type="checkbox"/> Tingling                        | <input type="checkbox"/> Night sweats                           |
| <input type="checkbox"/> Disorientation                            | <input type="checkbox"/> Shortness of breath             | <input type="checkbox"/> Mood swings                            |
| <input type="checkbox"/> Metallic taste                            | <input type="checkbox"/> Sinus congestion                | <input type="checkbox"/> Ice-pick pains                         |
| <input type="checkbox"/> Impaired memory                           |  |   |
| <input type="checkbox"/> Difficulty concentrating                  |  |   |