

2. XENOBIOTIC TOLERABILITY TEST (XTT)

1. Are you presently using prescription drugs?

Yes (1 pt)

If yes, how many are you currently taking? (1 pt each)

No (0 pts)

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 represent 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. (2 pts)

Experience **no** side effects, drug(s) is (are) usually efficacious. (0 pts)

4. Do you currently use or within the last 6 months have you regularly used tobacco products?

Yes (2 pts) No (0 pts)

5. Do you have strong negative reactions to caffeine or caffeine-containing products?

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

6. Do you commonly experience "brain fog," fatigue, or drowsiness?

Yes (1 pt) No (0 pts)

7. Do you develop symptoms on exposure to fragrances, exhaust fumes, or strong odors?

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

8. Do you feel ill after you consume even small amounts of alcohol?

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

9. Do you have a personal history of

Environmental and/or chemical sensitivities (5 pts)

Chronic fatigue syndrome (5 pts)

Multiple chemical sensitivities (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 pts)

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

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

GRAND TOTAL: _____

3. 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.

For practitioner use only:

OVERALL SCORE TABULATION

MSQ SCORE _____ (High > 50; moderate 15 - 49; low < 14)

XTT SCORE _____ (High > 10; moderate 5 - 9; low < 4)

Urinary pH _____