



# Metabolic Detoxification Questionnaire

## Part 2: Xenobiotic Tolerability Test (XTT)

1. Are you presently using prescription drugs?

Yes (1 pt.)     No (0 pt.)

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

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 (2 pts.)  
 Experience no side effects; drug(s) is (are) usually efficacious (0 pt.)

4. Do you currently within the last 6 months have 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.)

10. 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.)

11. 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.)

12. 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.)

Total \_\_\_\_\_

## Part 3: Alkalizing Assessment

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

Yes (1 pt.)     No (0 pt.)

2. Have you ever been diagnosed with hyperkalemia?

Yes (1 pt.)     No (0 pt.)

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

Yes (1 pt.)     No (0 pt.)

Total \_\_\_\_\_

## Overall Score Tabulation

For Practitioner Use Only:

Part 1: Symptoms Grand Total \_\_\_\_\_ (High >50; moderate 15-49; low <14)

Part 2: XTT Total \_\_\_\_\_ (High >10; moderate 5-9; low <4)

Part 3: Alkalizing Assessment Total \_\_\_\_\_ (High ≥1)

Urinary pH \_\_\_\_\_

Notes:

- Patients with high Symptoms but low XTT may be exhibiting pathology that is not related to toxic load. Other mechanisms should be considered, such as inflammation/immune/allergic gastrointestinal dysfunction, oxidative stress, hormonal/neurotransmitter dysfunction, nutritional depletion, and/or mind body. Individualize support with specific medical foods, diet, and/or nutraceuticals.
- Recommend non-alkalizing nutrients if patient answers "yes" to any questions in the Alkalizing Assessment.