

Biotoxin Illness Symptom Clusters

Name _____ Date _____

Please check any of the following symptoms based upon your typical health profile:

Cluster 1

Fatigue_____

Cluster 2

Weak_____

Decreased Assimilation of New Knowledge_____

Aches_____

Headache_____

Light Sensitivity_____

Cluster 3

Memory Impairment_____

Decreased Word Finding_____

Cluster 4

Difficulty Concentrating_____

Cluster 5

Joint Pain_____

Morning Joint Stiffness_____

Muscle Cramps_____

Cluster 6

Unusual Skin Sensitivity_____

Tingling_____

Cluster 7

Shortness of Breath_____

Sinus Congestion_____

Cluster 8

Cough_____

Excessive Thirst_____

Confusion_____

Cluster 9

Appetite Swings_____

Difficulty Regulating Body Temperature_____

Increased Urinary Frequency_____

Cluster 10

Red Eyes_____

Blurred Vision_____

Sweats (night) _____

Mood Swings_____

Ice-pick Pain_____

Cluster 11

Abdominal Pain_____

Diarrhea_____

Numbness_____

Cluster 12

Tearing of eyes_____

Disorientation_____

Metallic Taste_____

Cluster 13

Static Shocks_____

Vertigo_____