

DO YOU CONTINUOUSLY STRUGGLE WITH THESE?	YES (and MAYBE)	NO
Fatigue and low energy		
Sugar and carb cravings		
Sleep disturbances: Inability to feel rested after sleeping		
Constipation, diarrhea and other digestive issues		
Moody		
Productivity		
Foggy thinking		
Memory		
Hunger		
Motivation		
Skin problems (rashes, acne, etc.)		
Gas, bloating, gut issues		
Joint pain		
Headaches		
Difficulty losing weight		
Do you consume sugar or white flour on a regular basis?		
Food and scent intolerances		
Frequent colds and viruses		
Are you a smoker or exposed to 2nd hand smoke?		
Do you drink alcohol?		
Do you drink caffeine?		
My Bowels Consistently Move:		
a. 1x a day 4 or less days per week		
b. 1x a day 5 or more days per week		
c.. 1-2x daily		
I Consistently Get My Sweat On Via Sauna or Exercise:		
a. 0-1x per week		
b. 2-3x per week		
c.. 4 plusx per week		
My Daily Water Intake Is:		
a. 0-2 glasses per day		
a. 04-7 glasses per day		
a.8 plus glasses of water per day		
My Daily Fiber Intake Is:		
a. Less than 10g per day, haven't a clue or eat a diet of high processed and refined foods.		
b. 10 - 25 g per day		
c. More than 26g per day		

Gas & Bloating		
a. Occur daily		
b. Occur 3x per week		
c. Are Infrequent to never		
I Eat Dark Leafy Greens		
a. 0-1 serving per day		
b. 2 servings per day		
c. 3 - 5 servings a day		
I Move		
a. I don't		
b. 1- 2x per week		
c. 3 or more times per week		
I Eat Colorful Vegetables		
a. 0-1 serving per day		
b. 2 servings per day		
c. 3 - 5 servings a day		
I Eat Sulfur-Rich Vegetables broccoli, cabbage, brussel sprouts, cauliflower, raw		
a. 0-1 serving per day		
b. 2 servings per day		
c. 3 - 5 servings a day		
I Supplement		
a. Never		
b. Daily once-a-day from grocery or pharmacy		
c. Daily use of professional brands		
Probiotic Rich Foods or a Supplement		
a. None		
b. Daily yogurt or infrequent practice of probiotic supplement		
c. Daily consumption of fermented foods and or probiotic supplement		
a = 1 point b = 2 points c = 3 points	Total Score of Daily Detoxing	
Alcohol Intake		
a. 0 -1 drink per week		
b. 2 - 4 drinks per week		
c. 5+ drinks per week		
Caffeine Intake		
a. None		
b. 1 - 2 daily		
c. 3+ daily		

Chemical Exposure		
a. I live and work in a non- toxic environment and don't dry-clean		
b.I use organic cleaning supplies and only spend time where I know non-toxic sprays are used		
c.Home & workplace both us non-organic cleaning supplies		
Food: I eat...		
a. 90% organic		
b. 50% organic		
c. None or not much organic food		
Artificial Sweetners, Food Dyes, Sugars and processed foods (not 100% from the earth)		
a.None		
b.Some		
c. I eat these 5+ times per week		
Cooking & Storing		
a. Only use non-toxic glass, silicone or stainless containers, cookware and tools		
b. I cook with non-stick (Teflon) or drink room plastic bottles znd eat from plastic containers and cutlery a few times a week		
b. I cook with non-stick (Teflon) or drink room plastic bottles and eat from plastic containers and cutlery DAILY		
Smoking		
a. I don't smoke nor am I exposed to 2nd hand smoke		
b. I'm sometimes around 2nd hand smoke and/or smoke sometimes		
c. I smoke and live with or work around another smoker		
Silver Fillings		
a.None		
b. I have 1 - 2 or have had them removed by the dentist		
c. Have 4 or more		
I Get Flu Shots & Vaccines		
a.Dpon't get flu shots and been over 10 years since a vaccine		
b.I've had some of both in the last 10 years		
c.I've been fully vaccinted and get flu shots yearly.		
Emotions		

a. I can express my emotions easily and have no problem handling my feelings & emotiond as they come up		
b. Sometimes I have a hard time managing my emotions		
c. I don't ever share my feelings and emotions		
a = 1 point b = 2 points c = 3 points	Total Toxicity Score	