

Toxicity Questionnaire

Check each of the following based upon your health profile for the past 30 days:

1. ____ I have hard, difficult to pass movements once a day or less
2. ____ I have fatigue, muscle aches, headaches, or memory problems
3. ____ I have Fibromyalgia or Chronic Fatigue Syndrome
4. ____ I regularly drink city tap water
5. ____ I use lawn garden chemicals or treat my residence for bugs with insecticides or have exposure to toxic fumes or particles in the workplace
6. ____ I eat swordfish, tuna, shark, tilefish more than once a week
7. ____ I am bothered by one or more of the following: gasoline fumes, perfumes, new car smells, dry cleaning, hair spray, soaps, detergents, tobacco smoke
8. ____ I regularly consume one of the following: acetaminophen (Tylenol), ibuprofen or naproxen
9. ____ I frequently eat fried, grilled, or barbequed foods
10. ____ I regularly consume coffee, black tea, soft drinks or alcohol
11. ____ I regularly consume sugar, white flour or other processed foods
12. ____ Exercise of some form is not a part of my weekly routine
13. ____ I spend significant time in heavy commuter traffic on a regular basis
14. ____ I frequently experience one of the following: headache, sore throat, muscle aches, colds or flu, rash, swelling, indigestion such as heartburn or bloating
15. ____ I have been on prescription medications for some time
16. ____ I am a big meat eater with few vegetables in my diet
17. ____ My stool frequently has a foul odor or I often have bad breath or body odor
18. ____ I eat often in fast food restaurants
19. ____ I have high blood cholesterol and/or low HDL
20. ____ I have one of the following: itchy ears, dark circles under my eyes, chest congestion, gagging, skin tags or rashes, sneezing attacks, excessive mucous, acne, or frequent need to clear throat