



TOXICITY QUESTIONNAIRE

- Y / N I eat mostly organic foods
- Y / N I eat sugar and/or processed foods
- Y / N I have taken antibiotics in the last year
- Y / N I've use(d) hormonal birth control
- Y / N I take medications or supplements
- Y / N I experience stress in my life
- Y / N I use big brand personal care products
- Y / N I wear perfume
- Y / N The cleaning products I use are non-toxic
- Y / N I have been/am exposed to smoke or I smoke personally
- Y / N I have been exposed to mold
- Y / N I swallow my emotions
- Y / N I tend to put everyone and everything else before my needs
- Y / N I feel deeply and care deeply about people and the world
- Y / N The news stresses me out

Check off any symptoms you are experiencing:

- sugar cravings
- digestive issues
- skin rashes
- weak immune system
- imbalances in the hormones
- poor sleep
- exhaustion
- brain fog
- joint pain
- edema/swelling/water retention
- white coating on the tongue
- cold sores
- autoimmune flares
- infertility
- painful periods or PMS
- weight gain or inability to gain weight
- dry, brittle, cracked nails
- hair thinning or hair loss
- irritability
- frequent illness
- sensitivity to temperature
- fatigue
- decreased sex drive
- insomnia or difficulty sleep

These statements have not been evaluated by the Food and Drug Administration.
This is not intended to diagnose, treat, cure, or prevent any disease.