



## Assessment of Toxic Load

*Directions: Please answer yes or no to the following questions.*

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|---|--|
| 1) I often have bad breath that seems to come from my stomach, not teeth.   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) I often get bloated or have indigestion after meals and at other times.  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3) I have dark circles under my eyes probably not related to lack of sleep.   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4) I get a headache when I smell certain scents whether pleasant or noxious.  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5) I frequently have congestion, postnasal drip, or sinus infections.   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6) I catch colds and get sick every winter and sometimes in other seasons.  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7) I feel tired and sluggish more often than I once did.  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8) I have trouble getting rid of those last 10 pounds.  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9) I can have difficulty concentrating and staying focused at times.  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10) My skin is dull and breaks out a lot (even though I'm not a teenager).  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11) Most of the animal foods (meat, dairy, eggs) that I eat are not organic.  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12) Most of the vegetables and fruits that I eat are organic.   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13) Most of the ground foods (coffee, tea, chocolate, nut butters, spices) that I eat are organic.  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14) Most of my personal products (shampoo, soap, make-up) do not contain parabens, BPA, sodium lauryl sulfate, and other chemicals.           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15) I drink half my weight in ounces of pure water every day.   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16) I do not drink coffee, cola, or other caffeinated beverages.  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 17) I do not smoke tobacco and I have never smoked.   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 18) I rarely eat grilled foods including in the summertime.   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19) I easily have a well-formed bowel movement <i>at least</i> once daily.  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20) My cleaning products and laundry detergents are from brands such as Seventh Generation, Ecover, & Bon Ami or I use vinegar & baking soda. | <input type="checkbox"/> Yes <input type="checkbox"/> No |