

## DETOXIFICATION QUESTIONNAIRE

Never=0 Moderate/Occasionally=1 Severe/Often=2

	Do you have trouble sleeping or feel unrefreshed upon waking?
	Do you feel tired, lethargic or sluggish throughout the day?
	Do you have difficulty concentrating?
	Do you feel angry or have frequent mood swings?
	Do you feel anxious or stressed out?
	Do you get two or more colds per year?
	Do you smoke?
	Do you get congestion in your nose or sinuses, upon waking or during the day?
	Do you have bad breath, a coated tongue or a bitter or metallic taste in your mouth?
	Do you have strong body odor?
	Do you have strong smelling bowel movements?
	Do you have less than one bowel movement per day?
	Do you have symptoms of PMS?
	Are you sensitive to odors, foods or chemicals?
	Do you have various environmental allergies such as dust and mold?
	Do you have acne, eczema, dry skin or skin rashes?
	Do you have dark circles under your eyes?
	Are your nails weak, soft or brittle?
	Do you have sore muscles or joints for no apparent reason?
	Do you have food cravings – especially carbohydrate rich foods?
	Do you have digestive disturbances such as bloating, gas or indigestion after eating?
	Do you have pain or discomfort under your right ribcage, occasionally or after eating?
	Do you have elevated blood cholesterol levels?
	Do you gain weight easily?
	<b>TOTAL</b>

**0–15:** You may benefit from a detox

**16 and more:** Detoxification would be recommended

**Call today for your personalized detoxification program**

**Aviva Allen, R.H.N.**  
Nutritionist

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