

Toxicity Profile

The **goal** of this assessment is to identify those areas of your life and diet that need attention so that you are not building a toxic load, and you can improve the health of your body & mind by reducing your toxic burden.

NOTE: This will give you a base understanding of how well your physical body (the vessel we're given to carry out our love and work in the world) is equipped to handle the life we desire to create. We need an optimally functioning body to have the energy, clarity, and freedom from health distractions to be/do the fullest expression of who we are and experience what we desire in life.

* Please check (✓) the appropriate response for each question. **Once complete, see the guidelines at the bottom for which level of the program to begin with.**

Questions:	YES	NO
<i>Do you eat fast food meals at least 3 times a week?</i>		
<i>Are you overweight?</i>		
<i>Do you tend to overeat?</i>		
<i>Do you consume "sugar free" food sweetened with aspartame or use Equal?</i>		
<i>Do you regularly or knowingly consume foods that contain MSG (may be in soy protein isolate, soy sauce, or hydrolyzed vegetable protein)?</i>		
<i>Do you eat foods, especially packaged foods, that contain artificial colors or flavorings?</i>		
<i>Do you eat "refined carbs" (white flours, including gluten-free, and sugar) at any time during the day?</i>		
<i>Do you eat non-organic produce?</i>		
<i>Do you eat less than 7-9 servings of fresh fruit and vegetables per day (1/2 cup servings)?</i>		
<i>Do you drink sodas every day or several times a week?</i>		
<i>Do you drink NON-organic coffee (if you're a coffee drinker)?</i>		
<i>Do you drink more than 3 cups of coffee per WEEK?</i>		
<i>Do you drink at less than 8 glasses (or 2 quarts) of water a day?</i>		
<i>Do you cook or reheat foods in plastic containers?</i>		
<i>Do you microwave your foods?</i>		
<i>Are you presently using prescription drugs?</i>		

Adventure Wellness

* Energy for the Long Run!

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Questions:	YES	NO
<i>Have you ever experienced an allergic reaction to or have had side effects from any medication?</i>		
<i>Do you have negative reactions to caffeine or caffeine-containing products?</i>		
<i>Do you currently smoke or use tobacco products?</i>		
<i>Have you smoked within the last 10 years?</i>		
<i>Have you ever used recreational drugs?</i>		
<i>Do you experience brain fog or drowsiness?</i>		
<i>Do you develop symptoms of exposure to fragrances, exhaust fumes, or strong odors?</i>		
<i>Do you feel ill after consuming even small amounts of alcohol?</i>		
<i>Have you every been exposed to harmful chemicals (petrochemicals, organic solvents, etc.)? This could be one great exposure or several smaller ones.</i>		
<i>Have you ever been exposed to mold in your house or work environment?</i>		
<i>Have you ever had chemical dependence?</i>		
<i>Have you ever had asthma, chronic fatigue or fibromyalgia?</i>		
<i>Do you have allergies to environmental substances and/or foods?</i>		
<i>Do you work in an environment in which you are directly or indirectly exposed to toxins (heavy metals, industrial chemicals, etc)?</i>		
<i>Do you have or have you ever had mercury amalgam dental fillings?</i>		
<i>Do you use personal care products (lotions, soap, shampoo, makeup, etc) with ingredients you cannot read, including parabens, EDTA, Ureas, glycols, etc?</i>		
<i>Do you use household cleaning products (laundry detergents, dryer sheets, dish soap, cleaning supplies) with ingredients you cannot read?</i>		
TOTAL YES:		

TOTAL "YES": 0-5: You're just a few steps away from more ENERGY BEAUTY & BALANCE!

6-10: You really, REALLY need this. Take a stand for yourself, & even making a few changes from the guide will create a radical shift in your health, energy, & peace.

10 or more: Don't wait another moment to start. Your health, your happiness, your LIFE depends on it. There's a life that's waiting for you with YOUR name on it!