

Pain & Toxicity Assessment

Mark the symptoms you experience:

Yes No

- Do you feel tired or fatigued?
- Do you experience early morning stiffness?
- Do you feel stiff after periods of rest?
- Do you feel dizzy, foggy-headed or have trouble concentrating?
- Do you experience cracking joints?
- Do you experience frequent back pain or headaches?
- Do you eat fast, fatty, processed or fried foods?
- Do you experience generalized aches and pains in the body?
- Do you experience frequent sinus problems?
- Do you use coffee, cigarettes, candy or soda to get “up”?
- Are you sleepy in the afternoon?
- Do you experience intestinal gas and bloating after meals?
- Do you bruise easily?
- Do you recover slowly from moderate exercise?
- Do you feel you don’t exercise enough or feel sluggish and need to lose weight?
- Do you have food allergies, or are often exposed to chemicals, sedatives or stimulants?
- Do you take pain relievers to get rid of aches and pains?
- Do you have a family history of arthritis or auto-immune disorders?
- Do your bowels move less than twice per day?
- Do you “air out” your office and bedroom a few minutes every day?
- Do you have a shower filter?
- Do you mostly eat organic fresh foods?
- I have not installed a new filter in my heating/air conditioning unit in the past 6 months
- I have not done a cleansing program recently.

_____ **Total number of symptoms you experience**

If your Yes score totals 4 or greater, your current symptoms might be due to toxic overload and may suggest you need a 3-Step detoxification program to purify your system of toxins and experience **PAIN FREE** living.