

TOXIC ZONE QUESTIONNAIRE

Zone A

- Y or N Are you constipated (less than one elimination per meal eaten)?
- Y or N Do you have bad breath?
- Y or N Does your sweat have a strong odor?
- Y or N Are you always tired?
- Y or N Are you exhausted after eating?
- Y or N Do you have colitis?
- Y or N Do you have diverticulitis?
- Y or N Do you have hemorrhoids?
- Y or N Do you have leaky gut syndrome?
- Y or N Do you have Candida?
- Y or N Do your stools have a strong, foul odor?
- Y or N Are you always bloated?
- Y or N Do you drink tap water?
- Y or N Do you shower or bathe in unfiltered water?
- Y or N Do you use a fluoride rinse?
- Y or N Do you brush with fluoride toothpaste?
- Y or N Do you consume alcohol at least once a week?
- Y or N Do you consume milk?
- Y or N Do you consume cheese?
- Y or N Do you consume butter?
- Y or N Do you consume yogurt?
- Y or N Do you eat fast food?
- Y or N Do you eat fresh (non-frozen or canned) fruit less than once a day?
- Y or N Do you eat fresh (non-frozen or canned) vegetables less than once a day?
- Y or N Do you eat frozen dinners?
- Y or N Do you eat canned food?
- Y or N Do you salt your food?
- Y or N Do you consume caffeine?
- Y or N Do you consume energy drinks?
- Y or N Do you eat protein bars?
- Y or N Do you drink protein drinks?

Zone B

- Y or N Do you eat tuna (dangerous with mercury)?
- Y or N Do you have problems with vertigo (balance)?
- Y or N Do you have hearing problems?
- Y or N Do you have tinnitus?
- Y or N Do you have weak or numb tingling muscles?
- Y or N Do you have recurrent aches and pains?
- Y or N Has your hair suddenly turned gray?

- Y or N Does your hair grow too slowly?
- Y or N Do you have a weak bladder?
- Y or N Do you have sore joints or arthritis?
- Y or N Do you have sore or aching muscles?
- Y or N Are your nails weak?
- Y or N Are your nails brittle?
- Y or N Do your nails grow too slowly?
- Y or N Is your hair brittle?
- Y or N Is your hair weak and thin?
- Y or N Are you losing your hair?
- Y or N Do you have pancreatic problems?
- Y or N Do you have thyroid problems?
- Y or N Do you have kidney problems?
- Y or N Do you have lymphatic problems?
- Y or N Do you have adrenal problems?
- Y or N Do you have bags and dark circles under your eyes?
- Y or N Do you have high blood pressure?
- Y or N Do you have hearing problems?
- Y or N Do you have heart rhythm problems?
- Y or N Do you see floaters in your vision (small clear shapes)?
- Y or N Does your urine smell like ammonia?
- Y or N Does your urine smell fruity?
- Y or N Do you have uterine issues?
- Y or N Do you have ovarian issues?
- Y or N Do you have ovarian cysts?
- Y or N Do you have uterine cysts?
- Y or N Do you have prostate problems?
- Y or N Do you have erectile dysfunction?
- Y or N Do you have reproductive issues?

Zone C

- Y or N Do you have headaches?
- Y or N Do you suffer with allergies?
- Y or N Do you have migraines?
- Y or N Do you have liver problems?
- Y or N Do you have insomnia?
- Y or N Do you have lung issues?
- Y or N Do you have numb or tingling skin?
- Y or N Do you have dry skin?
- Y or N Do you have itchy skin?
- Y or N Do you have blotchy skin?
- Y or N Do you have acne?
- Y or N Do you have boils?
- Y or N Do you experience depression?
- Y or N Do you have strong feelings of anxiety?

- Y or N Are you always nervous?
- Y or N Are you always angry?
- Y or N Are you without emotion?
- Y or N Are you numb to the world?
- Y or N Do you have problems with mental focus?
- Y or N Do you have cloudy thinking?
- Y or N Do you have skin discolorations?
- Y or N Have you damaged your skin in the sun?
- Y or N Have you or do you have melanoma (skin cancer)?
- Y or N Are you moody?
- Y or N Do you have mood problems?
- Y or N Do you have eye problems?
- Y or N Do your eyes burn or itch?
- Y or N Do you have sinus problems?
- Y or N Do you have nerve issues?
- Y or N Do you awake in the morning exhausted?
- Y or N Do you toss and turn all night?
- Y or N Do you take antidepressants?
- Y or N Do you take medication?

Zone D

- Y or N Are you always sick?
- Y or N Are you very susceptible to being sick?
- Y or N Do you work around chemicals?
- Y or N Are you short of breath?
- Y or N Do you get sinus congestion?
- Y or N Do you get sinus headaches?
- Y or N Do you always have phlegm?
- Y or N Do you have a recurrent cough?
- Y or N Are you sedentary and get little if any exercise?
- Y or N Do you have emphysema?
- Y or N Do you have lung problems?
- Y or N Do you have asthma?
- Y or N Do you work in an office without window and ventilation?
- Y or N Do you have a long commute in traffic?
- Y or N Does your city have smokestacks from industrial plants?
- Y or N Do you live near an airport or next to a busy highway?
- Y or N Are you a smoker?
- Y or N Do you smoke pot?
- Y or N Are you around a smoker or smokers?
- Y or N Are you subject to second hand smoke?
- Y or N Do you live in a large metropolitan city?
- Y or N Do you need a nap before you got to bed?
- Y or N Are you worn out by 3:00 every day?
- Y or N Do you burn out during the day?

Zone E

- Y or N Have you or do you drink garden hose water?
- Y or N Do you crave sugar and sweets?
- Y or N Have you ever eaten raw pork?
- Y or N Do you have recurrent anal itching?
- Y or N Do you have insomnia around the full moon?
- Y or N Have you been bitten by mosquitoes?
- Y or N Do you drink stream water (directly from a stream)?
- Y or N Do you ever eat sushi?
- Y or N Do you own a dog or cat?
- Y or N Do you swim in the ocean?
- Y or N Do you walk barefoot?
- Y or N Do you get dog or cat kisses?
- Y or N Do you ever eat “non-free range” raw meat?
- Y or N Do you engage in oral sex?
- Y or N Do you change a cat box?
- Y or N Have you had parasites before?
- Y or N Have you ever had a sexually transmitted disease?
- Y or N Do you allow a dog or cat in your bed?
- Y or N Have you never done a detox before?
- Y or N Has it been some time since your last full detox?
- Y or N Have you traveled to third world countries?
- Y or N Have you eaten from a salad bar?
- Y or N Have you done a parasite detox before?

Zone F

- Y or N Do you rarely exercise?
- Y or N Have you had surgeries?
- Y or N Have you had dental work?
- Y or N Have you had a root canal?
- Y or N Do you have age spots?
- Y or N Have you been given nitrous oxide (laughing gas)?
- Y or N Do you use tanning beds?
- Y or N Do you lay out in the sun often?
- Y or N Have you been given general anesthesia?
- Y or N Have you had x-rays?
- Y or N Have you been given radiation for any reason?
- Y or N Do you have breast implants?
- Y or N Do you work outside in the sun?
- Y or N Do you have or have you had melanoma?

Score your yes answers below, and using our contact form, send me your scores in the “your message box” . We will email you the areas of toxicity...

Zone A _____

Zone B _____

Zone C _____

Zone D _____

Zone E _____

Zone F _____