

ASSESSING YOUR TOXIC BURDEN

The goal of the questionnaire is not to act as a substitute for a professionally conducted laboratory screening and assessment, but rather to help us identify where you have a problem so we can customize and personalize your dietary, lifestyle, supplement, and testing recommendations.

DIET

1. Do you completely avoid fast food meals?
 Yes No
2. Is your eating COMPLETELY FREE of *diet, lite* or *sugar-free* foods with Aspartame (NutraSweet or Equal), Sucralose (Splenda) or Saccharin (Sweet 'n Low)?
 Yes No
3. Do you eat large fish such as tuna, sword or shark LESS THAN once a week?
 Yes No
4. Do you eat raw fish LESS THAN once a week?
 Yes No
5. Do you use only Flaxseed, Grapeseed, Olive, Sesame, Avocado, Coconut, Walnut oil or Butter WITHOUT using Peanut, Soybean, Corn, Margarine or shortening?
 Yes No
6. Do you make certain that your food such as Chinese food, does not contain MSG (monosodium glutamate)?
 Yes No
7. Do you make certain that your foods do not contain artificial colorings or flavorings?
 Yes No
8. Do you crave fruits, vegetables and protein instead of bread, pasta and sugar?
 Yes No
9. Do you eat MANY different colors of vegetables and fruits at least TWICE daily?
 Yes No
10. Do you have LESS THAN 1 eight (8) ounce soda or coffee per day?
 Yes No
11. Do you eat "good fats" like olive, flax, or walnut oils or ground flaxseed?
 Yes No
12. Do you drink green drinks or green tea?
 Yes No
13. Do you drink 8-10 glasses water every day?
 Yes No
14. Are there about 15 - 20 grams of fiber in total in the meals you eat each day?
 Yes No
15. Do you use whey, rice, egg, oat or hemp protein powders?
 Yes No
16. Do you take high quality multi vitamins daily?
 Yes No
17. Do you take high quality antioxidants daily?
 Yes No
18. Do you take probiotics daily?
 Yes No
19. Do you regularly use over the counter (OTC) medications LESS THAN once per month?
 Yes No
20. Can you abstain from the daily use of prescription medications?
 Yes No

LIFESTYLE

21. Are you completely free of GI distress?
 Yes No
22. Do you exercise 3 or more times per week for 30 minutes or more to induce a hard sweat?
 Yes No
23. Do you abstain from cooking or re-heating foods in plastic containers in the microwave?
 Yes No
24. Do you consume 1 or less alcoholic beverage per week?
 Yes No
25. Are you completely nicotine free?
 Yes No
26. Do you use a sauna weekly?
 Yes No
27. Do you have AT LEAST 1 bowel movement daily?
 Yes No
28. Is your mouth free of mercury amalgams (silver filings)?
 Yes No
29. Are you completely free of unexplained fatigue, pain, headaches, memory or concentration problems?
 Yes No

ENVIRONMENT

30. Do you live or work in a building that has proper ventilation where the windows can open easily?
 Yes No
31. Is your property (inside and outside) free of pesticides?
 Yes No
32. Do you clean your clothing at home WITHOUT the use of a dry-cleaning establishment?
 Yes No
33. Do you live and work with ALL no smokers?
 Yes No
34. Do you use "Green" non-toxic household cleaners?
 Yes No
35. Do you consistently use air purifiers/filters?
 Yes No
36. Do you use water filters?
 Yes No
37. Are you "reaction free" when around gas fumes, perfume, new car smells or using soaps or detergents?
 Yes No

Add up your YES responses and refer to the scoring below _____ TOTAL TOXIC BURDEN

A score of 34 – 37: Good news! You have a **LOW TOXIC BODY BURDEN** score. This means you will benefit by following the basic **Nutrition Genesis** program. Go back through the audit and re-address those few areas where your response was a NO.

A score of 28 – 34: You have a **MODERATE TOXIC BODY BURDEN** score and should pay extra attention to this audit. It would be beneficial to begin the **Nutrition Genesis** program soon to reduce your risk of developing or adding to metabolic problems associated with toxicity such as weight gain, depression, heart disease and digestive disorders. We will work together to change your NO responses in the audit.

A score of less 28: You have a **HIGH TOXIC BODY BURDEN** score that requires your immediate attention. You will not have to go it alone, though! Making the commitment to begin the **Nutrition Genesis** program will provide you with all of the information and support you will need to help change the NO responses on the audit to YES responses. You will **immediately** reduce your risk of cancers, high blood pressure, heart disease, GI issues, allergies, deficits in attention, memory, learning, infertility and of your immune system. **Don't let toxins make you sick any longer.**