

Pre-Detox Questionnaire

Eat Lean, Get Clean Detox Program

DO YOU CONSISTENTLY STRUGGLE WITH THESE SYMPTOMS?

Answer Yes or No. Mark a Maybe as a Yes.

- 1. Energy Levels
- 2. Sugar and carb cravings
- 3. Sleep quality
- 4. Bowel movement regularity
- 5. Mood
- 6. Productivity
- 7. Clarity of thought
- 8. Hunger
- 9. Motivation
- 10. Skin-acne, rashes, rosacea
- 11. Gas, bloating, gut issues
- 12. Sensitivity to smell
- 13. Joint pain
- 14. Headaches
- 15. Difficulty losing weight

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FIND YOUR DETOXIFICATION ABILITY SCORE

Please circle the appropriate response and add up your total detoxification ability score.

1 - Bowel movements

A.

Once daily, 4 or less days per week

B.

Once daily, at least 5 days a week

C.

One or two times a day

2 - Water Consumption

A.

I do not drink water and/or I consume caffeinated beverages daily

B.

4-7 glasses of spring water daily and 1-2 servings of caffeinated beverages daily

C.

Daily 8+ glasses of spring water and no more than 1 serving of caffeinated beverages

3 - Sweating

A.

Consistently sweat 1 or less times a week through exercise and/or sauna

B.

Consistently sweat 2-3 times a week through exercise and/or sauna

C.

Consistently sweat 4 or more days a week through exercise and/or sauna

4 - Exercise

A.

I do not exercise

B.

One or two times per week

C.

3 or more times per week

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5 - Digestion (gas, bloating, indigestion)

A.

Experience
gas/bloating daily

B.

Experience
gas/bloating 3-5 times
a week

C.

Infrequently experience
gas/bloating and
indigestion

6 - Fiber intake

A.

Less than 10 grams per
day
(this is when you eat a
Standard American Diet)

B.

10-24 grams of fiber per
day

C.

25 or more grams per
day

7 - Non-starchy veggies, especially dark green and bright colored

A.

Less than 2 servings
daily

B.

2-4 servings daily

C.

5 or more servings each
day

8 - Supplements (vitamins, minerals, antioxidants)

A.

None

B.

Daily use of a drugstore
or grocery "One a Day"
type formula

C.

Daily use of a
professional brand
multi-vitamin

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9 - Sulfur rich food (e.g. cabbage, broccoli, Brussels sprouts, onions)

A.

2 or less servings per week

B.

3-4 servings per week

C.

1 or more servings daily, 5 or more times per week

10 - Probiotic Rich Foods & Supplements

A.

None

B.

Infrequent use of naturally fermented foods and/or probiotic supplements

C.

Daily use of naturally fermented foods and/or probiotic supplements

A. = 1 point = poor

B. = 2 points = average

C. = 3 points = great

The goal is to get as close to 30 as possible and to improve any areas in which you scored a 1.

**TOTAL
DETOXIFICATION
SCORE**

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TOXIC LOAD TEST

1 - Alcohol

A.

1 or less drinks per week

B.

2-4 drinks per week

C.

5+ drinks per week

2 - Caffeine

A.

None

B.

1-2 caffeinated drinks daily

C.

3+ servings daily

3 - Chemicals

A.

Live in a non-toxic living and work environment and do not travel much or use dry cleaning

B.

Use organic cleansers/cleaning services and spend time where non-toxic sprays are used

C.

Home and work place use non-organic cleansers

4 - Food

A.

Eat organic 80% of the time

B.

Eat organic 40%+

C.

Do not eat much organic food or none

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5 - Sugar, processed foods, and artificial sweeteners/colorings

A.

I do not eat anything with added sugar, artificial sweeteners or colors

B.

I eat some things with sugar, etc.

C.

I eat foods with added sugar, etc. 5+ times a week or more

6 - Cooking

A.

I only use non-toxic glass, metal, non-stick or "safe" plastic containers

B.

I cook with non-stick pans (Teflon) or drink from plastic bottles a few times a week

C.

I cook with non-stick pans and/or drink from plastic bottles daily

7 - Smoking

A.

I do not smoke and I am not around secondhand smoke

B.

I am sometimes around secondhand smoke or smoke infrequently

C.

I smoke or live with a daily smoker, or work in a smoky environment

8 - Antibiotics and Vaccines

A.

I have not had antibiotics nor do I get flu shots, or it has been more than 3 years for either

B.

I have had some flu shots, antibiotics and vaccinations in the last 3 years

C.

I have been recently treated with antibiotics, I am fully vaccinated and get flu shots yearly

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9 - Silver Filling

A.

I have no silver fillings

B.

I have 3 or less silver fillings, or have had them removed by a specially trained dentist

C.

I have 4+ silver fillings

10 - Emotional

A.

I am easily able to express and handle my feelings and emotions as they arise

B.

I sometimes have a hard time managing my emotions

C.

I rarely/never share or release my emotions and feelings and keep them to myself

A. = 1 point = low

B. = 2 points = average

C. = 3 points = high

A total toxicity score of 26-30 is very high and necessitates immediate action.

**TOTAL
TOXICITY
SCORE**