

THE TOXIC BUILDUP TEST

(HealthandMed.com)

	YES	NO
1. Do you experience brain fog, lack of concentration or poor memory?	___	___
2. Do you eat fast foods, pre-packaged foods or fried foods on a regular basis?	___	___
3. Do you drink coffee, sodas or energy drinks during the day to "get yourself going?"	___	___
4. Do you crave sugary snacks, candies or desserts?	___	___
5. Do you experience fatigue or low energy during the day?	___	___
6. Do you smoke cigarettes or chew tobacco?	___	___
7. Do you have less than 1-2 bowel movements per day?	___	___
8. Do you feel sleepy, bloated or gassy after meals?	___	___
9. Do you experience heartburn or indigestion after meals?	___	___
10. Are you overweight and do you rarely exercise?	___	___
11. Do you experience frequent headaches or migraines?	___	___
12. Have you experienced yeast or fungal infections?	___	___
13. Do you have continuous pain or swelling in your feet, ankles, knees or pain in your shoulders and arms?	___	___
14. Do you take two or more prescription medications on a regular basis?	___	___
15. Do you take prescription sedatives or stimulants?	___	___
16. Do you live in a large city, near a freeway or factories (smog, petroleum exhaust or chemical factories)?	___	___
17. Do you use fluoride toothpaste or drink fluoridated/chlorinated water?	___	___
18. Do you experience mental highs or lows, crying, or exhaustion for no reason?	___	___
19. Do you have bad breath or excessive body odor?	___	___
20. Do you have food allergies or skin break-outs (rashes, sores, or boils)?	___	___
21. Are you showing signs of premature aging (sun spots, hair loss, wrinkles or sagging skin, and itchy or dry skin)?	___	___
22. Do you have itchy or running eyes, itchy ears or ears that have a discharge?	___	___
23. Have you worked in a toxic environment (exposure to fumes from chemicals, sprays, paints or plastics)?	___	___
24. Do you use hairspray, perfumes, cosmetics, deodorants with aluminum chlorohydrate, or nail polish with butyl acetate, ethylacetate or formaldehyde?	___	___
25. Have you ever lived downwind from a chemical or manufacturing factory?	___	___
26. Do you take off more than one day per month from work due to sickness?	___	___
27. Do you suffer with sinus issues, hay fever or a runny nose on a regular basis? How about canker sores or gagging to cough up heavy mucus?	___	___
28. Do you suffer from pain in your joints or muscles? Do you feel like you have the flu without having a fever?	___	___
29. Is your skin oily? Do you get ingrown hairs, or skin rashes?	___	___
30. Do you have a household pet or work around animals?	___	___
31. Do you use strong chemicals in your home (disinfectants, oven or drain cleaners, furniture polish, floor wax, window cleaners, bleaches) ?	___	___
32. Have you had your yard or home sprayed for insects in the past or recently?	___	___
33. Do you have overstuffed furniture, tobacco smoke, mothballs, incense or varnish in your home or office?	___	___
34. Have you noticed any negative changes in your health lately due to a move into a new home or apartment?	___	___
35. Do you eat lots of non organic fruits and vegetables?	___	___

If you answered “yes” to 6-12 of these questions, it indicates that you have toxins stored in your body from everyday living or from your work environment.

If you answered “yes” to 13 or more of these questions, it indicates that you have heavy toxins stored in your body from everyday living or from unknown chemicals or poisons accumulated from your work environment over the years.

SEVEN SIGNS OF TOXIC BUILDUP:

Constant Fatigue

Stubborn Weight Gain

Bad Breath

Chronic Constipation

Sensitivity to Fragrances

Muscle and Joint Pain

Skin Conditions

Healthy Body Healthy Soul does not dispense medical advice, prevent, diagnose, treat, cure or manage any disease. Our services do not take the place of conventional medical care.