What's Your Toxic Burden?

More than 5 "yes" answers means you have an increased risk of a toxic burden.

	Yes	No
1. Do you allow smoking in your house?	☐	☐
2. Have you ever owned a new car?	☐	☐
3. Do you tend to overeat?	☐	☐
4. Do you consume "sugar free" food sweetened with aspartame or Equal?	☐	☐
5. Do you regularly or knowingly consume foods that contain MSG (may be in soy protein isolate, soy sauce, hydrolyzed vegetable protein)?	☐	☐
6. Do you eat foods, especially packaged foods that contain artificial colors?	☐	☐
7. Do you eat "refined carbs" any time during the day?	☐	☐
8. Do you eat non-organic produce?	☐	☐
9. Do you use nail polish and/or nail polish remover?	☐	☐
10. Do you wear make-up every day?	☐	☐
11. Do you drink more than 2 cups of coffee per day?	☐	☐
12. Do you cook or reheat foods in plastic containers?	☐	☐
13. Do you microwave your foods?	☐	☐
14. Are you presently using prescription drugs?	☐	☐
15. Have you ever experienced an allergic reaction to or have had side effects from any medications?	☐	☐
16. Do you have negative reactions to caffeine or caffeine-containing products?	☐	☐
17. Do you currently smoke or use tobacco products?	☐	☐
18. Have you smoked within the past 10 years?	☐	☐
19. Have you ever used recreational drugs?	☐	☐
20. Do you experience brain fog or drowsiness?	☐	☐
21. Do you develop symptoms on exposure to fragrances, exhaust fumes, or strong odors?	☐	☐
22. Do you feel ill after consuming even small amounts of alcohol?	☐	☐
23. Have you ever been exposed to harmful chemicals (petrochemicals, organic solvents, etc.)?	☐	☐
24. Have you ever had chronic fatigue or fibromyalgia?	☐	☐
25. Do you have allergies to environmental substances or food?	☐	☐
26. Do you work in an environment in which you are directly or indirectly exposed to toxins (heavy metals, industrial chemicals, etc)?	☐	☐
27. Do you drink soft drinks every day?	☐	☐