

Diet-Detox test.

Score 1 through 1 to 5, (5 being the most severe).

1 to 5

1. Are you often fatigued or easily tired?	
2. Do you use sugar, coffee, tea, cigarettes, soda or candy to boost-up your energy?	
3. Do you have trouble with your attention focus or concentration?	
4. Do you regularly eat processed fast-foods, greasy, fried, fatty foods?	
5. Do you move your bowels once or twice a day, every day? Do you have intestinal bloating or gas?	
6. Are you constipated from time to time?	
7. Do you often have headaches?	
8. Do you live near air or water pollution?	
9. Do you have muscle or joint aches or stiffness?	
10. Do you have skin problems?	
11. Do you have nasal discharge or sinus problems?	
12. Are you exposed to pesticides, herbicides, chemicals, solvents?	
13. Do you take pharmaceuticals (over the counter medicines), regularly?	
14. Do you feel sluggish when you exercise? (Score 5 if you do not exercise.)	
15. Are you overweight?	

Score above 48 consider the Diet-Detox Program