

# Detox Questionnaire

Here is a checklist of symptoms to see if you need to detox:

- Do you experience fatigue or low energy levels?
- Do you experience brain fog, lack of concentration and /or poor memory?
- Do you crave or eat sugar?
- Do you have less than two bowel movements per day?
- Do you feel sleepy after meals, bloated or gassy?
- Do you experience indigestion/acid reflux after eating?
- Do you have a sluggish metabolism and find it hard to lose weight?
- Do you experience recurring yeast infections, jock itch, or foot fungus?
- Do you have arthritic aches and pains or stiffness?
- Do you take prescription medications, sedatives or stimulants?
- Do you experience frequent headaches?
- Do you live with or near polluted air, water or other environmental pollution?
- Do you have bad breath or excessive body odour?
- Do you sweat a lot?
- Do you experience depression or mood swings?
- Do you have food allergies or skin problems?
- Do you often have a bitter taste in your mouth or a furry tongue?
- Do you eat fast food, fatty foods, pre-prepared foods or fried foods more than three times a week?
- Do you have dark circles under your eyes?
- Do you have watery / itchy eyes, swollen, red or sticky eyelids?
- Do you have itchy ears or ear infections?
- Do you have excessive mucus, a stuffy nose or sinus problems?