

## Is it Time for a Detox?

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	No	Rarely	Often
Do you feel tired, lethargic or sluggish?			
Do you have difficulty concentrating or have slow or fuzzy thinking?			
Do you feel depressed or have mood swings?			
Do you get more than one or two colds per year?			
Do you get post-nasal drip, congestion or "stuffed up" in your nose or sinuses?			
Do you have bad breath, a coated tongue or a bitter or metallic taste in your mouth?			
Do you have body odor?			
Do you have strong smelling urine?			
Do you have trouble sleeping or feel unrefreshed upon waking?			
Do you have sore muscles or joints?			
Are your nails weak or brittle?			
Do you have dark circles under your eyes?			
Do you have digestive disturbances such as bloating, gas or indigestion a couple hours after eating?			
Do you have less than one bowel movement per day?			
Do you feel anxious or stressed out?			
Are you sensitive to odors, foods or chemicals?			
Do you have allergies?			
Do you have eczema, dry skin, acne or skin rashes?			
Do you gain weight easily?			
Do you have food cravings?			
Do you have pain or discomfort under your right ribcage?			
Does dietary fiber cause constipation?			
Do you feel like you're not as healthy as other people your age?			