

Dr Diane Stewart
Toxin Survey

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|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you order take out or eat out often? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you eat convenience/processed foods? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you use non organic fruits and vegetables? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you eat meat or poultry that is not range free? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you drink less than 8 ten ounce glasses of water each day? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you swallow your food without chewing it thoroughly? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you use artificial sweeteners? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you eat genetically altered food? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you <u>cook</u> your food in the microwave? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you consume caffeinated drinks, coffee, red bull, mt dew? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you wear clothing that is traditionally dry-cleaned? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you fall asleep with the TV playing? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you spend significant time using a computer or cell phone? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you use fabric softener? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you have a sweet tooth? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you cook with aluminum pots/pans? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Is your residence and/or job in a city? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are fluorescent lights used in your home/work? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are you exposed to cigarette smoke? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you or your neighbors use pesticides/herbicides? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you clean with traditional household cleaners? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you use standard cosmetics? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you feel like you're always in a hurry? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you find it difficult to relax? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you feel overworked? |

6 or more yes answers probably indicate a toxic overload.