



### Bio-Toxicity Self Assessment Test

How Toxic Are You?

**Yes - No      Mark the symptoms you experience:**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you feel tired or fatigued?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you experience early morning stiffness?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you feel stiff after periods of rest?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you feel dizzy, foggy-headed or have trouble concentrating?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you experience cracking joints?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you experience frequent back pain or headaches?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you eat fast, fatty, processed or fried foods?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you experience generalized aches and pains in the body?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you use coffee, cigarettes, candy or soda to get "up".   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you sleepy in the afternoon?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you experience intestinal gas and bloating after meals?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you bruise easily?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you recover slowly from moderate exercise?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you feel you don't exercise enough or feel sluggish and need to lose weight?                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have food allergies, or are often exposed to chemicals, sedatives or stimulants?                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you take pain relievers to get rid of aches and pains?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a family history of arthritis or auto-immune disorders?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do your bowels move less than twice per day?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Does "airing out" (opening windows) in your office/bedroom a few minutes each day make you feel better?       |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you use regular municipal water (non-filtered) for your shower?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you purchase food in the conventional section of the grocery store, instead of buying organic fresh foods? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you change/replace the filter for the heating/air conditioning twice a year?                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you thought about trying a cleansing program recently to rid your body of toxins?                        |

**If your YES score totals 4 or greater**, your current symptoms might be due to toxic overload and may suggest you need a detoxification program to purify your system of toxins **to JUMP START** weight loss & experience **PAIN-FREE** living.

**For more information on body detoxification or our 3-Week Detox Program, please contact the InnerMovement Chiropractic & Wellness Office at (818) 549-1300 to schedule a consultation with Dr Heidi.**