



## MY TOXIC BODY BURDEN

This quiz will help determine your toxic body burden. Toxic chemicals, both naturally occurring and man-made, get into your body many different ways. You can inhale them, swallow them in contaminated food or water, or absorb them through your skin.

The term “body burden” refers to the total amount of chemicals that are present in your body at a given point in time. New toxins are introduced into your environment—and your body—daily. Scientists estimate that most people carry anywhere from 40 to 100 contaminants in their body, most of which have not been well studied, which makes it hard to quantify the long term effects on the body. The accumulation of small amounts of toxins and chemicals are what make up your toxic body burden.

The purpose of this quiz is to show how living a “normal life” can result in exposure to toxins. During your 14 Day Transformation, you’ll work to reduce your exposure to toxic chemicals and safeguard your health.

*Answer “yes” or “no” to the following statements and then tally your results:*

- |   |  |
|---|--|
| <input type="checkbox"/> Y <input type="checkbox"/> N | I eat in fast-food restaurants at least once a month.      |
| <input type="checkbox"/> Y <input type="checkbox"/> N | I eat canned foods.  |
| <input type="checkbox"/> Y <input type="checkbox"/> N | I eat sushi several times a month.                         |
| <input type="checkbox"/> Y <input type="checkbox"/> N | I eat mostly processed foods, many with artificial colors. |
| <input type="checkbox"/> Y <input type="checkbox"/> N | I eat pork and shellfish.                                  |
| <input type="checkbox"/> Y <input type="checkbox"/> N | I use artificial sweeteners such as Splenda or NutraSweet. |
| <input type="checkbox"/> Y <input type="checkbox"/> N | I drink regular or diet sodas several times a week.        |
| <input type="checkbox"/> Y <input type="checkbox"/> N | I reheat leftovers in plastic containers.                  |
| <input type="checkbox"/> Y <input type="checkbox"/> N | I regularly use a microwave.                               |
| <input type="checkbox"/> Y <input type="checkbox"/> N | I use non-stick pans for cooking.                          |
| <input type="checkbox"/> Y <input type="checkbox"/> N | I have taken over-the-counter, non-prescription drugs.     |
| <input type="checkbox"/> Y <input type="checkbox"/> N | I have taken prescription drugs in the last five years.    |

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## MY TOXIC BODY BURDEN (continued)

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Y <input type="checkbox"/> N | I have taken antibiotics multiple times during my life.                            | <input type="checkbox"/> Y <input type="checkbox"/> N | I have fewer than two bowel movements per day.                                 |
| <input type="checkbox"/> Y <input type="checkbox"/> N | I have gotten multiple vaccines.   | <input type="checkbox"/> Y <input type="checkbox"/> N | I use a cell phone without an earpiece.  |
| <input type="checkbox"/> Y <input type="checkbox"/> N | I have taken aspirin, Tylenol, ibuprofen, or other over-the-counter pain meds.     | <input type="checkbox"/> Y <input type="checkbox"/> N | I use a laptop with a wireless device.   |
| <input type="checkbox"/> Y <input type="checkbox"/> N | I shower in regular tap water.   | <input type="checkbox"/> Y <input type="checkbox"/> N | I use a wireless phone in my home.   |
| <input type="checkbox"/> Y <input type="checkbox"/> N | I drink tap water.   | <input type="checkbox"/> Y <input type="checkbox"/> N | I live in an older home that contains or contained lead paint and/or asbestos. |
| <input type="checkbox"/> Y <input type="checkbox"/> N | I swim regularly in a chlorinated swimming pool.                                   | <input type="checkbox"/> Y <input type="checkbox"/> N | I live near high tension power lines.  |
| <input type="checkbox"/> Y <input type="checkbox"/> N | I do not drink eight glasses of purified water every day.                          |   |  |
| <input type="checkbox"/> Y <input type="checkbox"/> N | I feel ill after consuming small amounts of alcohol.                               |   |  |
| <input type="checkbox"/> Y <input type="checkbox"/> N | I drive in a car every day.  |   |  |
| <input type="checkbox"/> Y <input type="checkbox"/> N | I drive in heavy traffic.  |   |  |
| <input type="checkbox"/> Y <input type="checkbox"/> N | I use hair dyes, nail polish and/or nail polish remover.                           |   |  |
| <input type="checkbox"/> Y <input type="checkbox"/> N | I use makeup and cosmetics without considering their ingredients.                  |   |  |
| <input type="checkbox"/> Y <input type="checkbox"/> N | I use moisturizers, lotions, and sunscreens without considering their ingredients. |   |  |
| <input type="checkbox"/> Y <input type="checkbox"/> N | I use air fresheners in my home and/or my car.                                     |   |  |
| <input type="checkbox"/> Y <input type="checkbox"/> N | I wear shoes in my home.   |   |  |
| <input type="checkbox"/> Y <input type="checkbox"/> N | I use standard cleaning products in my home.                                       |   |  |
| <input type="checkbox"/> Y <input type="checkbox"/> N | I use standard soap and detergent for my skin and my clothes.                      |   |  |
| <input type="checkbox"/> Y <input type="checkbox"/> N | I use toothpaste with fluoride.  |   |  |
| <input type="checkbox"/> Y <input type="checkbox"/> N | I use deodorant and antiperspirant without considering their ingredients.          |   |  |
| <input type="checkbox"/> Y <input type="checkbox"/> N | I smoke and/or someone in my home smokes.  |   |  |

*If you answered “yes” to more than 20 questions, you may have a high toxic body burden.*