

# TOXICITY ‘POP QUIZ’

Our **pop quiz** is designed to give you a snap shot of your current toxicity risk and the impact it may be having on your health!

In our modern world we are constantly exposed to toxicity in air pollution, water pollution, pesticides, poor diet and stress! Ongoing exposure to toxicity can have deleterious effects to your health, contributing to things like; weight gain, fatigue and low energy, lowered immunity, dementia, infertility, allergies and even some cancers.

At Claridge Naturopathics, we have developed a comprehensive strategy to assess not only your toxic burden but also underlying toxic resistance. The following twenty questions aim our **pop quiz** is designed to increase your awareness with respect to the insidious subject of toxicity. What is the status of your toxin burden? What is the level of toxin resistance?

SECTION A (TOXIN BURDEN)	Column A	Column B
Do you use <b>any</b> personal care products that are not organic or chemical free? <i>(eg. Shampoo, deodorant, cosmetics etc.)</i>	NO	YES
Do you use <b>any</b> cleaning products that are not organic or chemical free? <i>(eg. Kitchen, laundry, general household etc.)</i>	NO	YES
Do you, or have you, lived or worked in a high traffic or industrialised area?	NO	YES
Do you live, or work in, a high pressure “stressful” environment?	NO	YES
Do you, or have you, worked with chemicals?	NO	YES
Do you, or have you, smoked?	NO	YES
Do you drink more than 6 alcoholic beverages a week?	NO	YES
Do you regularly consume packaged, processed or takeaway foods?	NO	YES
Do you drink tap water?	NO	YES
Do you regularly use pharmaceutical drugs? <i>(Either prescription or over the counter)</i>	NO	YES
<b>Total YES =</b>		
SECTION B (TOXIN RESISTANCE)	Column A	Column B
Do you suffer from recurrent colds, flu, infection, hay fever &/or allergies or eczema ?	NO	YES
Do you suffer from regular headaches or migraines?	NO	YES
Do you suffer from constipation &/or ‘stew-like’ bowel motions?	NO	YES
Do you experience nausea regularly?	NO	YES
Do you suffer from PMS &/or heavy menstrual cycle?	NO	YES
Do you have trouble losing weight?	NO	YES
Do you suffer from any of the following - autoimmune disease, cancer, chronic fatigue, hormonal disturbances, heart disease?	NO	YES
Are you sensitive to the effects of pharmaceuticals, caffeine &/or alcohol?	NO	YES
Are you sensitive to bright lights or strong smells?	NO	YES
Are you intolerant of rich or fatty foods?	NO	YES
<b>Total YES =</b>		
<ul style="list-style-type: none"> <li>• Any “YES” response is indicative of a potential toxicity issue.</li> <li>• Your column B total score in SECTION A relates to an <i>increased toxicity burden</i>.</li> <li>• Your column B total score in SECTION B relates to a <i>reduced toxin resistance</i>.</li> </ul> <p><b>SECTION B shows you how well you are coping with your toxic burden, a score of 3 or greater in SECTION B indicates a need for DETOXIFICATION. How did you fare?</b></p>		