

Take the Health Quiz

Complete this questionnaire **before Day 1** of your 14 Day Transformation and again at the end of the cleanse to assess the status of your body's toxicitiy, based on the symptoms you are experiencing.

This comparison will help you determine the success of your Transformation and notice any changes that take place.

Check all that apply based on your experience for the past 60 days. Do you struggle with any of the following conditions?

Sugar cravings		Asthma, allergies or wheezing
Low or inconsistent energy		Migraines or headaches
Fatigue		Low mood, mood swings
Difficulty sleeping		Anxiety
Caffeine addiction		Difficulty with concentration
Bloating or gas		Distractibility
Constipation		Skin problems, such as acne, rosacea, eczema,
Reflux or heartburn		or rashes
Irritable bowel		Joint problems or pain
Difficulty losing weight		Muscle aches
Binge eating or drinking		
Fluid retention		
Stuffy or runny nose, itchy nose or eyes	1	otal checked:
	Ь	
	7	oday's date: