Cleanse Questions

- Yes No
- _____ Do you drink less than 75 oz. of water a day?
- _____ Do you smoke or use alcohol regularly?
- _____ Do you wake up tired?
- _____ Do you have skin issues: acne, boils, psoriasis?
- _____ Do you have allergies, allergic reactions?
- _____ Do you have low energy?
- _____ Do you have difficulty staying focused?
- _____ Do your bowels move twice a day?
- _____ Do you have frequent gas, belching?
- _____ Do you have joint pain?
- _____ Do you have headaches?
- _____ Do you feel bloated and puffy?
- _____ Do you not eat 6 servings of green leafy vegetables a day?
- _____ Do you have trouble sleeping?
- _____ Do you have depression or mood changes?
- _____ Are you impatient and angry?
- _____ Do you find that you can't remember names, can't think of words?
- _____ Do you have hot flashes?
- _____ Do you have Hypothyroid / Hyperthyroid?
- _____ Do you crave sweets?
 - _____ Do you have an inflammatory disease, high blood pressure, diabetes, arthritis, IBS, colitis?