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Environmental Quiz

| Check | each item that a | ppli | es to you: | | | |
|--|---|------|---------------------|--------|---|--|
| | Do you drink pop, calorie free or sugary drinks? This includes mixing them with alcohol (ie rum and | | | | | |
| | coke) | | | | | |
| | Do you drink anything out of a plastic bottle? | | | | | |
| | Do you use non-stick frying pans? | | | | | |
| | Do you drink Vitamin mineral water? | | | | | |
| | Do you use a microwave? | | | | | |
| | Do you use a cell phone or a computer for more than 3 hours a day? | | | | | |
| | Do you use Advil, Tylenol, Imodium or any over the counter medication more than 1x/ year? | | | | | |
| | Do you eat foods that have food coloring (ie Smarties, M&Ms, cheddar cheese, etc)? | | | | | |
| | Do you consume canned goods (ie soup in a can)? | | | | | |
| | Do you use personal care products with phthalates or parabens? | | | | | |
| | Do you drink more than 2 alcoholic drinks per day? | | | | | |
| | Do you exercise less than 30 minutes per day, 4 days per week? | | | | | |
| Do you regularly consume foods that are Genetically Modified. These foods are: Corn, Soybeans, | | | | | | |
| Canola, Cottonseed and Beet sugar. | | | | | | |
| ☐ Do you eat any of the following foods in the non-organic form? | | | | | | |
| (| Strawberries | 0 | , | 0 | | |
| | Apples | | Grapes | | Sweet bell peppers | |
| | Nectarines Peaches | 0 | Cherries Spinach | 0 | Cherry tomatoes Cucumbers | |
| | | | - | | | |
| Do you drink manufactured orange juice? | | | | | | |
| Do you suffer from any of the following: ongoing fatigue, headaches, pain, and constant colds and | | | | | | |
| | coughs? | .vno | rianca diaa | sctivo | concerns such as gas, bloating, constinution, diarrhan or | |
| Do you regularly experience digestive concerns such as gas, bloating, constipation, diarrhea or | | | | | | |
| irritable bowel syndrome? Have you been diagnosed with low thyroid function or a skin condition (ie eczema, psoriasis, acne)? | | | | | | |
| Do you use hand sanitizer or Colgate toothpaste on a regular basis? | | | | | | |
| | Are you more than 15 lbs overweight? | | | | | |
| | — Are you more than 13 lbs over weight: | | | | | |

Total number checked

Review your score:

Less than 5: You win top marks and qualify for the "Squeaky Clean" award – Congrats!

Between 5-12: You are in need of an integrated detoxification program – call our clinic today and schedule an appointment with **Dr. Haarsma, Dr. McCarthy** or **Dr. Mason-Wood** at 587-521-3595

Greater than 12: Your body is a toxic wasteland – call our clinic today to schedule a critical care appointment with Dr. Mason-Wood at 587-521-3595