

# Clean *Start*™

To help us provide you the best service(s) and herbal supplements to meet your needs, please complete this survey. If only a part of the question applies to your specific needs, please check the yes column next to it and underline what applies or relates to you.

What Cleanses Do You Need to Detox?	Yes	No	Cleanse
1. Is your belly bloated or becomes bloated, gassy or constipated after eating?			BELLY BLOAT CLEANSE
2. Are you a smoker, have previously smoked or are you around someone who smokes? Do you have congestion or problems in the bronchi or lungs?			BRONCHIAL & LUNG CLEANSE
3. Do you have or had yeast infections/jock itch, itchy feet, fungus or candida?			CANDIDA CLEANSE
4. Do you have cellulite?			CELLULITE CLEANSE
5. Does your child <u>not</u> use the bathroom daily, eat fast food or processed food, have very smelly or hard stool? Would you like to improve your child's health?			CHILDREN'S CLEANSE
6. In the past or currently have you eaten a lot of fried or salty food? Do you have high blood pressure, high cholesterol or circulation issues?			CIRCULATION CLEANSE
7. Do you have hard or irregular bowel movements (constipation?) Do you experience headaches, back aches or general fatigue? Do you experience bad breath, body odor or abdominal gas? If you <u>have not</u> had herbal colon cleanse or a series of colonics in the last 6 to 12 months, please put YES.			COLON CLEANSE
8. Have you been exposed to air pollution, drink tap water, use hair color, use nail polish/acrylics, or exposed to a chemical laden environment?			ENVIRONMENTAL CLEANSE
9. <u>Women</u> : Do you have female problems, cysts or tumors in the female glands or have you used birth control?			FEMALE CLEANSE
10. Has your Gallbladder been removed? Do you have problems digesting fat (both good or bad,) have acid reflex, nausea, gas, pain in right side of the abdomen or gallstones?			GALLBLADDER CLEANSE
11. Would you like to get rid of toxins or chemicals that can build up in our cells from diet, water, air pollutants and drugs?			GENERAL/ CELLULAR CLEANSE

12. Have you had amalgam fillings, used over the counter deodorant, visited restaurants not knowing what kind of cooking utensils they use, smelt gasoline, used pesticides or drink unpurified water?			HEAVY METAL CLEANSE
13. Do your JOINTS (or muscles) ache? Do you experience pain with repetitive use or movement?			JOINT CLEANSE
14. Do you retain water such as swelling or edema? Do you have bags under your eyes, pain in your middle back, have a possible pH imbalance or have an issue urinating?			KIDNEY CLEANSE
15. Do you drink alcohol, smoke, take prescription drugs or could you be toxic from heavy metals? Is your vision decreasing, have hormone problems and/or breathe/eat/inhale chemicals regularly?			LIVER CLEANSE
16. Do you ever feel your lymph nodes, get infections/sick easy, have allergies or consume dairy regularly?			LYMPHATIC CLEANSE
17. Could there be negative emotions or thoughts that could be affecting you mentally or physically?			NEGATIVE EMOTION CLEANSE
18. Have you eaten sushi, undercooked meats, have/had pets or traveled to foreign countries? Does your rectum itch or do you grind your teeth?			PARASITE CLEANSE
19. <u>Men:</u> Are you over 45 and/or have had prostate issues or want to prevent them?			PROSTATE CLEANSE
20. Do you have an orangish/brownish ring around the outside edge of the pupil? (If you don't know, ask us to check with the iridology camera.)			SMALL INTESTINE DETOX
21. Do you feel food sitting in your stomach, belch a lot, have stomach pain and/or constipation/diarrhea?			STOMACH CLEANSE
22. Do you experience sinus problems, allergies, sinus headaches or sinus pressure?			SINUS CLEANSE
23. Do you have a dark ring around the outside of the iris, have skin problems or do not sweat? (If you don't know, ask us to check with the iridology camera.)			SKIN CLEANSE
24. Do you want to lose weight with an initial full body detox/cleanse? Do you carry excess weight in the middle, do you need to lose 10 or more pounds?			WEIGHT LOSS CLEANSE