

The Detox Plan Identifier

- The Detox Plan Identifier™ will provide you with individual scores for each of the following:
 1. Your Mood Assessment
 2. Your Gastrointestinal Assessment
 3. Your Toxicity Assessment
 4. Your Inflammation Assessment
- Each assessment is comprised of ten questions and each question gives you five possible scores (from 0 to 4).
- Once you complete the four assessments, your Detox Specialist will be able to formulate a personalised detox programme suitable for your current state of health.

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The Detox Plan Identifier™ is *not* meant to diagnose an ailment or disease *nor* to prescribe treatment or replace medical advice.

If you have significant symptoms, you should consult a doctor immediately.

How to complete the questionnaires

- Here's how it works.
- For each of the four assessments, score the frequency withwhich you experience each symptom.
- Here's the frequency rating scale that you'll findthroughout the assessments:

0	→	Never
1	→	Once a month
2	→	2 or 4 times a month
3	→	2 or 3 times a week
4	→	4 or more times a week

- That means that your worst possible score could be **160**.

Working out your results



- After you calculate your total score, you'll be presented with your individual results, which will allow your Detox Specialist to devise a bespoke detox programme for you.
- Note that if your score is low, that doesn't necessarily mean you're 'in the clear' if some of your symptoms are severe. If you are concerned about your symptoms, please seek the advice of a medical professional as soon as possible.
- Remember, your final results from the Detox Plan Identifier™ do *not* constitute a diagnosis of an ailment or disease and do *not* imply the prescription of treatment or the replacement of a doctor's advice.

1. Mood Assessment

Answer each question by circling your response number:

In the past 3 months, how often have you...	Never	Once a month	2 or 4 times a month	2 or 3 times a week	4 or more times a week
...found it hard to feel wide awake within 30 minutes of rising?	0	1	2	3	4
...needed a stimulant like coffee, tea, something sweet, or a cigarette to help you wake up in the morning?	0	1	2	3	4
...felt tired or sluggish after a meal or during the day?	0	1	2	3	4
...craved something sweet or a stimulant after	0	1	2	3	4

eating a meal?

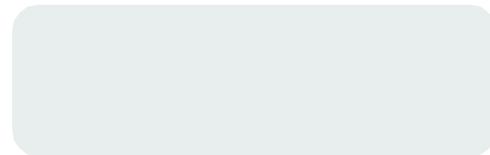
...felt irritable or faint if going 6 hours without eating something?	0	1	2	3	4
...had a hard time concentrating or experienced mood swings?	0	1	2	3	4
...craved sweet foods, dessert, chocolate, bread, biscuits, cereal or pasta?	0	1	2	3	4
...had added sugars in your drinks, or added sugar (or calorific sweeteners) yourself, or had sauces, gravy, or other foods with hidden sugars?	0	1	2	3	4
...consumed certain foods to prevent anxiety, help you relax, or help you cope with stressful situations?	0	1	2	3	4
...felt depressed, exhausted, or too tired to move your body or do physical activity?	0	1	2	3	4

Calculate your assessment score



- Now, add the numbers that you have circled in your Mood Assessment.
- What's your total score? Write it down below.

My Mood Assessment Score is:



2. Gastrointestinal Assessment

Answer each question by circling your response number:

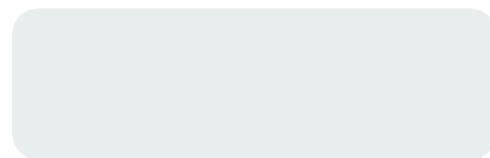
In the past 3 months, how often have you...	Never	Once a month	2 or 4 times a month	2 or 3 times a week	4 or more times a week
...taken antacids or indigestion tablets or drops?	0	1	2	3	4
...felt indigestion or a burning sensation in your stomach?	0	1	2	3	4
...felt stomach discomfort or an uncomfortable feeling of fullness even 5 hours after eating?	0	1	2	3	4
...felt pain or difficulty digesting fatty or oily foods?	0	1	2	3	4

...felt a bloated stomach or pain from eating certain foods?	0	1	2	3	4
...suffered from constipation?	0	1	2	3	4
...suffered from diarrhoea?	0	1	2	3	4
...felt nauseous after eating or suffered from vomiting?	0	1	2	3	4
...burped, hiccupped, or passed wind persistently on a given day?	0	1	2	3	4
...failed to have a bowel movement at least once a day?	0	1	2	3	4

Calculate your assessment score

- Now, add the numbers that you have circled in your Gastrointestinal Assessment.
- What's your total score? Write it down below.

My Gastrointestinal Assessment Score is:



3. Toxicity Assessment

Answer each question by circling your response number:

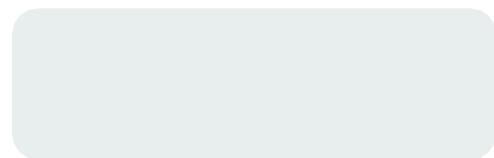
In the past 3 months, how often have you...	Never	Once a month	2 or 4 times a month	2 or 3 times a week	4 or more times a week
...had sinus issues, a runny or stuffy nose, or excessive mucus?	0	1	2	3	4
...had acne, spots, cold sores, athlete's foot, skin rashes, or hives?	0	1	2	3	4
...had blocked or itchy ears, pain or ringing in your ears, ear infections, or ear discharge (i.e. pus, ear wax, fluid, or blood from the ear)?	0	1	2	3	4

...had watery or itchy eyes, swollen, red, or sticky eyelids, or dark circles or bags under your eyes?	0	1	2	3	4
...had an unpleasant or bitter taste in your mouth, or overgrowth of the papillae on the tongue?	0	1	2	3	4
...suffered from bad breath?	0	1	2	3	4
...suffered from a foul body odour, including your arm pits or your feet?	0	1	2	3	4
...not been able to tolerate coffee or caffeine or felt unwell after having coffee or caffeine?	0	1	2	3	4
...not been able to tolerate a very small amount of alcohol or felt hangover the next day?	0	1	2	3	4
...found it hard to lose weight or suffered from a sluggish metabolism?	0	1	2	3	4

Calculate your assessment score

- Now, add the numbers that you have circled in your Toxicity Assessment.
- What's your total score? Write it down below.

My Toxicity Assessment Score is:



4. Inflammation Assessment

Answer each question by circling your response number:

In the past 3 months, how often have you...	Never	Once a month	2 or 4 times a month	2 or 3 times a week	4 or more times a week
...taken painkillers or anti-inflammatory medications?	0	1	2	3	4
...suffered from allergic reactions or hay fever?	0	1	2	3	4
...had pains or aches in your joints or muscles?	0	1	2	3	4
...suffered from bloating or water retention?	0	1	2	3	4
...suffered from irritable bowel syndrome (IBS)?	0	1	2	3	4
...suffered from dermatitis, eczema, rashes, or	0	1	2	3	4

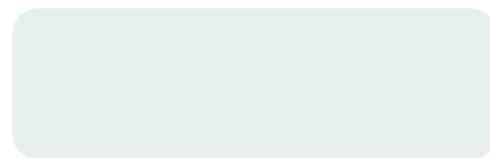
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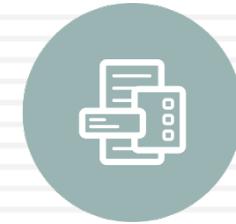
...suffered from shortness of breath or asthma?	0	1	2	3	4
...suffered from colitis (colon inflammation), Crohn's disease, or diverticulitis?	0	1	2	3	4
...suffered from headaches or migraines?	0	1	2	3	4
...suffered from any other aches, pains, infections, or inflammation symptoms?	0	1	2	3	4

Calculate your assessment score

- Now, add the numbers that you have circled in your Inflammation Assessment.
- What's your total score? Write it down below.

My Inflammation Assessment Score is:





Your detox plan results

Identifying a suitable detox plan for you

What's your overall result?

- First of all, well done for having completed Detox PlanIdentifier™.
- Next, let's add up all four assessment scores and compute your overall result in the table on the next page.
- Start by writing down your total score for *each* individual assessment in the second column.
- Then, add up all four individual scores. The total number is your Overall Detox Plan Result.
- Make sure to save your answers, scores, and overall result, so you can come back to these after your detox programme and rescore yourself in order to monitor your progress and recognise any health improvements.

My overall detox plan results

<p>Name: _____ Date: ___ / ___ / ___ Estimated Re-assessment Date: ___ / ___ / ___</p>			
Assessment	My score		
1. Mood Assessment			
2. Gastrointestinal Assessment			
3. Toxicity Assessment			
4. Inflammation Assessment			
My Overall Detox Plan Result is			

Well done!



You have completed the Detox Plan Identifier™!

Please save and hand over your individual responses and overall results to TheBody360, 1-1 for further advice or a Medical Professional.