



# TOXIC LOAD QUESTIONNAIRE

## what's your toxic load?

Unfortunately modern living often means that you and your family are exposed to a wide range of potential toxins without you being aware of it.

Science is often still in the process of proving how harmful exposure to some of the scenarios listed below are. But here at The Herb Farm we believe in the 'precautionary principal'.

That means, taking precautions to protect you and your family's health – even while the scientific world still argues about what is potentially toxic to human health and what is not.

For a look at your potential toxic load, read the questions below and answer them 'yes' or 'no'. Give yourself one point for every "yes" answer you give and then see at the bottom of the questionnaire for your result.

### Bodycare

Question	Y/N
Do you use deodorant containing aluminium?	
Do you have amalgam mercury fillings in your teeth?	
Do you use toothpaste with fluoride added?	
Do the skin, body and hair care products you use contain synthetic chemicals? (Read our 10 Nasties card for the worst offenders)	
Does the makeup you use contain synthetic chemicals?	
Do you colour your hair regularly (Henna excluded)?	
Do you apply pharmaceutical preparations for any skin conditions?	

### Electricity

Question	Y/N
Do you sleep on an electric blanket?	
Do you have an electrical clock at your bedside?	
Is your bed located near the main power box of the house?	
Do you sit closer than three metres to the television set?	
Do you spend long hours at your computer without breaks?	
Do you leave on (at the wall) electrical implements each night?	
Do you use a microwave oven for cooking or heating food?	
Do you have electricity transformers or large pylons on or near your property?	

### Noise

Question	Y/N
Does the noise level you are regularly exposed to distress you?	
Do you live with someone who likes loud music, television?	
Do you live in a noisy industrial or urban area?	
Do you feel a lack of quiet and peace in your daily life?	

## Lifestyle

Question	Y/ N
Do you feel like you are under too much pressure?	
Are areas of life seriously concerning you – for instance money, children, housing, work?	
Do you feel worried and negative about your future?	
Do you really lack confidence in who you are?	
Do you feel a lack of ability to control your life and where you are headed?	
Are you experiencing any form of bullying?	
Do you lack spending any time in nature most days?	
Do you work in an industry or situation where you have heavy exposure to chemicals (such as in a hairdressing salon, dry cleaners, dentist, manufacturer that uses synthetic and/or toxic chemicals)?	

## Food/Beverages

Question	Y/ N
Do you regularly drink soft drinks such as cola?	
Does a high percentage of your diet contain highly processed foods?	
Do you feel you eat too much sugar, fat, salt or artificial food?	
Do you eat takeaway foods more than twice a week?	
Do you cook in an aluminium pan or use an aluminium teapot?	
Do you cook with Teflon cooking pans?	
Do you use plastic containers that contain BPA?	
Do you over or under eat regularly?	

## Household

Question	Y/N
Do you use chemicals sprays in your garden?	
Do you use synthetic chemical cleaning products in your house?	
Do you use commercial oven cleaning preparations?	
Do you use a non-natural laundry powder?	
Do you live near a non-organic orchard or market garden?	
Do you live near a busy road? Especially one used by large trucks?	

## Health & Wellbeing

Question	Y/N
Are you currently experiencing any form of ill health?	
Are you seriously over or under weight?	
Do you live a very sedentary lifestyle?	
Do you take prescription and/or pharmaceutical medication regularly?	
Do you smoke?	
Do you consume more than two units of alcohol a day?	
Do you ever use illegal drugs?	

Give yourself one point for every 'yes' answer and then see below for your results.

### SCORING

☐ **12 and less: Keep up the good work.** You are someone who is clearly focused on your health and wellbeing.

☐ **13 - 20: Great start.** Use the questions above to identify areas where you can easily further minimise your exposure to potential toxins.

☐ **21 - 30: Be aware.** Your answers indicate you are regularly exposed to potential toxins or toxic situations. Why not make a list of the changes you most want to make and start working through that list?

☐ **30+: Time to take action.** Awareness is knowledge. Has our questionnaire got you thinking about how often you are exposed to potentially harmful toxins? How about seeing this as an opportunity to implement more self-care and make changes that are good for your health and long term wellbeing?

*Disclaimer: this questionnaire is provided as a tool to raise the awareness of the toxins we are exposed to. It is simply our opinions, based on our experience and research, and we take no liability for conclusions drawn from this questionnaire.*