

# 21 DAY

# GUIDED PURIFICATION PROGRAM

## QUESTIONNAIRE

NAME: \_\_\_\_\_

CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

- |                                                   |     |    |
|---------------------------------------------------|-----|----|
| 1. Do you or have you eaten processed foods?      | YES | NO |
| 2. Do you drink soda?                             | YES | NO |
| 3. Do you eat fast food and/or eat out regularly? | YES | NO |
| 4. Do you have frequent gas?                      | YES | NO |
| 5. Do you experience abdominal cramping?          | YES | NO |
| 6. Are you pregnant?                              | YES | NO |
| 7. Are you anemic?                                | YES | NO |
| 8. Are you taking iron supplements?               | YES | NO |
| 9. Are you sensitive to taking pills?             | YES | NO |

### How many times per week do you:

1. Eat out \_\_\_\_\_ 2. Consume alcohol \_\_\_\_\_ 3. Consume Caffeine \_\_\_\_\_

1. Please list any allergies:

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2. Please list any medications:

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3. Please list any food dislikes :

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4. What is your favorite food: \_\_\_\_\_

5. What is your favorite restaurant: \_\_\_\_\_

