

Oxidative Stress or Rusting Quiz

Free radicals or oxidative stress slow our metabolism and cause weight gain, diabetes, and aging. Take the quiz below to find out if you are at risk for high levels of oxidative stress.

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|--|-----------------------|-----------------------|
| Exercise is not a part of my regular routine, or is too much a part of my regular routine (more than 15 hours a week). | <input type="radio"/> | <input type="radio"/> |
| | Yes | No |
| I am overweight (BMI more than 25). | <input type="radio"/> | <input type="radio"/> |
| | Yes | No |
| I am fatigued on a regular basis. | <input type="radio"/> | <input type="radio"/> |
| | Yes | No |
| I sleep less than eight hours a night. | <input type="radio"/> | <input type="radio"/> |
| | Yes | No |
| I regularly experience deep muscle or joint pain. | <input type="radio"/> | <input type="radio"/> |
| | Yes | No |
| I am sensitive to perfume, smoke, or other chemicals or fumes. | <input type="radio"/> | <input type="radio"/> |
| | Yes | No |
| I am exposed to a significant level of environmental toxins (pollutants, chemicals, etc.) at home and/or at work. | <input type="radio"/> | <input type="radio"/> |
| | Yes | No |
| I drink more than three alcoholic beverages a week. | <input type="radio"/> | <input type="radio"/> |
| | Yes | No |
| I smoke cigarettes or cigars (or anything else). | <input type="radio"/> | <input type="radio"/> |
| | Yes | No |
| There is a significant amount of secondhand smoke where I work or live. | <input type="radio"/> | <input type="radio"/> |
| | Yes | No |
| I don't use sun block, I like to bake in the sun, or I go to tanning booths. | <input type="radio"/> | <input type="radio"/> |
| | Yes | No |
| I would rate my life as very stressful. | <input type="radio"/> | <input type="radio"/> |
| | Yes | No |
| I eat fewer than five servings of deeply colored vegetables and fruits a day. | <input type="radio"/> | <input type="radio"/> |
| | Yes | No |
| My diet includes a fair amount of fried foods, margarine, or a lot of animal fat (meat, cheese, etc.). | <input type="radio"/> | <input type="radio"/> |
| | Yes | No |

I eat white flour and sugar more than twice a week.

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Yes

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No

I suffer from chronic colds and infections (cold sores, canker sores, etc.).

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Yes

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No

I don't take antioxidants or a multivitamin.

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Yes

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No

I take prescription, over-the-counter, and/or recreational drugs.

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Yes

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No

I have arthritis or allergies.

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Yes

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No

I have diabetes or heart disease.

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Yes

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No