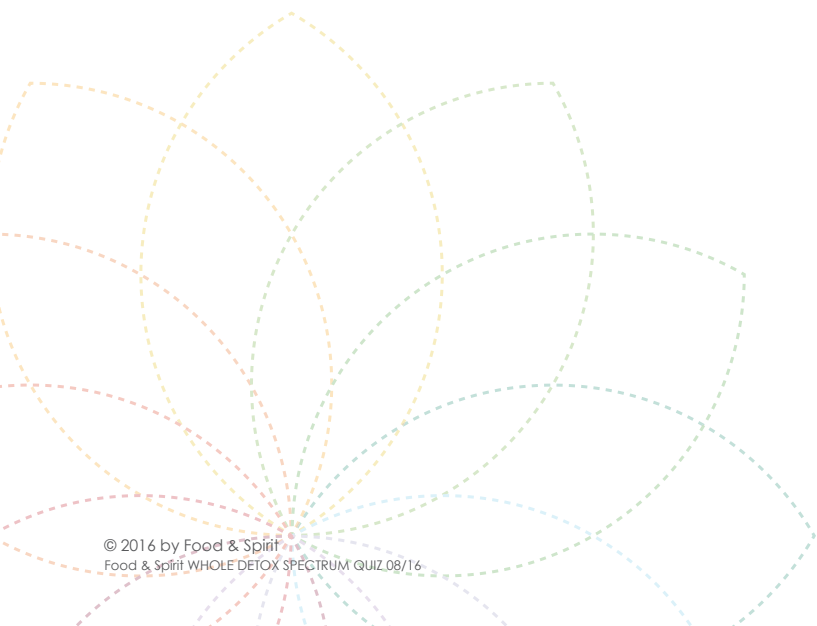




WHOLE DETOX™

Spectrum Quiz (WDSQ)

THE WHOLE DETOX Spectrum Quiz (WDSQ)
was developed by Dr. Deanna Minich as a way to
assess the balance of each of your 7 Systems of Health.





WHOLE DETOX™

Spectrum Quiz WDSQ)

It is typically best to do the WDQ three times within three days in different circumstances. For example, on a day when you might be relaxed and not working, then again during a busy day, and then finally after ending a busy day. Having three points of reference will help you in seeing what is **consistently** imbalanced, rather than reflecting a simple situational response.

For each question, **answer either yes or no**. When you are done, tally the number of “no” responses for each System. Write down the number of “no” responses in the box provided at the end of the quiz. Look to see which System has the most amount of “no” responses. This one would be the System that is most imbalanced. Focus on this System primarily throughout the Whole Detox program.

GENERAL SCORING GUIDELINES:

- If you answer “no” to more than 15 questions within any System, you have a severe imbalance of that System.
- If you answer “no” to 11-15 questions within any System, you have a moderate imbalance of that System.
- If you answer “no” to fewer than 10 questions within any System, this System is likely to be balanced.



WHOLE DETOX™

SPECTRUM QUIZ

THE ROOT

1. Do you feel "comfortable in your own skin"? ☐ Y ☐ N
2. Are you good at saying "no" when you need to? ☐ Y ☐ N
3. Do you feel safe in your body? ☐ Y ☐ N
4. Do you feel safe in your home? ☐ Y ☐ N
5. Are you free from pending danger or harm? ☐ Y ☐ N
6. Do you find it easy to deal with daily stressors? ☐ Y ☐ N
7. Are you capable of working well under pressure? ☐ Y ☐ N
8. Is surviving in your everyday world easy? ☐ Y ☐ N
9. Do you go with your instincts? ☐ Y ☐ N
10. Do you trust others? ☐ Y ☐ N
11. Do you spend quality, nourishing time in community? ☐ Y ☐ N
12. Could you go to your community for help when you need it? ☐ Y ☐ N
13. Are your social networks positive and uplifting? ☐ Y ☐ N
14. Are your family and/or close friends supportive? ☐ Y ☐ N
15. Are you in harmony with your family of origin and/or upbringing? ☐ Y ☐ N
16. Do you remember to eat when stressed? ☐ Y ☐ N
17. Do you eat protein with most meals? ☐ Y ☐ N
18. Do you avoid foods that disagree with you? ☐ Y ☐ N
19. Do you eat natural, whole foods that are red in color such as apples, cherries, etc.? ☐ Y ☐ N
20. Do you feel grounded after eating? ☐ Y ☐ N
21. Do you have a strong constitution? ☐ Y ☐ N
22. Are you usually "the last one to get sick"? ☐ Y ☐ N
23. Are you at a healthy body weight? ☐ Y ☐ N
24. Is your skin clear? ☐ Y ☐ N
25. Are you free of joint pain and inflammation? ☐ Y ☐ N



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SPECTRUM QUIZ THE FLOW

1. Do you express your emotions to others with ease? ☐ Y ☐ N
2. Do you readily go with the flow? ☐ Y ☐ N
3. Do you express yourself when you feel something is "off"? ☐ Y ☐ N
4. Do you refrain from eating emotionally? ☐ Y ☐ N
5. Are you generally in touch with your feelings? ☐ Y ☐ N
6. Do you take a creative approach to life? ☐ Y ☐ N
7. Do you generally put your ideas into action? ☐ Y ☐ N
8. Do you have unique perspectives on situations? ☐ Y ☐ N
9. Do you feel that you have a "creative side," even if not readily apparent to others? ☐ Y ☐ N
10. Do you enjoy being your creative self? ☐ Y ☐ N
11. Do you make time for play? ☐ Y ☐ N
12. Do you consider yourself playful? ☐ Y ☐ N
13. Do you aim to have fun in all you do? ☐ Y ☐ N
14. Are you comfortable with your sexuality? ☐ Y ☐ N
15. Are you able to create a healthy partnership with another person? ☐ Y ☐ N
16. Do you eat some healthy fats and oils every day? ☐ Y ☐ N
17. Are you eating natural, whole foods that are orange in color (e.g., carrots, pumpkin, oranges)? ☐ Y ☐ N
18. Do you regularly eat tropical fruits (e.g., mango, papaya, coconut)? ☐ Y ☐ N
19. Do you drink purified water? ☐ Y ☐ N
20. Do you drink fluids throughout the day? ☐ Y ☐ N
21. Is your sex drive good? ☐ Y ☐ N
22. Are your bowel movements of a normal consistency (no diarrhea or constipation)? ☐ Y ☐ N
23. Do you feel adequately hydrated? ☐ Y ☐ N
24. Do you engage in activities that make you sweat? ☐ Y ☐ N
25. Are your hormones balanced? ☐ Y ☐ N



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SPECTRUM QUIZ THE FIRE

1. Do you think you have a good energy level? ☐ Y ☐ N
2. Does your daily life energize you in a healthy, stimulating way? ☐ Y ☐ N
3. Does being around people give you energy? ☐ Y ☐ N
4. Do you feel energized after eating, as though you are full of energy to be active and move? ☐ Y ☐ N
5. Do you get a "high" when you accomplish projects or tasks? ☐ Y ☐ N
6. Are you confident yet not egotistical? ☐ Y ☐ N
7. Are you determined yet never lose sight of your personal life? ☐ Y ☐ N
8. Are you focused on your goals, but also flexible on your process to achieve them? ☐ Y ☐ N
9. Do you feel satisfied with your performance on projects or tasks? ☐ Y ☐ N
10. Do you keep your ambitious goals in check with enjoying life? ☐ Y ☐ N
11. Do you maintain work-life balance? ☐ Y ☐ N
12. Do you make time to have fun away from work? ☐ Y ☐ N
13. Are you realistic about taking on work that you can reasonably do? ☐ Y ☐ N
14. Do you handle a busy schedule without fretting? ☐ Y ☐ N
15. Do you only say "yes" to things you can comfortably do? ☐ Y ☐ N
16. Do you avoid consistent eating of sweets or desserts? ☐ Y ☐ N
17. Do you avoid consistently eating meals high in processed starchy foods (e.g., breads, pastas, pretzels)? ☐ Y ☐ N
18. Do you avoid quick-energy, caffeinated drinks? ☐ Y ☐ N
19. Do you avoid overeating when you are stressed? ☐ Y ☐ N
20. Are you more likely to take time to prepare meals than eat out? ☐ Y ☐ N
21. Do you digest your food well? ☐ Y ☐ N
22. Do you have healthy blood sugar levels? ☐ Y ☐ N
23. Are you free of digestive complaints or conditions? ☐ Y ☐ N
24. Does your stomach feels comfortable after eating? ☐ Y ☐ N
25. Are you trim in your belly area? ☐ Y ☐ N



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SPECTRUM QUIZ THE LOVE

1. Have you been able to release past events that hurt you? ☐ Y ☐ N
2. Are you able to easily let go of grief? ☐ Y ☐ N
3. Are you quick to forgive? ☐ Y ☐ N
4. Are you able to give to others in equal measure with being able to receive from others? ☐ Y ☐ N
5. Is your heart open but with select boundaries that are healthy? ☐ Y ☐ N
6. Are you physically active? ☐ Y ☐ N
7. Are you physically fit? ☐ Y ☐ N
8. Do you make time to be in nature? ☐ Y ☐ N
9. Do you breathe deeply? ☐ Y ☐ N
10. Do you do some aerobic activity on a regular basis, such as walking, biking, or running? ☐ Y ☐ N
11. Do you hold back from "overmothering" those around you? ☐ Y ☐ N
12. Is your own self-approval more important to you than other people's approval? ☐ Y ☐ N
13. Do you take care of yourself to the same extent you are able to take care of others? ☐ Y ☐ N
14. Do you readily let go of any pain you feel from those around you? ☐ Y ☐ N
15. Do you keep your heart (feelings) balanced with your mind (intellect)? ☐ Y ☐ N
16. Do you eat plant-based foods every day? ☐ Y ☐ N
17. Do you eat cruciferous vegetables (e.g., broccoli, kale, Brussels sprouts, cabbage) at least three times per week? ☐ Y ☐ N
18. Do you eat leafy green salads at least every other day? ☐ Y ☐ N
19. Do you feel grateful for your daily meals? ☐ Y ☐ N
20. Do you love eating vegetables of all types? ☐ Y ☐ N
21. Are your hands and feet comfortably warm? ☐ Y ☐ N
22. Can you breathe without difficulty? ☐ Y ☐ N
23. Is it easy to breathe while you exercise? ☐ Y ☐ N
24. Is your blood pressure normal? ☐ Y ☐ N
25. Is your heart rate normal? ☐ Y ☐ N



WHOLE DETOX™

SPECTRUM QUIZ

THE TRUTH

1. Are you true to yourself no matter what? ☐ Y ☐ N
2. Do you enjoy your uniqueness? ☐ Y ☐ N
3. Do you feel free to be you? ☐ Y ☐ N
4. Are you consistent in living according to your values? ☐ Y ☐ N
5. Do you feel open in giving your opinion when asked? ☐ Y ☐ N
6. Do you speak your truth in a clear and conscientious way? ☐ Y ☐ N
7. Are you comfortable expressing yourself verbally? ☐ Y ☐ N
8. Do you find it enjoyable to converse with others? ☐ Y ☐ N
9. Do you enjoy talking things out as a way of processing an event or issue? ☐ Y ☐ N
10. Do you speak up if there are issues you feel strongly about? ☐ Y ☐ N
11. Are you confident in your decision-making ability? ☐ Y ☐ N
12. Are you able to effectively make a decision even when you have too many choices? ☐ Y ☐ N
13. Are you able to choose what is important to you? ☐ Y ☐ N
14. Do you usually walk away knowing you made the best choice you could? ☐ Y ☐ N
15. Are you comfortable making decisions? ☐ Y ☐ N
16. Do you chew your food well? ☐ Y ☐ N
17. Do you eat an adequate amount of food (not too little, not too much)? ☐ Y ☐ N
18. Do you have a normal, healthy appetite? ☐ Y ☐ N
19. When you eat, do you only eat and not multi-task? ☐ Y ☐ N
20. Do you choose foods you know are healthy for you? ☐ Y ☐ N
21. Does it seem that you have a normal metabolism? ☐ Y ☐ N
22. Is your thyroid healthy, to the best of your knowledge? ☐ Y ☐ N
23. Does your throat stay moist and rarely ever sore? ☐ Y ☐ N
24. Do you have healthy teeth? ☐ Y ☐ N
25. Is your jaw loose and relaxed? ☐ Y ☐ N



WHOLE DETOX™

SPECTRUM QUIZ

THE INSIGHT

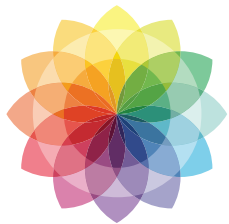
1. Do you consider yourself to be smart or able to easily understand concepts? ☐ Y ☐ N
2. Are you good at solving problems based on what you know? ☐ Y ☐ N
3. Compared to most people, do you consider yourself a "thinker"? ☐ Y ☐ N
4. Do you like learning new things? ☐ Y ☐ N
5. Are you a quick learner? ☐ Y ☐ N
6. Do you consider yourself intuitive? ☐ Y ☐ N
7. Do you get impressions about things yet to happen? ☐ Y ☐ N
8. Do you have a good sense of discernment? ☐ Y ☐ N
9. Do you listen to your inner knowing? ☐ Y ☐ N
10. Does your inner knowing help guide you through life? ☐ Y ☐ N
11. Do you sleep all through the night? ☐ Y ☐ N
12. Do you regularly sleep 7-8 hours per night? ☐ Y ☐ N
13. Do you have a consistent healthy sleep pattern? ☐ Y ☐ N
14. Do you fall asleep easily without the use of sleep aids? ☐ Y ☐ N
15. Do you wake in the morning feeling refreshed? ☐ Y ☐ N
16. Do you avoid drinking too many caffeinated drinks? ☐ Y ☐ N
17. Do you avoid eating too much chocolate? ☐ Y ☐ N
18. Are you free from food addictions? ☐ Y ☐ N
19. Do you abstain from drinking excessive amounts of alcoholic drinks? ☐ Y ☐ N
20. Are you able to focus without relying on external substances? ☐ Y ☐ N
21. Are you able to relax without relying on external substances? ☐ Y ☐ N
22. Are you attentive to tasks on hand and mindful? ☐ Y ☐ N
23. Is your memory good? ☐ Y ☐ N
24. Are your moods stable? ☐ Y ☐ N
25. Do you meditate or engage in a mindful practice of some sort? ☐ Y ☐ N



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SPECTRUM QUIZ THE SPIRIT

1. Do you feel that life is full of meaning? ☐ Y ☐ N
2. Do you feel connected to the sacredness or divinity of life? ☐ Y ☐ N
3. Are you engaged in greater planetary causes (e.g., ending hunger, world peace)? ☐ Y ☐ N
4. Do you feel you have a special mission or a calling by which you live? ☐ Y ☐ N
5. Do you find yourself inspired by nature? ☐ Y ☐ N
6. Do you live a spiritual life? ☐ Y ☐ N
7. Do you have faith that everything works out as it needs to be? ☐ Y ☐ N
8. Do you live by your spiritual views? ☐ Y ☐ N
9. Do you feel strengthened through your spirituality? ☐ Y ☐ N
10. Do you believe in something greater than yourself? ☐ Y ☐ N
11. Do you feel vital? ☐ Y ☐ N
12. Do life events feel wonderfully mysterious and deep? ☐ Y ☐ N
13. Do you feel that you have clarity about your life's purpose? ☐ Y ☐ N
14. Do you meditate or pray for guidance or clarity? ☐ Y ☐ N
15. Does your purpose direct your life choices? ☐ Y ☐ N
16. Do you regularly detox your body? ☐ Y ☐ N
17. Do you regularly eat certain foods that are known to be good for detoxification? ☐ Y ☐ N
18. Do you eat fresh organic food over fried food? ☐ Y ☐ N
19. Do you avoid plastic containers (e.g., for food, water, etc.)? ☐ Y ☐ N
20. Do you avoid using toxic personal care products (e.g., lotion, make-up, deodorant)? ☐ Y ☐ N
21. Do you take precaution in minimizing your exposure to excessive EMFs or electrical fields? ☐ Y ☐ N
22. Is your nervous system healthy (e.g., no pain, numbness, etc.)? ☐ Y ☐ N
23. Are you resilient and recover quickly from any illness? ☐ Y ☐ N
24. Do people say that you look younger than your age? ☐ Y ☐ N
25. Do you think that your life force, or constitution, is stronger than most others? ☐ Y ☐ N



WHOLE DETOX™

Spectrum Quiz (WDQ)

OVERALL SCORES

Tally up your "no" scores for each section and log them here. The System that is most out of balance will have the highest "no" scores. "No" scores above 15 in one category are considered imbalanced.

SYSTEM OF HEALTH	NUMBER OF "NO" SCORES
ROOT	
FLOW	
FIRE	
LOVE	
TRUTH	
INSIGHT	
SPIRIT	
TOTAL SCORE	