

## Club Reduce Symptom Assessment

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### General Health Assessment (Part 1)

Please indicate how frequently you experience the following symptoms according to these guidelines:

**Never** = 0% of the time

**Rarely** = Less than 30% of the time

**Sometimes** = About 50% of the time

**Often** = More than 70% of the time

Do you feel tired most of the time?	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Lifestyle-altering fatigue	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Intestinal gas	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Abdominal bloating	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Sugar cravings	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Bread or beer cravings <sup>?</sup>	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Constipation and/or diarrhea	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Irritability and/or moodiness	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Brain fog and/or poor memory	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Feeling faint, dizzy, or lightheaded	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Muscle or body aches	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Itching or burning sensation in rectum or prostate	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Loss of sexual desire	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
White thrush or yellow fuzzy tongue <sup>?</sup>	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Athlete's foot, ringworm, or jock itch <sup>?</sup>	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Fingernail or toenail fungus	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Sensitivity to perfumes, insecticides, or other chemical smells	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Weight gain and/or struggling to maintain a healthy weight	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Think your weight is out of control <sup>?</sup>	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often

### General Health Assessment (Part 2)

Please indicate how frequently you've taken the following medications throughout your life.

Antibiotics <sup>?</sup>	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Testosterone (prescribed by physician) <sup>?</sup>	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often

Steroid drugs (possibly for allergies, asthma, or injuries) ?	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Synthetic hormones (such as HRT or bioidentical) ?	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often

## Thyroid Function Assessment

Please indicate to how frequently you experience the following symptoms and conditions according to these guidelines:

**Never** = 0% of the time

**Rarely** = Less than 30% of the time

**Sometimes** = About 50% of the time

**Often** = More than 70% of the time

Difficulty getting out of bed in the morning	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Need caffeine or other stimulants to get going	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Gain weight easily	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Difficulty losing weight	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Dry skin	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Mood swings	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Thinning hair	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Outer third of eyebrows missing or thinning	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Dry or brittle hair	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
High cholesterol	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Low blood pressure	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Depression	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Yellow skin	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Do you have a family history of thyroid disease?	<input type="radio"/> Yes		<input type="radio"/> No	

## Stress Assessment

Please indicate how frequently you experience the following situations according to these guidelines:

**Never** = 0% of the time

**Rarely** = Less than 30% of the time

**Sometimes** = About 50% of the time

**Often** = More than 70% of the time

Close support network of family and friends	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Happy with your current job/profession	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Exercise regularly	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Eat 3 meals and 0-2 snacks per day	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Consume caffeine, sugar, and/or refined carbohydrates	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Take time off work to recharge your batteries 🤔	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Take a multivitamin/mineral	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Worry about money and finances	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Satisfaction with your life and its direction	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
8 hours of uninterrupted sleep at night	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Anxiety and/or panic attacks	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Think you're too stressed	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Suffer from allergies, arthritis, fibromyalgia, and/or asthma 🤔	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Trouble falling asleep	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Feel exhausted after exercising	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Major life stressors such as death, divorce, etc.	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Catch colds and flu easily	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often

## Hormone Assessment

Please indicate how frequently you experience the following symptoms according to these guidelines:

**Never** = 0% of the time

**Rarely** = Less than 30% of the time

**Sometimes** = About 50% of the time

**Often** = More than 70% of the time

Poor sleep quality	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Memory problems	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Puffiness/bloating	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Anxiety	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Insomnia	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Acne breakouts	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Brown age spots	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Inability to exercise	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Fatty breasts	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Soft erections	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Loss of muscle	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Loss of stamina	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Headaches	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Enlarged prostate	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Night time urination	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Foggy thinking	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often

## Toxic Burden Assessment (Part 1 - Consumption)



















Please indicate how frequently you consume the following foods on daily and/or weekly basis according to these guidelines:

**Never** = 0% of the time

**Rarely** = Less than 30% of the time







**Sometimes** = About 50% of the time

**Often** = More than 70% of the time

Organic, pesticide-free produce 	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
A wide variety of different colored fruits and vegetables 	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Salads with dark leafy greens 	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Flaxseeds and/or flaxseed oil 	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Green juices or smoothies 	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Organic, extra-virgin oils 	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Fresh green herbs 	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Coffee (including specialty) 	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Tobacco and nicotine (including e-cigarettes) 	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Alcohol (beer, wine, hard liquor, etc.) 	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Soda (regular and/or diet) 	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
"Diet foods" sweetened with aspartame, Splenda, or saccharin 	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Vegetable oil, canola oil, and/or margarine 	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Foods flavored with MSG (monosodium glutamate) 	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Foods that are artificially colored 	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Foods microwaved in plastic containers 	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Fast foods 	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Processed foods (from a box, bag, or can) 	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often

















## Toxic Burden Assessment (Part 2 - Supplementation)

Please mark how frequently you use the following supplements or medications on a daily and/or weekly basis:

Hormone and antibiotic-free whey protein 	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Probiotic and/or prebiotic supplements 	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Digestive enzymes 	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Prescription or over-the-counter (OTC) drugs 	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Healthy oil supplements (like salmon, flaxseed, or evening primrose oil) 	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Clean and 100% pure supplements (like the Solutions4 products that are sold in our office) 	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often

## Toxic Burden Assessment (Part 3 - Lifestyle and Habits)

Please mark how frequently you do the following:

Overeat 	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Chew your food completely 	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Experience lower bowel issues 	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Exercise to induce a hard sweat 	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Sit in a sauna 	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Use a cell phone with a headset or hands-free 	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Live or work in an environment that recirculates the indoor air 	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Use pesticides on your property 	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Travel by plane 	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Use a computer 	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Live with someone who smokes 	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Use household cleaners (such as bleach, etc.) 	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Keep green plants in your house 	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Filter your water 	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Use air purifiers in your home 	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Drink half your body weight in ounces of water each day 	<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often

## Frequency of Consumption

Please mark how many of each item(s) you consume on a daily and weekly basis.

	Daily												Weekly				
Soda	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	
Brewed Coffee	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	
Specialty Coffee	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	
Chips	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	
Candy	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	
Gum	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	
Alcoholic Beverage	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	
Cigarettes	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	
Energy Drinks	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	
Protein Bars	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	
Bagels / Muffins / Donuts / Twinkies	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	
Fast Food	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	