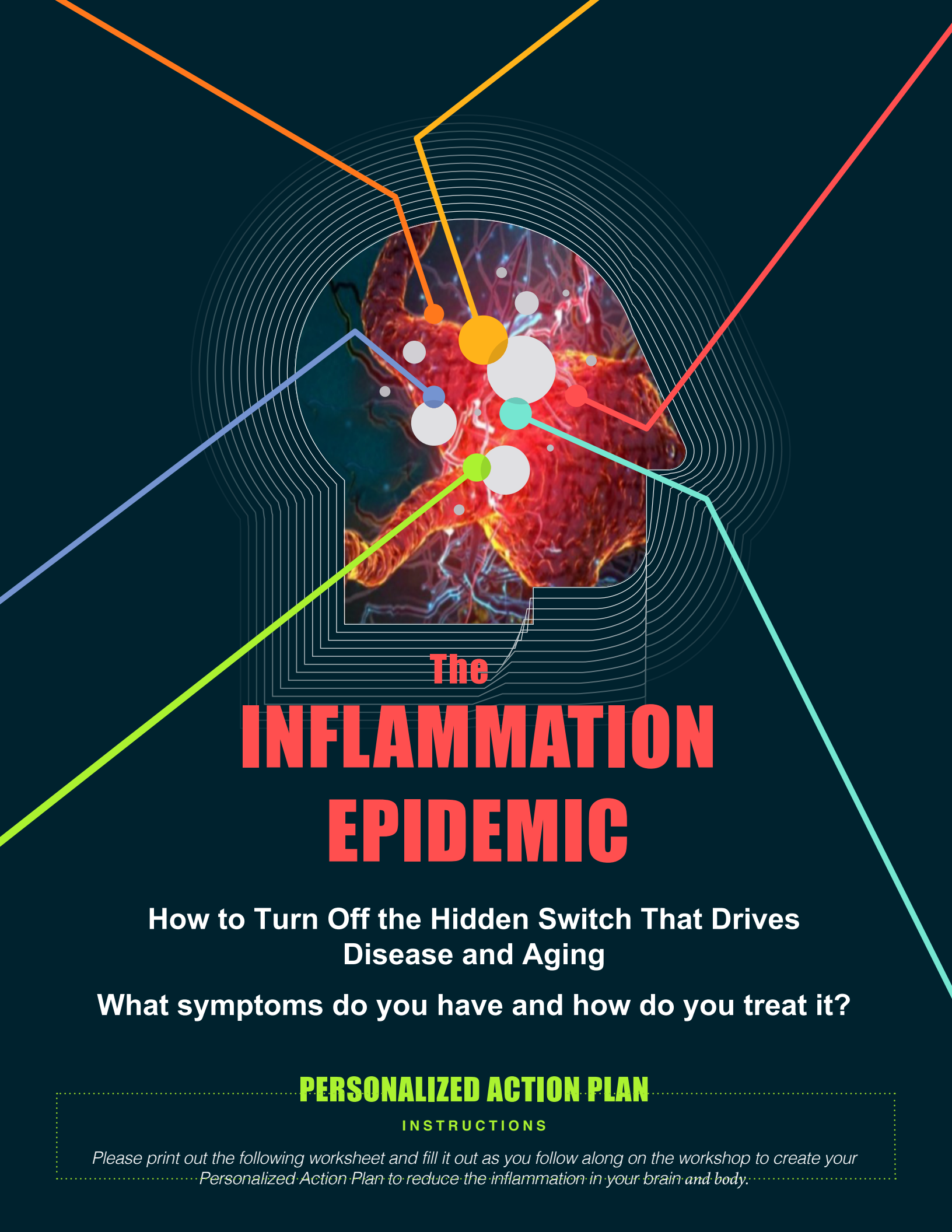


The INFLAMMATION EPIDEMIC

How to Turn Off the Hidden Switch That Drives Disease and Aging

What symptoms do you have and how do you treat it?

PERSONALIZED ACTION PLAN

INSTRUCTIONS

Please print out the following worksheet and fill it out as you follow along on the workshop to create your Personalized Action Plan to reduce the inflammation in your brain and body.

DO YOU HAVE INFLAMMATION?

INSTRUCTIONS: *Mark the box to the right of the question if you can answer YES to this question.*

1. Are you struggling with sugar or carb cravings?

2. Are you having a difficult time shedding those last 10, 20, or 100 pounds?

3. Do you ever struggle with digestive issues, diarrhea, constipation, bloating, gas, or IBS?

4. Do you struggle with low energy levels?

5. Do you follow a low-fat diet?

6. Do you sometimes push yourself too hard at the gym?

7. Do you have a food sensitivity or an allergy?

8. Do you have arthritis?

9. Do you have chronic back pain?

10. Do you have fibromyalgia?

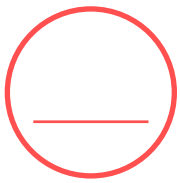
11. Do you have diabetes or pre-diabetes?

12. Do you have sensitive gums?

13. Do you drink alcohol more than 6 drinks, meaning 4 ounces per drink, a week?

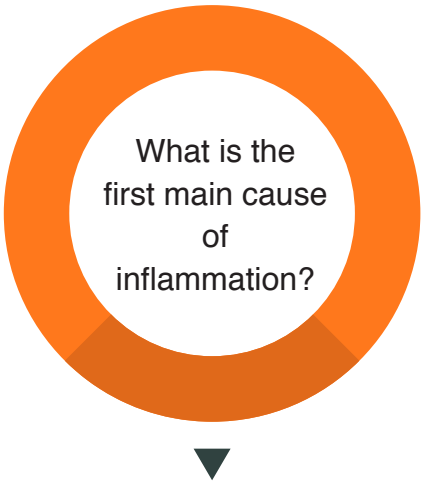
14. Do you have a hard time sleeping more than 2-3 times a month?

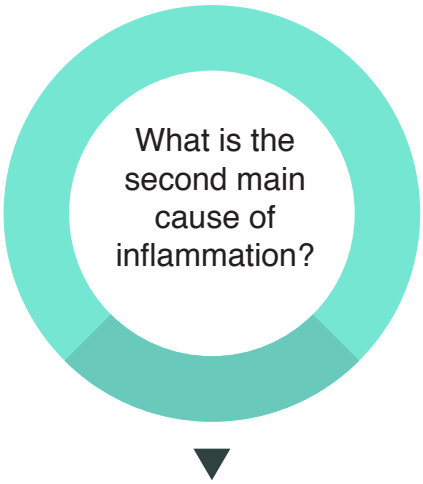
15. Do you smoke?

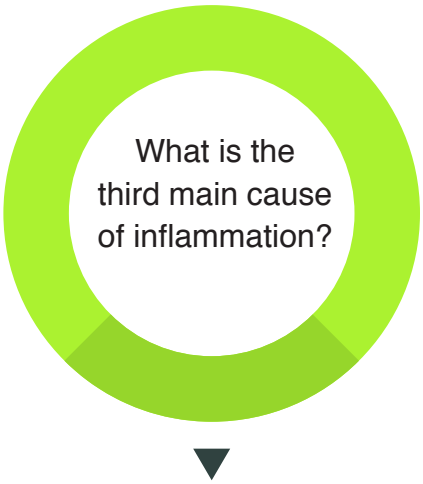


TOTAL BOXES MARKED

3 MAIN CAUSES FOR INFLAMMATION







NOTES: _____ **NOTES:** _____ **NOTES:** _____

If you are going to get your cortisol levels checked, please track the levels here.
Amazon has at home cortisol level testing kits. Be sure to test at the same time every day:

What are your beginning cortisol levels?_____ **DATE:** _____ **TIME:** _____

After 30 days: What are your cortisol levels? _____ **DATE:** _____ **TIME:** _____

INFLAMMATION BUSTING RECIPE:

INFLAMMATORY LIFESTYLE HABITS

INSTRUCTIONS: *Write down the 10 lifestyle habits that cause inflammation that destroy your health below. Then, circle the habit(s) you're going to change in the next 30 days:*

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

INFLAMMATION BUSTING RECIPE:

HIGHLY INFLAMMATORY FOODS TO CUT OUT

INSTRUCTIONS: *Write down the 10 worst* ***brain*** *eating, inflammatory foods below. Then, circle the foods you are willing to cut out, or at least cut back over the next 30 days:*

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

INFLAMMATION BUSTING RECIPE:

ANTI-INFLAMMATORY FOODS TO ADD TO YOUR DIET

INSTRUCTIONS: *Write down the 10 anti inflammation foods below.*
NOTE: mark which foods to eat every day. Then, circle the foods you are going to start adding into your diet over the next 30 days.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

MY ACTION PLAN:

HOW ARE YOU GOING TO IMPLEMENT THESE INFLAMMATION BUSTING TOOLS INTO YOUR DAILY LIFE

After watching the workshop, what do I believe is the main source of my inflammation?

What 3 steps am I willing to take over the next 30 days? *(these can be anything, just make it work for you!)*

1ST ACCOUNTABILITY STATEMENT:

I, _____ promise myself to do _____

in order to reduce the inflammation in my brain and body to have more energy and help fight disease.

How many times a week are you going to realistically do achieve this step?_____

2ND ACCOUNTABILITY STATEMENT:

I,_____ promise myself to do _____

in order to reduce the inflammation in my brain and body to have more energy and help fight disease.

How many times a week are you going to realistically do achieve this step?_____

3RD ACCOUNTABILITY STATEMENT:

I,_____ promise myself to do _____

in order to reduce the inflammation in my brain and body to have more energy and help fight disease.

How many times a week are you going to realistically do achieve this step?_____

I will ask myself before every bad habit, “Is this going to make me sharper and nourish my baby brain cells?”