

GO CLEAN AND LEAN Health Profile Self-Assessment



Do You Have Chronic Inflammation?

The ancient Greeks described inflammation as "the internal fire". Anyone who has cut, sprained, or burned themselves has experienced pain, heat, redness, and swelling - the sure signs of acute inflammation. Inflammation is one of the body's natural ways of protecting itself from foreign invaders like viruses, fungi, bacteria, chemicals, toxins, etc. In all these cases, inflammation is a good and natural thing. Without it, wounds would never heal, and germs would win the war. Unfortunately, as with any process in the body, it is possible to have too much of a good thing.

Doctors are now recognizing chronic inflammation as the link between many debilitating diseases. Chronic inflammation is very different from acute inflammation. Chronic inflammation is not the kind you can feel or even something you can see under a microscope.

"It's very subtle," says Professor Joel Mason, M.D., director of the Vitamins and Carcinogenesis Laboratory at the Jean Mayer USDA Human Nutrition Research Center on Aging (HNRCA) at Tufts. "It's inflammation on a biochemical level." Mason says "There is a lot of research going on into what role inflammation plays in a lot of the chronic degenerative diseases that our society falls prey to."

**"Inflammation is a "hot" topic in medicine.
It appears connected to almost every known chronic disease."**

~ Dr. Mark Hyman

Your Name: _____ Phone: _____ Email: _____

Your HBN Friend: _____ Phone: _____ Email: _____

Instructions: Using the following scale, rate the symptoms below based on how you've felt over the past 30 days:

0 Never or almost never have	1 Occasionally have, effect is not severe	2 Occasionally have, effect is severe	3 Frequently have, effect is not severe	4 Frequently have, effect is severe
<p>HEAD</p> <p><input type="checkbox"/> Headache</p> <p><input type="checkbox"/> Faintness</p> <p><input type="checkbox"/> Dizziness</p> <p><input type="checkbox"/> Insomnia</p> <p><input type="checkbox"/> Total</p>	<p>WEIGHT</p> <p><input type="checkbox"/> Craving certain foods</p> <p><input type="checkbox"/> Excessive weight gain</p> <p><input type="checkbox"/> Water retention</p> <p><input type="checkbox"/> Underweight</p> <p><input type="checkbox"/> Total</p>	<p>DIGESTIVE TRACT</p> <p><input type="checkbox"/> Nausea, vomiting</p> <p><input type="checkbox"/> Belching, passing gas</p> <p><input type="checkbox"/> Heartburn</p> <p><input type="checkbox"/> Bloating feeling</p> <p><input type="checkbox"/> Diarrhea</p> <p><input type="checkbox"/> Intestinal/stomach pain</p> <p><input type="checkbox"/> Constipation</p> <p><input type="checkbox"/> Total</p>	<p>HEART</p> <p><input type="checkbox"/> Irregular or skipped beat</p> <p><input type="checkbox"/> Rapid or pounding heart</p> <p><input type="checkbox"/> Chest Pain</p> <p><input type="checkbox"/> Total</p>	
<p>EYES</p> <p><input type="checkbox"/> Watery or itchy eyes</p> <p><input type="checkbox"/> Swollen/red/sticky eyelids</p> <p><input type="checkbox"/> Bags/dark circles under eyes</p> <p><input type="checkbox"/> Blurred or tunnel vision</p> <p><input type="checkbox"/> Total</p>	<p>EARS</p> <p><input type="checkbox"/> Ears itch</p> <p><input type="checkbox"/> Earaches, ear infections</p> <p><input type="checkbox"/> Drainage from ear</p> <p><input type="checkbox"/> Ringing/hearing loss</p> <p><input type="checkbox"/> Total</p>	<p>JOINTS & MUSCLES</p> <p><input type="checkbox"/> Joint pain or aches</p> <p><input type="checkbox"/> Arthritis</p> <p><input type="checkbox"/> Joint stiffness</p> <p><input type="checkbox"/> Muscle pain or aches</p> <p><input type="checkbox"/> Weakness or tiredness</p> <p><input type="checkbox"/> Total</p>	<p>EMOTIONS</p> <p><input type="checkbox"/> Mood swings</p> <p><input type="checkbox"/> Anxiety, fear, nervousness</p> <p><input type="checkbox"/> Anger, irritability, aggression</p> <p><input type="checkbox"/> Depression</p> <p><input type="checkbox"/> Total</p>	
<p>MOUTH/THROAT</p> <p><input type="checkbox"/> Chronic coughing</p> <p><input type="checkbox"/> Frequent need to clear throat</p> <p><input type="checkbox"/> Sore throat, hoarseness</p> <p><input type="checkbox"/> Discolored tongue/gums/lips</p> <p><input type="checkbox"/> Canker sores</p> <p><input type="checkbox"/> Total</p>	<p>SKIN</p> <p><input type="checkbox"/> Acne</p> <p><input type="checkbox"/> Hives, rashes, dry skin</p> <p><input type="checkbox"/> Hair loss</p> <p><input type="checkbox"/> Flushing, hot flashes</p> <p><input type="checkbox"/> Excessive sweating</p> <p><input type="checkbox"/> Total</p>	<p>MIND</p> <p><input type="checkbox"/> Poor memory</p> <p><input type="checkbox"/> Stuttering or stammering</p> <p><input type="checkbox"/> Poor concentration</p> <p><input type="checkbox"/> Slurred speech</p> <p><input type="checkbox"/> Poor physical coordination</p> <p><input type="checkbox"/> Learning disabilities</p> <p><input type="checkbox"/> Difficulty making decisions</p> <p><input type="checkbox"/> Poor comprehension</p> <p><input type="checkbox"/> Total</p>	<p>LUNGS</p> <p><input type="checkbox"/> Chest congestion</p> <p><input type="checkbox"/> Asthma, bronchitis</p> <p><input type="checkbox"/> Shortness of breath</p> <p><input type="checkbox"/> Difficulty breathing</p> <p><input type="checkbox"/> Total</p>	
<p>NOSE</p> <p><input type="checkbox"/> Stuffy nose</p> <p><input type="checkbox"/> Sinus problems</p> <p><input type="checkbox"/> Hay fever</p> <p><input type="checkbox"/> Sneezing attacks</p> <p><input type="checkbox"/> Excessive mucus formation</p> <p><input type="checkbox"/> Total</p>	<p>ENERGY/ACTIVITY</p> <p><input type="checkbox"/> Fatigue, sluggishness</p> <p><input type="checkbox"/> Apathy, lethargy</p> <p><input type="checkbox"/> Hyperactivity</p> <p><input type="checkbox"/> Restlessness</p> <p><input type="checkbox"/> Total</p>		<p>OTHER</p> <p><input type="checkbox"/> Frequent illness</p> <p><input type="checkbox"/> Frequent or urgent urination</p> <p><input type="checkbox"/> Genital itch or discharge</p> <p><input type="checkbox"/> Total</p>	

Disclaimer: This document is for your private use should you wish to complete it. Our intent is that this guide is helpful in revealing the value and correlation of nutrition and overall health. Should you choose to create and implement a nutritional protocol, you can use this guide to monitor your results over the next 6 months.

6-MONTH HEALTH JOURNAL

INSTRUCTIONS: Using the scale from the previous page, update this form each month, rating the symptoms below based upon your typical health profile:

HEAD	1	2	3	4	5	6	WEIGHT	1	2	3	4	5	6	LUNGS	1	2	3	4	5	6
Headache							Craving certain foods							Chest congestion						
Faintness							Excessive weight gain							Asthma, bronchitis						
Dizziness							Water retention							Shortness of breath						
Insomnia							Underweight							Difficulty breathing						
TOTAL							TOTAL							TOTAL						
EYES	1	2	3	4	5	6	ENERGY/ACTIVITY	1	2	3	4	5	6	JOINTS & MUSCLES	1	2	3	4	5	6
Watery or itchy eyes							Fatigue, sluggishness							Joint pain or aches						
Swollen/red/sticky eyelids							Apathy, lethargy							Arthritis						
Bags/dark circles							Hyperactivity							Joint stiffness						
Blurred or tunnel vision							Restlessness							Muscle pain or aches						
TOTAL							TOTAL							TOTAL						
MOUTH/THROAT	1	2	3	4	5	6	DIGESTIVE TRACT	1	2	3	4	5	6	TOTAL	1	2	3	4	5	6
Chronic coughing							Nausea, vomiting							MIND						
Frequent need to clear throat							Belching, passing gas							Poor memory						
Sore throat, hoarseness							Heartburn							Stuttering/stammering						
Discolored tongue/gums/lips							Bloated feeling							Poor concentration						
Canker sores							Diarrhea							Slurred speech						
TOTAL							Intestinal/stomach pain							Poor coordination						
NOSE	1	2	3	4	5	6	Constipation	1	2	3	4	5	6	TOTAL	1	2	3	4	5	6
Stuffy nose							TOTAL							Learning disabilities						
Sinus problems							EARS							Difficulty making decisions						
Hay fever							Ears itch							Poor comprehension						
Sneezing attacks							Earaches, ear infections							TOTAL						
Excessive mucus formation							Drainage from ear							HEART						
TOTAL							Ringing/hearing loss							Irregular or skipped beat						
SKIN	1	2	3	4	5	6	TOTAL	1	2	3	4	5	6	Rapid or pounding heart	1	2	3	4	5	6
Acne							EMOTIONS							Chest Pain						
Hives, rashes, dry skin							Mood swings							TOTAL						
Hair loss							Anxiety, fear, nervousness							OTHER						
Flushing, hot flashes							Anger, irritability, aggression							Frequent illness						
Excessive sweating							Depression							Frequent/urgent urination						
TOTAL							TOTAL							Genital itch or discharge						
TRACK HBN PRODUCTS USED																				
	1	2	3	4	5	6		1	2	3	4	5	6		1	2	3	4	5	6
Elite							Slimmer							Lavender, Vera						
Entourage							VitaliTea							Lemon						
Everyday							Sesso Dolce							Peppermint						
Hemp Oil 500mg Natural							Adult Wellness							Pink Grapefruit						
Hemp Oil 500mg Mint							Align							Prosper						
Hemp Oil 500mg Spice							Black Spruce							Protector						
Hemp Oil 1,000mg Natural							Breathe							Ravintsara						
Hemp Oil 1,000mg Mint							Calm							Rose Geranium						
Hemp Oil 1,000mg Spice							DyGest							Still						
Rise Coffee							Eucalyptus Radiata							Sweet Marjoram						
Black Seed Extract							Focus							Sweet Orange						
Mind							Frankincense							Tea Tree						
Body							HepaDetox							Trauma Relief						
Soul							Kids Wellness							Tri Remedy						
Nourish							Lavender Ice													