

# Endo Naught Discovery Club

## Welcome to the discovery!

Thank you for being a part of this informal research journey! Due to budget constraints, endometriosis research is often conducted in the lab, on animals or in vitro. In order to get a more solid understanding of the endo-diet connection on humans, it's important to document dietary shifts and symptoms in people, and include testing.

For this endometriosis discovery, we're going to collect data about omega-3 deficiency and endometriosis. To be a part of this discovery, you'll need to do the following:

1. Before doing anything, check with your doctor to make sure this is the right path for you! Do not supplement without the approval of a medical professional. If deemed ok, make sure to fill out the liability waiver on the following page.
2. Next, test your Omega 3 level with the **OmegaQuant Test**. (full disclosure, I am an affiliate because I believe in this test!)
3. Fill in your symptom sheet (page 3) for the Pre-Test column.
4. When you get your results, use **this** calculator to find your needed supplementation level for EPA and DHA in order to reverse a deficiency.
5. Supplement daily with your recommended level. Use a high quality brand such as Nordic Naturals Ultimate Omega.
  - a. If you'd like 15% off, **click here** to create a FREE account with Fullscript, a company I fully trust for high-quality supplementation, and items will be shipped directly to you.
6. Set a reminder in your phone or on your calendar each month you finish supplementing to record your symptom progress. Be honest!
7. After 4 months of supplementation and tracking, re-test to find your new levels.
8. Send all the information back to [katie@healendo.com](mailto:katie@healendo.com), including this packet and both test results. All personal information will be kept anonymous.

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NAME

DATE

DATE OF BIRTH

CITY OF RESIDENCY

HAVE YOU BEEN OFFICIALLY DIAGNOSED WITH ENDO?

IF YES: (ANSWER ONLY WHAT YOU KNOW)

WHEN

WHERE WERE LESIONS LOCATION

WHAT STAGE

# Liability Waiver

## Heal Endo Endo-Naught Discovery Club

By signing this Waiver and Release of Liability (Agreement), I waive and release Heal Endo LLC, its agents, servants, employees, insurers, successors and assigns from any and all claims, demands, causes of action, damages or suits at law and equity of any kind, including but not limited to claims for personal injury, medical expenses, loss of services, on account of or in any way related to or growing out of my presence or involvement with Heal Endo LLC.

This waiver and release is intended to and does release Heal Endo LLC from any and all liability for damages, injuries, or health complications on account of or in any way related to or growing out of my negligence, the negligence of third parties, and/or the negligence of Heal Endo LLC.

I understand that the role of Heal Endo LLC is not to provide health care or medical services; or to diagnose, treat, or cure any disease, condition, or other physical or mental ailments of the human body. I understand Heal Endo LLC is not acting in the capacity of a doctor, licensed dietician or nutritionist, psychologist, or other licensed or registered professional and that any advice given by Heal Endo LLC is not meant to take the place of advice by these professionals. I have chosen to volunteer with Heal Endo LLC and understand that unless specifically licensed by the proper licensing board/authority, Heal Endo is not licensed or trained to provide medical diagnoses. No information received from Heal Endo LLC should be construed as medical opinion or recommendation.

If you are under the care of a healthcare professional or currently use any prescription medication(s), you should discuss any new health regimen, dietary change, and/or the potential use of dietary supplements with your doctor, and you should not discontinue any prescription medications, or start new supplements, without first consulting your doctor. If you suffer from any medical or psychological conditions, you should consult with and receive approval from your healthcare provider before undertaking any new supplement regimen. Heal Endo is not intended to be a substitute for your family physician or other appropriate healthcare provider.

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I am signing this Agreement freely, voluntarily and competently.

NAME

DATE

# Omega 3 Symptom Tracker

DATE FIRST TEST \_\_\_\_\_ OMEGA LEVEL \_\_\_\_\_ DAILY NEEDS VIA  
CALCULATOR \_\_\_\_\_

SUPPLEMENT BRAND/NAME YOU CHOOSE \_\_\_\_\_

DATE SECOND TEST \_\_\_\_\_ OMEGA LEVEL \_\_\_\_\_

## Symptoms

PRE-TEST    AFTER MONTH 1    AFTER MONTH 2    AFTER MONTH 3    AFTER MONTH 4

(RATE 0-5, 0 BEING NON-EXISTANT, 5 BEING THE WORST)

Period Pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ovulation Pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Joint Pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dry skin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low mood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Endo-specific pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Write your unique symptoms:

_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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