



## Autoimmune-Inflammation Assessment

	NEVER: 0	RARELY: 1	SOMETIMES: 2	OFTEN: 3	ALWAYS: 4
Are you experiencing obvious extreme reactions to certain foods or after eating—reactions such as vomiting, diarrhea, pain, skin reactions, or neurological episodes like brain fog or panic attacks?					
Are you intolerant to cold or heat, and/or do your hands or feet turn bluish or gray when they are cold? And/or are your skin, mouth, or eyes unusually dry?					
Do you have a family history of autoimmune issues, such as rheumatoid arthritis, lupus, multiple sclerosis, celiac disease, inflammatory bowel disease/Crohn's disease, or Hashimoto's thyroiditis?					
Do you have joint pain and swelling, and/or numbness and tingling, bilaterally (in the same place on both sides of your body, such as in both hands, elbows, knees, and/or feet)?					

	NEVER: 0	RARELY: 1	SOMETIMES: 2	OFTEN: 3	ALWAYS: 4
Do you have unexplained rashes, chronic acne, or recurring boils or cystic acne on your face or body?					
Do you have extreme, constant, unrelenting fatigue that cannot be relieved by sleeping, eating, or other remedies?					
Are you having unexplained muscle weakness, or have you noticed that your foot is dragging or you are dropping things more often?					
Are any of the above symptoms episodic, flaring up, sometimes to an extreme degree, then dying down for a while, only to return days, weeks, or even months later?					

AUTOIMMUNE-INFLAMMATION SCORE: \_\_\_\_\_