

Name _____ Date of birth _____

YOUR IMMUNE AND INFLAMMATORY SYSTEM | Please check all that applies

I get frequent colds and infections

I have eczema, acne and/or rashes

I am overweight (BMI greater than 25)

I exercise less than 30 minutes
3 times per week

I drink more than 3 alcoholic
beverages per week

I have had a heart attack or a
family history of obesity or diabetes

I have a stressful life

I have anxiety, depression, ADD
or ADHD, or bipolar disease

I suffer from arthritis

I have a family history of
autoimmune disease,
(RA, lupus, Hypothyroidism)

I have a family history of Alzheimer's
or dementia

I have a history of chronic
infections, skin infections, hepatitis,
cold sores or canker sores

I have food sensitivities or allergies,
I don't feel well after eating,
(tired, headaches, confusion, restless leg)

I work in an environment with poor
lighting, chemical, or ventilation

I have seasonal or
environmental allergies

My weight is hard to manage