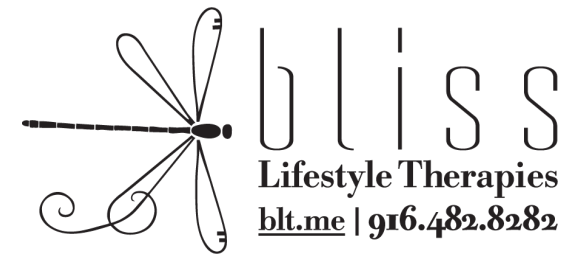


Functional Methylation Questionnaire



Name: _____ Age: _____ Date: _____

List your health concerns:

1. _____

2. _____

3. _____

Please mark the number that applies to the question(s) below.

0 = least/never to 3 = frequent/always

Category 1 (MTHFR)				
Consistent mood swings	0	1	2	3
Feel especially good with dark greens in meals.	0	1	2	3
Tendency towards depression	0	1	2	3
Struggling with infertility	0	1	2	3
High homocysteine	0	1	2	3
Cold hands and feet	0	1	2	3
Irritability	0	1	2	3
Low WBC counts or platelets	0	1	2	3
Hypothyroid	0	1	2	3
Frequent headaches	0	1	2	3
Total				

Category 5 (Slow COMPT – Dopamine, norepinephrine, epinephrine, estrogen clearance + detox)				
Tendency toward insomnia	0	1	2	3
Tendency toward anxiety	0	1	2	3
Significant PMS (male =0)	0	1	2	3
Tendency toward extremism	0	1	2	3
Weight gain with birth control (male =0)	0	1	2	3
Tendency to migraines	0	1	2	3
Irritability on inability to handle stress	0	1	2	3
Great focus and energy	0	1	2	3
Sensitive to stimulants (ie coffee, tea)	0	1	2	3
Always have to be busy and/or active	0	1	2	3
Total				

Category 2 (Low Autonomic/Adrenal)				
Irritability, shaky or nervous with missed meals	0	1	2	3
Low blood pressure	0	1	2	3
Depend on coffee to get going in the morning	0	1	2	3
Light headed with standing or if meals are skipped	0	1	2	3
Eating relieves fatigue	0	1	2	3
Crave salt	0	1	2	3
Afternoon headaches	0	1	2	3
Energy level drops in the afternoon	0	1	2	3
Lack of hunger in the morning	0	1	2	3
Total				

Category 6 (Fast COMPT – plus MTHFR or VDR = low dopamine + low adrenalin)				
Feelings of tiredness even after many hours of sleep	0	1	2	3
Difficulty paying attention	0	1	2	3
Easy going and very adaptable	0	1	2	3
Lack of drive/motivation	0	1	2	3
Dependency on coffee	0	1	2	3
Lack of excitement	0	1	2	3
Generally laid back	0	1	2	3
Sleep easily and prefer lots of sleep	0	1	2	3
Mind tends to be a little slow	0	1	2	3
Total				

Category 3 (NDUFS/ACAT – Krebs/ATP)				
Muscle fatigue and/or weakness	0	1	2	3
Feel like energy cup is 1/2 full	0	1	2	3
Tired even after a good nights sleep	0	1	2	3
Poor mental endurance	0	1	2	3
Poor physical endurance	0	1	2	3
Poor recovery from illness	0	1	2	3
Regular muscle soreness, especially with use	0	1	2	3
Total				

Category 7 (NOS3 – endothelial nitric oxide)				
Cold hands and feet	0	1	2	3
Poor nail health	0	1	2	3
Tendency to wear socks in bed	0	1	2	3
Tip of nose is often cold	0	1	2	3
Must exercise to improve energy and brain	0	1	2	3
High blood pressure	0	1	2	3
Heart attack and/or stroke common in family line	0	1	2	3
Total				

Category 4 (GST/GPX – glutathione)				
Sensitive to chemicals and smells	0	1	2	3
Gain weight easily even when eating well	0	1	2	3
Cancer runs in the family	0	1	2	3
Tendency to swelling in body and joints	0	1	2	3
Excessive inflammation	0	1	2	3
Brain fog. After exposure to chemicals or	0	1	2	3
Noticeable variations in mental speed	0	1	2	3
Total				

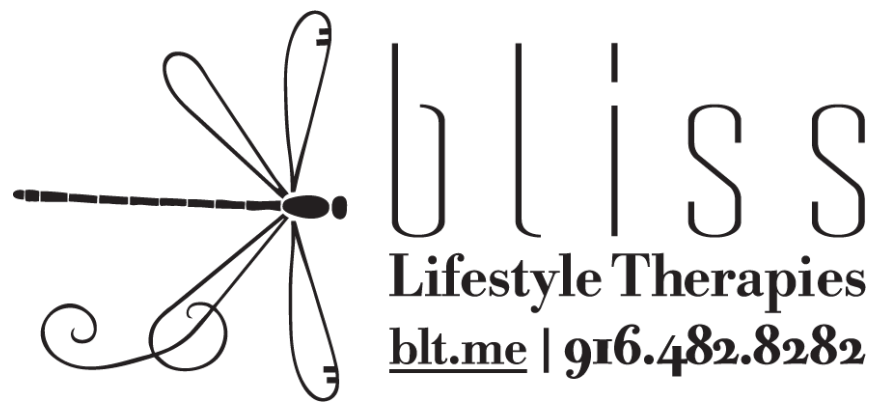
Category 8 (GAD – Glutamic Acid Decarboxylase – GABA)				
Feelings of nervousness or panic for no reason	0	1	2	3
Feeling of a “knot” in stomach	0	1	2	3
Inability to turn off mind when trying to sleep or relax	0	1	2	3
Consistent worry	0	1	2	3
Disorganized or distracted attention	0	1	2	3
General state of overwhelmed	0	1	2	3
Feeling tense often	0	1	2	3
Total				

Functional Methylation Questionnaire

Please mark the number that applies to the question(s) below. 0 = least/never to 3 = frequent/always

Category 9 (Slow MAO – serotonin, norepinephrine, epinephrine clearance)				
Quick temper and easily over react	0	1	2	3
Irritability	0	1	2	3
Headaches with aged cheese, chocolate, and wine	0	1	2	3
Struggling with addiction or extreme behaviors	0	1	2	3
Self confident	0	1	2	3
Difficulty falling asleep	0	1	2	3
Rarely depressed	0	1	2	3
Total				
Category 10 (Fast MAO – plus MTHFR can = low serotonin, dopamine)				
Sweet tooth	0	1	2	3
Crave carbs, sugar, and pastries	0	1	2	3
Tendency towards depression	0	1	2	3
Lack of self-confidence	0	1	2	3
Find myself apologizing all the time	0	1	2	3
Can't sleep through the night	0	1	2	3
Tendency to snack in the middle of the night	0	1	2	3
Total				
Category 11 (SULT – Sulfotransferase)				
Reaction to wine/beer	0	1	2	3
Asthma	0	1	2	3
Itchy skin/hives	0	1	2	3
Negative response to cleansing	0	1	2	3
Sulfa drug allergy	0	1	2	3
Total				
Category 12 (VDR – vit D receptor)				
Feel more down in fall and winter	0	1	2	3
Have known autoimmune condition	0	1	2	3
Catch colds or flu easily	0	1	2	3
Slow healer	0	1	2	3
Always wear sunscreen or avoid direct sunlight	0	1	2	3
Total				

Category 13 (DAO – histamine clearance)				
Can't handle shellfish	0	1	2	3
Alcohol makes me feel ill	0	1	2	3
Have headaches often	0	1	2	3
Frequent heartburn	0	1	2	3
Feel bloated after many foods	0	1	2	3
Skin reaction like hives or eczema	0	1	2	3
Struggle with asthma or exercise induced asthma	0	1	2	3
Feel better on an anti-histamine	0	1	2	3
Joints frequently hurt	0	1	2	3
Felt better during pregnancy (male =0)	0	1	2	3
Total				
Category 14 (PEMT – phosphatidylethanolamine – cell membrane stability)				
Need more than 8 hours of sleep	0	1	2	3
Feel mentally foggy or slow	0	1	2	3
Muscle pain regularly especially with activity	0	1	2	3
Gallbladder problem/dietary fat intolerance	0	1	2	3
Vegan/Vegetarian	0	1	2	3
Pain in many areas of the body	0	1	2	3
Experience memory lapses	0	1	2	3
High cholesterol or fatty liver disease	0	1	2	3
Slow mental recall	0	1	2	3
Total				



Current Medications: _____

Current Supplements: _____