



Immune System Assessments Scorecard

Name				
Based upon your health profile for the past 30 days, please select the appropriate number, from '0 - 3' on all questions (0 as least/never/no and 3 as most/always/yes). Circle the number you feel best applies, then add the numbers to create your score.				
<p>Point Scale: (Please adjust your understanding as needed for health questions that are NOT symptom related.) 0 = NEVER (also: least, no, never tried/experienced) 1 = MILD (also: occasionally; symptom occurs rarely - i.e. a couple of times a month at most) 2 = MODERATE (also: some severity/intensity, and/or frequency, often; symptom occurs weekly) 3 = SEVERE/ABSOLUTE (also: frequent, intense, most, always, yes) For all yes/no questions, 0 = No and 3 = Yes</p>				
Low Immune System Assessment	0	1	2	3
Do you often have a runny or drippy nose?	0	1	2	3
Do you catch colds at the beginning of winter?	0	1	2	3
Do you have a mucus producing cough?	0	1	2	3
Do you often experience colds or the flu?	0	1	2	3
Are you prone to other infections (sinus, ear, lung, skin, bladder, kidney, etc.)?	0	1	2	3
Are you an "always sick" person? 0 = No 3 = Yes	0			3
Do you have a history of Epstein Bar, Mono, Herpes, Shingles, Chronic Fatigue Syndrome, Hepatitis or other?	0	1	2	3
Do you have areas of your body that are inflamed?	0	1	2	3
Do you experience unexplained fever?	0	1	2	3
Are your glands swollen?	0	1	2	3
Total for Each Column (number of checkmarks x value)				
Subtotal /30				



Hyper Immune System Assessment (i.e. Allergies and Autoimmune)	0	1	2	3
Do you have acne (adult)?	0	1	2	3
Do you have itchy skin (Dermatitis)?	0	1	2	3
Do you have hay fever?	0	1	2	3
Do you have known or suspected food allergies?	0	1	2	3
Do you have known or suspected inhalant allergies?	0	1	2	3
Have you ever been told you have any of the following: asthma, dermatitis herpetiformis, dermatomyocitis, rheumatoid arthritis, psoriasis, eczema?	0	1	2	3
Do you have cysts, boils, rashes?	0	1	2	3
How often do you have fatigue that's debilitating?	0	1	2	3
Do you experience tingling or numbness in your extremities?	0	1	2	3
How often do you experience digestive upset?	0	1	2	3
Do you have chronic fatigue or fibromyalgia?	0	1	2	3
Have you ever been told you have any of the following: Hashimoto's, Graves, pernicious anemia, Crohn's, Ulcerative colitis	0	1	2	3
Do you experience unexplained fever?	0	1	2	3
Are your glands swollen?	0	1	2	3
Have you noticed changes in your skin color or patchy loss of pigmentation?	0	1	2	3
Total for Each Column (number of checkmarks x value)				
Subtotal /45				
Physical Signs of Immune System Dysfunction	0	1	2	3
Red sclera	0	1	2	3
Pasty, off white sclera	0	1	2	3
Ulcerations or canker sores	0	1	2	3
Bitter taste	0	1	2	3
Bad breath	0	1	2	3
Putrid breath smells	0	1	2	3
Bulbous nose	0	1	2	3
Chronic coating and/or "furry" tongue	0	1	2	3



Scalloped edges and teeth marks on tongue	0	1	2	3
Geographic tongue (lines like a map)	0	1	2	3
A “cottage cheese” growth or coating	0	1	2	3
Excessively shiny or smooth tongue	0	1	2	3
Splitting cuticles	0	1	2	3
Pitting of nails	0	1	2	3
Deep horizontal ridges (Beau’s lines) on nails	0	1	2	3
Yellowish, bulging, bending, breaking nails	0	1	2	3
Total for Each Column (number of checkmarks x value)				
Subtotal /48				
Grand Total /123				

Calculate Score

Grand Total: ____ x 100 = ____ %

What Your Score Means:

0 - 10% - Overall good balance. Sound nutrition and healthy habits will maintain good balance.

11 - 20% - In need of a tune up to restore balance before serious illness sets in. Diet and lifestyle improvements should shift to normal.

21 - 35% - Things are out of balance and need attention.

36 - 50% - Very compromised and likely to significantly affect your state of health, well-being and energy level.

51 - 100% - Severely compromised and requires immediate attention.