

INFLAMMATION CHECKLIST

If you are wondering if inflammation could be at the root of your child's health problem go through the checklist below. Check each box that applies to your child's dietary and lifestyle habits. Then follow the instructions below to calculate your child's inflammation score.

LET'S GET STARTED.

5
PTS My child suffers from one or more of the following: YES NO

- | | | |
|---|--|---|
| <input type="checkbox"/> ADD/ ADHD | <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Gastrointestinal problems |
| <input type="checkbox"/> Anxiety / depression / mood problems | <input type="checkbox"/> Diabetes | <input type="checkbox"/> PANDAS/ PANS |
| <input type="checkbox"/> Asthma & allergies | <input type="checkbox"/> Eczema/ Skin Problems | <input type="checkbox"/> Recurrent Headaches |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Failure to Thrive | <input type="checkbox"/> Recurrent Infections |
| <input type="checkbox"/> Autoimmune illnesses | <input type="checkbox"/> Focus Problems | <input type="checkbox"/> Respiratory issues |
| <input type="checkbox"/> Bed wetting | <input type="checkbox"/> Food allergies/ sensitivities/ intolerances | <input type="checkbox"/> Sensory Disorders |
| <input type="checkbox"/> Behavioral Issues | | <input type="checkbox"/> Sleep Disturbances/ Insomnia |
| <input type="checkbox"/> Chronic Constipation | <input type="checkbox"/> Gluten intolerance/ celiac disease | |

5
PTS My child has many unexplained symptoms but has not been officially diagnosed with any disease at this time. YES NO

5
PTS My child is overweight and seems to be hungry most of the time, or my child fails to thrive and lacks a good appetite. YES NO

5
PTS My child is often physically lethargic and does not have exercise and fresh air regularly. YES NO

5
PTS My child is sometimes mentally lethargic and feels rundown and depressed. YES NO

If you checked one or more of the questions above it is very likely that excess inflammation is causing or worsening your child's symptoms.



INFLAMMATION CHECKLIST

CONTINUE BELOW TO DETERMINE YOUR CHILD'S INFLAMMATION SCORE.

FOOD

5 PTS	My child regularly eats gluten, products made of wheat and other gluten containing grains.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5 PTS	My child often has refined sugar or artificial sugar substitutes (including desserts, sodas, sweetened drinks, etc.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5 PTS	My child consumes hydrogenated oils (trans fats) found in margarines, fried foods and most packaged and processed foods and snacks.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5 PTS	My child consumes corn oil, safflower oil, sunflower oil, cottonseed oil, soybean oil, canola oil and foods made with these oils such as mayonnaise, tartar sauce, margarine, bottled salad dressings, and most processed foods.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5 PTS	My child regularly eats cheese, dairy products and drinks dairy.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5 PTS	My child does not consume many fresh fruits and particularly fresh vegetables on a regular daily basis.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5 PTS	My child consumes foods containing soy or soy products.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5 PTS	My child regularly eats meat and eggs from grain-fed animals (regular factory-farm supermarket brands)	YES <input type="checkbox"/>	NO <input type="checkbox"/>

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CONTINUE BELOW TO DETERMINE YOUR CHILD'S INFLAMMATION SCORE.

ENVIRONMENTAL ALLERGIES

25
PTS My child regularly has allergy symptoms like sneezing, itching of the nose, eyes or roof of the mouth, runny, stuffy nose, watery, red or swollen eyes, dark puffy circles under eyes, mouth breathing or audible breathing, bouts of wheezing and/or coughing.

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

ENVIRONMENTAL TOXINS

25
PTS My child has knowingly been exposed to toxic materials including pesticides on produce, herbicides, dental amalgam, plastic softeners, mold etc.

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

INFECTIOUS DISEASE

25
PTS My child is prone to cold and flu symptoms or seems to catch what is going around.

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

STRESS

10
PTS My child's sleep patterns are irregular; trouble falling asleep, waking up at night, tired in the early morning or early afternoon

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

10
PTS My child is stressed either physically (injuries, physical dysfunctions, health problems) or emotionally (family dynamics, relationships with friends, school, cultural expectations, etc.)

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>



INFLAMMATION CHECKLIST

IN THE NEXT STEP YOU CALCULATE YOUR CHILD'S INFLAMMATION SCORE. GO BACK TO EACH CHECKED QUESTION AND ADD UP THE NUMBER ASSIGNED TO EACH QUESTION.

INFLAMMATION SCORE: _____%

Please note that our bodies can have a baseline level of inflammation of about 25%, depending on the five contributing factors of inflammation - genetics plus food, environmental allergies, environmental toxins, infectious disease and stress.

Every score above 25% indicates excess inflammation.

Excess inflammation causes or worsens symptoms.

When we minimize inflammation we eliminate or minimize symptoms.

If your child's inflammation score is above 25%, start addressing the triggers you have checked above one by one to decrease your child's inflammation score, which will allow its body to do what it does best - heal itself.

xx Bettina