

NEURO-INFLAMMATORY & GUT-BRAIN AXIS ASSESSMENT

Client Name: _____ Date: _____

Purpose: This tool helps identify if mood symptoms (depression, anxiety, brain fog) are driven by systemic inflammation, the "Tryptophan Steal," or gut-derived endotoxemia (LPS).

Section 1: Symptom Cluster (The "Sickness Behavior" Profile)

Rate the frequency of the following over the last 30 days (0 = Never, 3 = Daily/Severe)

| Symptom | Score (0-3) | Related Mechanism (For Practitioner) |
|---|-------------|--|
| Brain Fog / Cognitive Fatigue | _____ | Microglial activation / Neuroinflammation |
| Anhedonia (Loss of interest/pleasure) | _____ | LPS-driven "Sickness Behavior" |
| Social Withdrawal / Isolation | _____ | Pro-inflammatory cytokine response |
| Joint Pain or Body Aches | _____ | Systemic inflammation (elevated CRP) |
| Post-Meal Bloating / Digestive Distress | _____ | Gut permeability / LPS translocation |
| Difficulty Falling Asleep (Racing Mind) | _____ | Glutamate/GABA imbalance (Quinolinic Acid) |
| Intense Irritability / "Short Fuse" | _____ | Neuro-endocrine / HPA-axis dysregulation |
| Cold Intolerance / Thinning Hair | _____ | Thyroid-Brain axis (Low T3 effect on mood) |

Section 1 Total Score: _____ *(Score >12 suggests a high likelihood of neuro-inflammatory involvement)*

Section 2: Biomarker & Laboratory Checklist

Review recent labs. Check boxes for "Functional Outliers" that indicate a Gut-Brain Axis disruption.

- ☐ **hs-CRP > 1.0 mg/L:** Indicates systemic inflammation triggering the IDO enzyme.
- ☐ **Ferritin < 30 ng/mL:** Insufficient iron for Dopamine synthesis (Tyrosine Hydroxylase).
- ☐ **TSH > 2.5 uIU/mL:** Subclinical thyroid sluggishness impacting neurotransmission.
- ☐ **Homocysteine > 10 umol/L:** Potential methylation deficiency (Low BH4 for Serotonin).
- ☐ **OAT Test - High Quinolinic Acid:** Confirms "Tryptophan Steal" / Neurotoxicity.
- ☐ **OAT Test - High Indican/Dysbiosis:** Suggests LPS-driven microglial activation.

Section 3: Root Cause Matrix (The "Tryptophan Steal" Screen)

Identify the primary drivers shunting Tryptophan away from Serotonin.

| Trigger | Present? | Notes on Severity/Frequency |
|-------------------------------------|--------------------------|-----------------------------|
| Chronic Stress (HPA Drive) | <input type="checkbox"/> | |
| Food Sensitivities (Gluten/Dairy) | <input type="checkbox"/> | |
| Hidden Infection (Gut/Dental/Viral) | <input type="checkbox"/> | |
| Sedentary Lifestyle (Low BDNF) | <input type="checkbox"/> | |
| Poor Vagal Tone (Low Resilience) | <input type="checkbox"/> | |

Section 4: Practitioner Reflection & Scoring

Primary Driver Identified: - ☐ **The Tryptophan Steal:** High inflammation shunting nutrients to Quinolinic Acid. - ☐ **The Leaky Brain:** LPS/Gut barrier issues triggering microglial fires. - ☐ **The Nutrient Gap:** Lack of co-factors (Iron, Zinc, Mg, Methyl-B) for synthesis.

Clinical Observations:

Next Steps / Protocol Focus:

- ☐ **Quench:** High-dose Curcumin, SPMs, or NAC to lower cytokines/IDO activation.

- [] **Seal:** Gut repair protocol to reduce LPS translocation.
 - [] **Synthesize:** Targeted Amino Acids (L-Theanine) and Mineral co-factors.
 - [] **Sustain:** Daily Vagal Toning (gargling/breathing) and 30m aerobic exercise.
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