

My Immune Bucket: Inflammation Assessment & Trigger Tracker

Client Name: _____ Date: _____

Purpose of this Tool

This tool helps you visualize your "Immune Bucket." We all have a bucket that can hold a certain amount of stress, poor diet, toxins, and triggers. When the bucket overflows, we experience **Chronic Inflammation** (symptoms like brain fog, stiffness, and puffiness). Our goal is to identify what is filling your bucket and track our progress in "draining" it to move your body from **Defense Mode** into **Repair Mode**.

Section 1: The "Overflow" Signals (Symptom Check)

Check the symptoms you have experienced in the last 7 days. Rate the intensity from 1 (mild) to 5 (severe).

- ☐ **Morning Stiffness/Aches:** _____ (Intensity: 1 2 3 4 5)
 - ☐ **Brain Fog/Mental Fatigue:** _____ (Intensity: 1 2 3 4 5)
 - ☐ **Facial or Hand Puffiness:** _____ (Intensity: 1 2 3 4 5)
 - ☐ **Digestive Bloating/Discomfort:** _____ (Intensity: 1 2 3 4 5)
 - ☐ **Random Skin Rashes/Irritation:** _____ (Intensity: 1 2 3 4 5)
 - ☐ **Low Energy/Feeling "Old":** _____ (Intensity: 1 2 3 4 5)
-

Section 2: What's Filling Your Bucket? (Identifying Triggers)

Identify which "fillers" were present this week. This is not about judgment, but about awareness.

Category	Potential "Fillers"	Frequency (High/Med/Low)
Dietary	Processed foods, high sugar, alcohol, sensitivity triggers	

Category	Potential "Fillers"	Frequency (High/Med/Low)
Lifestyle	High work stress, lack of sleep, sedentary behavior	
Environmental	Seasonal allergies, household chemicals, mold exposure	
Internal	Lingering "old" infections, gut imbalances, dehydration	

Section 3: Draining the Bucket (Weekly Action Tracker)

Select 2-3 specific actions to help "empty" your bucket this week. Track your consistency.

Action Item (e.g., 8oz water, 10 min breathwork)	M	T	W	T	F	S	S
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 4: Reflection & Shift to Repair

Total "Filler" Load (Low/Medium/High): ____

Weekly Win: (One moment you felt your body move toward "Repair Mode"):

The "Aha" Moment: (What did you notice most about your bucket this week?):

Next Steps for Our Session:

1. _____

2. _____
