

# 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).

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## 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*)

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## 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.
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## 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)	[ ]	
Food Sensitivities (Gluten/Dairy)	[ ]	
Hidden Infection (Gut/Dental/Viral)	[ ]	
Sedentary Lifestyle (Low BDNF)	[ ]	
Poor Vagal Tone (Low Resilience)	[ ]	

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## 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:**

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## 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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