

# Innate Immune Reactivity & Inflammasome Trigger Assessment

Client Name: \_\_ Date: \_\_\_\_\_

**Objective:** To identify the "DAMPs" and "PAMPs" triggering the NLRP3 Inflammasome and to assess the baseline "priming" of the client's innate immune system.

## Section 1: Symptom Cluster (IL-1 $\beta$ "Sickness Behavior")

Check all that apply. These symptoms often indicate elevated Interleukin-1 beta (IL-1 $\beta$ ) produced by an active NLRP3 Inflammasome.

- ☐ **Unexplained Fatigue:** Deep lethargy that doesn't resolve with rest.
- ☐ **Brain Fog:** Difficulty concentrating or feeling "spaced out."
- ☐ **Pain Sensitivity:** Low threshold for physical pain or migrating joint pain.
- ☐ **Social Withdrawal:** Feeling an instinctual need to isolate or "hunker down."
- ☐ **The "3 PM Crash":** Significant energy dip often linked to metabolic/glucose shifts.
- ☐ **Low-Grade Fever/Chills:** Frequent feelings of being "feverish" without a full infection.

## Section 2: Trigger Identification (PAMPs & DAMPs)

Assess the "Danger Signals" currently activating the Toll-Like Receptors (TLRs).

Category	Trigger Factor (PAMPs/DAMPs)	Evidence/Lab Marker (if known)
Gut Barrier	Suspected Leaky Gut (LPS / PAMPs)	<input type="checkbox"/> Bloating / <input type="checkbox"/> Food Sensitivities
Metabolic	High Blood Sugar / Insulin (DAMPs)	<input type="checkbox"/> Fasting Insulin > 5 / <input type="checkbox"/> HbA1c > 5.4
Lipids	Oxidized LDL / High Triglycerides (DAMPs)	<input type="checkbox"/> Elevated LDL-P / <input type="checkbox"/> High-fat diet
Pathogenic	History of EBV, Lyme, or Viral Load	<input type="checkbox"/> Low NK Cell Activity / <input type="checkbox"/> High Viral Titers

Category	Trigger Factor (PAMPs/DAMPs)	Evidence/Lab Marker (if known)
Cellular	Mitochondrial Stress (ROS)	<input type="checkbox"/> Low CoQ10 / <input type="checkbox"/> Poor Exercise Recovery
Structural	Uric Acid Crystals / Tissue Damage	<input type="checkbox"/> Uric Acid > 5.5 / <input type="checkbox"/> History of Gout

### Section 3: Innate Priming & Early Life History

Explore epigenetic "training" that may have made the NLRP3 Inflammasome "hair-trigger" sensitive.

- ☐ **Maternal History:** Did the mother experience high stress or a high-sugar diet during pregnancy?
- ☐ **Birth Method:** C-section birth (potential lack of early microbiome-immune education).
- ☐ **Early Life Stress:** History of ACEs (Adverse Childhood Experiences) or early chronic infections.
- ☐ **Chronic Stress:** Current lifestyle characterized by high cortisol (primes the system for M1 polarization).

### Section 4: Assessment Summary & Scoring

Total Checkmarks: \_\_\_\_

- 0-5 Low Reactivity:** Innate system is likely in "Defense and Repair" mode. Focus on maintenance.
- 6-12 Moderate Reactivity:** Evidence of "Metainflammation." The NLRP3 Inflammasome is likely "Primed" but not fully detonated.
- 13+ High Reactivity:** Acute-on-Chronic state. High likelihood of NLRP3 assembly and IL-1 $\beta$  dominance. Immediate intervention required.

Observations:

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### Next Steps / Practitioner Protocol:

- Reduce PAMPs:** Address gut permeability (LPS) and eliminate ultra-processed foods.
- Quench DAMPs:** Support glucose regulation and lipid oxidation (Polyphenols/Fish Oil).

3. **Mitochondrial Support:** Introduce CoQ10, Magnesium, or PQQ to reduce ROS (the inflammasome "detonator").
  4. **NK Cell Support:** If viral history is present, prioritize innate viral specialists.
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