

The Immune Health "R.O.O.T.S." Discovery Tool

Client Name: _____ Date: _____

Instructions: This tool is designed to help you and your coach move beyond "symptom suppression" and identify the root causes of immune dysregulation. Please complete this assessment as accurately as possible to help us map your clinical chronology.

Section 1: Identifying the "Face" of Dysfunction

Check all that apply to your current experience:

Category A: Immune Deficiency (Under-active) - [] Frequent colds or respiratory infections (more than 2x per year) - [] Slow wound healing (cuts/scrapes take a long time to close) - [] History of "reactivating" viruses (Cold sores, Shingles, EBV) - [] Chronic fatigue that doesn't improve with rest

Category B: Immune Hyperactivity (Over-active) - [] Seasonal or environmental allergies - [] Sensitivity to fragrances, chemicals, or specific foods - [] Hives, rashes, or unexplained skin itching - [] Asthma or chronic sinus congestion

Category C: Loss of Self-Tolerance (Autoimmunity) - [] Confirmed autoimmune diagnosis (e.g., Hashimoto's, RA, Lupus, Celiac) - [] Migratory joint pain (pain that moves from one joint to another) - [] Chronic "brain fog" and systemic inflammation - [] History of high-stress events followed by a "crash"

Section 2: The R.O.O.T.S. Chronology

Functional medicine looks for the "why." Fill in the details below to identify your unique ATMs (Antecedents, Triggers, and Mediators).

Category	Definition	Your Experience (Notes)
Antecedents	Genetic or early-life factors (Birth method, breastfeeding, childhood antibiotics).	
Triggers	The "Spark" (A specific illness, mold exposure, high-stress event, or dental surgery).	

Category	Definition	Your Experience (Notes)
Mediators	The "Fuel" (Current stressors, poor sleep, nutrient gaps, or toxins keeping the fire burning).	

Section 3: The "Always-On" Guard Assessment

Our immune systems are often mismatched with the modern world. Rate the following from 1 (Never) to 5 (Constant).

1. **Processed Food Exposure:** High intake of refined sugars/oils? 1 2 3 4 5
 2. **Artificial Light/Tech:** Screen use late at night or low sun exposure? 1 2 3 4 5
 3. **Chronic Stress:** Do you feel "tired but wired" or constantly on edge? 1 2 3 4 5
 4. **Environmental Load:** Known exposure to mold, heavy metals, or pesticides? 1 2 3 4 5
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Section 4: Reflection & The "Tipping Point"

The Tipping Point Question: Was there a specific time in your life when you felt your health changed? (e.g., "I haven't been the same since...")

Environmental Shift: Do your symptoms improve when you are away from home or on vacation?

Coach's Summary & Next Steps:

Primary Face of Dysfunction: _____ **Top 3 "Pebbles" to Remove (Triggers/Mediators):** 1. _____ 2. _____ 3. _____

Immediate Action Plan:

AccrediPro Standards Institute Certified Tool | Functional Immunology Framework