

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 β "Sickness Behavior")

Check all that apply. These symptoms often indicate elevated Interleukin-1 beta (IL-1 β) 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)	[] Bloating / [] Food Sensitivities
Metabolic	High Blood Sugar / Insulin (DAMPs)	[] Fasting Insulin > 5 / [] HbA1c > 5.4
Lipids	Oxidized LDL / High Triglycerides (DAMPs)	[] Elevated LDL-P / [] High-fat diet
Pathogenic	History of EBV, Lyme, or Viral Load	[] Low NK Cell Activity / [] High Viral Titers

Category	Trigger Factor (PAMPs/DAMPs)	Evidence/Lab Marker (if known)
Cellular	Mitochondrial Stress (ROS)	[] Low CoQ10 / [] Poor Exercise Recovery
Structural	Uric Acid Crystals / Tissue Damage	[] Uric Acid > 5.5 / [] 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 β dominance. Immediate intervention required.

Observations:

Next Steps / Practitioner Protocol:

1. **Reduce PAMPs:** Address gut permeability (LPS) and eliminate ultra-processed foods.
2. **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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