

Functional Methylation Questionnaire

Name: _____

Age: _____

Date: _____

List your top 3 health concerns

1. _____
2. _____
3. _____

Please circle the number that applies to the questions below 0 as least / never to 3 as frequent/always

Category 1

Consistent mood swings	0	1	2	3
Feel especially good with dark greens in meals	0	1	2	3
Tendency towards depression	0	1	2	3
Struggled with infertility	0	1	2	3
High homocysteine	0	1	2	3
Cold hands and feet	0	1	2	3
Irritability	0	1	2	3
Low WBC counts or platelets	0	1	2	3
Hypothyroid	0	1	2	3
Frequent headaches	0	1	2	3

Category 2

Irritability, shaky or nervous with missed meals	0	1	2	3
Low blood pressure	0	1	2	3
Depend on coffee to get going in the morning	0	1	2	3
Light headed with standing or if meals are skipped	0	1	2	3
Eating relieves fatigue	0	1	2	3
Crave salt	0	1	2	3
Afternoon headaches	0	1	2	3
Energy level drops in the afternoon	0	1	2	3
Lack of hunger in the morning	0	1	2	3

Category 3

Muscle fatigue and/or weakness	0	1	2	3
Feel like energy cup is 1/2 full	0	1	2	3
Tired even after a good nights sleep	0	1	2	3
Poor mental endurance	0	1	2	3
Poor physical endurance	0	1	2	3
Poor recovery from sickness	0	1	2	3
Regular muscle soreness, especially with use	0	1	2	3

Category 4

Sensitive to chemicals and smells	0	1	2	3
Gain weight easily even when eating well	0	1	2	3
Cancer runs in the family	0	1	2	3
Tendency to swelling in body and joints	0	1	2	3
Excessive inflammation	0	1	2	3
Brain fog after exposure to chemicals or pollutants	0	1	2	3
Noticeable variations in mental speed	Yes	No		

Category 5

Tendency toward insomnia	0	1	2	3
Tendency toward anxiety	0	1	2	3
Significant PMS	0	1	2	3
Tendency toward extremism	0	1	2	3
Weight gain with birth control	0	1	2	3
Tendency to migraines	0	1	2	3
Irritability or inability to handle stress	0	1	2	3
Great focus and energy	0	1	2	3
Sensitive to stimulants (ie coffee, tea)	0	1	2	3
Always have to be busy and / or active	0	1	2	3

Category 6

Feelings of tiredness even after many hours of sleep	0	1	2	3
Difficulty paying attention	0	1	2	3
Easy going and very adaptable	0	1	2	3
Lack of drive / motivation	0	1	2	3
Dependency on coffee	0	1	2	3
Lack of excitement	0	1	2	3
Generally laid back	0	1	2	3
Sleep easily and prefer lots of sleep	0	1	2	3
Mind tends to be a little slow	0	1	2	3

Category 7

Cold hands and feet	0	1	2	3
Poor nail health	0	1	2	3
Tendency to wear socks in bed	0	1	2	3
Tip of nose is often cold	0	1	2	3
Must exercise to improve energy and brain function	0	1	2	3
High blood pressure	0	1	2	3
Heart attack and/or stroke common in my family line	0	1	2	3

Category 8

Feelings of nervousness or panic for no reason	0	1	2	3
Feeling of a "knot" in stomach	0	1	2	3
Inability to turn off mind when trying to sleep or relax	0	1	2	3
Consistent worry	0	1	2	3
Disorganized or distracted attention	0	1	2	3
General state of overwhelmed	0	1	2	3
Feeling tense often	0	1	2	3

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Category 9

Quick temper and easily overreact	0	1	2	3
Irritability	0	1	2	3
Headaches with Aged Cheese chocolate and wine	0	1	2	3
Struggle with addiction or extremes behaviors	0	1	2	3
Self - confident	0	1	2	3
Difficulty falling asleep	0	1	2	3
Rarely depressed	0	1	2	3

Category 10

Sweet tooth	0	1	2	3
Crave carbs, sugar, and pastries	0	1	2	3
Tendency towards depression	0	1	2	3
Lack of self-confidence	0	1	2	3
Find myself apologizing all the time	0	1	2	3
Can't sleep through the night	0	1	2	3
Tendency to snack in the middle of the night	0	1	2	3

Category 11

Reaction to wine / beer	0	1	2	3
Asthma	0	1	2	3
Itchy skin / Hives	0	1	2	3
Negative response to cleansing	0	1	2	3
Sulfa drug allergy	Yes	NO		

Category 12

Feel more down in the Fall and Winter	0	1	2	3
Have known autoimmune condition	Yes	NO		
Catch colds or flu easily	0	1	2	3
Slow healer	0	1	2	3
Always wear sunscreen or avoid direct sunlight	0	1	2	3

Category 13

Can't handle shellfish	0	1	2	3
Alcohol makes me feel ill	0	1	2	3
Have headaches often	0	1	2	3
Frequent heartburn	0	1	2	3
Feel bloated after many foods	0	1	2	3
Skin reactions like hives or eczema	0	1	2	3
Struggle with asthma or exercise induced asthma	0	1	2	3
Feel better on an anti-histamine	0	1	2	3
Joints frequently hurt	0	1	2	3
Felt better during pregnancy	0	1	2	3

Category 14

Need more than 8 hours of sleep	0	1	2	3
Feel mentally foggy or slow	0	1	2	3
Muscle pain regularly especially with activity	0	1	2	3
Gallbladder problem / dietary fat intolerance	0	1	2	3
Vegan /vegetarian	0	1	2	3
Pain in many area of the body	0	1	2	3
Experience memory lapses	0	1	2	3
High cholesterol or fatty liver disease	0	1	2	3
Slow mental recall	0	1	2	3

Current Medications: _____

Current Supplements: _____