

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: _____