

Name \_\_\_\_\_

Date \_\_\_\_\_



## Cogence Brief Immunological Assessment

Please **CIRCLE** the number that reflects whether the statement applies to you:

**0 = Does not apply | 1 = Rarely applies | 2 = Sometimes applies | 3 = Applies | 4 = Strongly applies**

Th1 Polarization Support Factors						Th2 Modulation Factors					
Chronic inflammation	0	1	2	3	4	Childhood asthma	No=0		Yes=3		
High stress level	0	1	2	3	4	Childhood intestinal problems	No=0		Yes=3		
Autoimmune disease flares	0	1	2	3	4	Childhood ear infections	No=0		Yes=3		
Tendency to intestinal problems	0	1	2	3	4	Tendency to asthma or other lung issues	0	1	2	3	4
Current intestinal problem	0	1	2	3	4	Active or medicated asthma	0	1	2	3	4
Catch colds that are going around	0	1	2	3	4	Active or medicated other lung problem	0	1	2	3	4
Stay sick longer once you get sick	0	1	2	3	4	Tendency to sinusitis	0	1	2	3	4
Get cold sores	0	1	2	3	4	Headache in forehead, cheek, face	0	1	2	3	4
Tendency to bladder infections	0	1	2	3	4	Current sinus problem	0	1	2	3	4
Current bladder infection	0	1	2	3	4	Produce copious nasal mucous	0	1	2	3	4
Tendency to sinus infections	0	1	2	3	4	Mucous in stool	0	1	2	3	4
Current sinus infection	0	1	2	3	4	Allergy to environment (pollen, mold, etc.)	0	1	2	3	4
Tendency to respiratory infections	0	1	2	3	4	Food sensitivities/reactions	0	1	2	3	4
Current respiratory infection	0	1	2	3	4	Tendency to IBS, SIBO, Dysbiosis, etc.	0	1	2	3	4
Chronically elevated viral burden	0	1	2	3	4	IBS, SIBO, Dysbiosis, other GI currently	0	1	2	3	4
Age: add 2 points for every 5 years over 50						Chronic Stress	0	1	2	3	4
<b>Total of the numbers you circled plus any for age</b>						Work with toxic chemicals	0	1	2	3	4
						Age: add 2 points for every 5 years over 50					
						<b>Total of the numbers you circled plus any for age</b>					

Number of days with symptoms of autoimmune flare in the past month \_\_\_\_ in the past week \_\_\_\_

Number of days with symptoms of inflammation in the past month \_\_\_\_ in the past week \_\_\_\_

Can be body inflammation (aches & pains, body fatigue, GI symptoms, etc.) or brain inflammation (mental fatigue, brain fog, etc.)

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Have patients fill out the first page of this questionnaire at the start of each visit. This provides a mechanism that helps you track the patient's progress.

### Clinician Interpretation Section

#### Th1 polarization support may be useful based on scores:

≥ 8 = 1 cap bid    ≥ 14 = 2 caps bid    ≥ 18 = 3 caps bid

#### Labs suggesting the need for support of Th1 response:

CBC hallmark: monocytes ≤ 6%. TGFβ >3000. Low normal Natural killer cells absolute or %. Viral IgG's higher than 5x the range for EBV, CMV, HSV-1, HSV-2, HHV-6, Parvovirus. EBV EA any elevation. High salivary cortisol. Chronic susceptibility to infection of any kind suggests the need for Th1 support.

#### Innate immune system support may be useful based on Th1 polarization scores:

≥ 8 = 1 cap qd    ≥ 14 = 1 bid    ≥ 18 = 2 bid

Labs suggesting the need for support of innate immune response:

WBC's <5 & TGFβ >3000 suggests the utility of at least 1 bid

#### Other indices:

NK % in lower 1/3 of range. Neutrophils ≤ 48%.

Monocytes ≤ 6%. Increased viral or bacterial burden.

#### Th2 down-regulation may be useful based on scores:

≥ 8 = 1 cap bid    ≥ 14 = 2 bid    ≥ 20 = 3 bid

#### Labs suggesting the need to down-regulate Th2 response:

CBC hallmarks: Eosinophils ≥ 5%, or Basophils ≥ 2%.

Low CD8 count and/or high CD4/CD8 ratio. Stool parasite.

The presence of asthma, environmental allergies, or any eosinophilic GI disorder strongly suggests Th2 dominance and the utility of dampening excessive Th2 response.

#### Addressing inflammation:

A baseline dose of substances intended to dampen NFκB and inhibit inflammasome formation, at appropriate concentrations, is 2 capsules 2x per day, for anyone whose goal is to influence inflammatory activation. Some people may need higher doses, to offset factors that are driving more inflammation. Generally, clinicians should consider using doses that yield few or no days per month of aches and pains, fatigue, brain fog, fluctuating weight that suggests inflammatory fluid retention, or other symptoms suggestive of chronic inflammation.

#### Addressing autoimmune flares:

The goal should be to inhibit the NFκB-STAT3 axis, with the goal of zero flare days for a given week or month. If the patient is having fewer flare days with each subsequent time they fill out the questionnaire, you're on the right track with dosing. If the number of flare days has increased since the patient's previous visit, increasing doses may be needed.

For patients not yet using NFκB-STAT3 inhibitors, (new patients, example), it is useful to consider the following doses:

#### Number of flare days per month:

≥ 10 days = 3 caps tid (some patients will need 4 caps tid)

≥ 6 days = 3 caps bid    ≥ 2 days = 2 caps bid

#### For patients in ongoing care, each patient will likely have two different dose levels:

- 1) The dose that quiets down flares
- 2) The dose that keeps them quiet between flares

The first dose is usually higher than the second dose. It's useful to instruct patients that this is their "flare dose," which they can go to when they feel a flare coming on. This is often the dose you start with to help them quiet down initially.

Once the case is ongoing and flares are occurring much less frequently, they can use the lower dose. You can determine the lower dose by having the patient gradually decrease the dose and observe if they do well at each reduced level (no flares). If the patient has a flare, you've gone too low.