

# Methylation Block Screening Questionnaire for Practitioners

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Practitioner Name:** \_\_\_\_\_

**Instructions for Practitioners:** \_\_\_\_\_

Ask your patient to answer the following questions. Use their responses to assess whether a methylation block could be contributing to their symptoms or health issues. Higher scores suggest a potential methyl block.

## 1. Symptoms Related to Methylation

For each symptom, circle the appropriate frequency.

Symptom/ Condition	Rarely (1)	Sometimes (2)	Often (3)	Very Often (4)
Fatigue or low energy levels				
Brain fog or difficulty concentrating				
Mood swings, anxiety, or depression				
Frequent headaches or migraines				
Chronic pain or fibromyalgia				
Difficulty managing stress or emotional overwhelm				
Sleep disturbances or insomnia				
Digestive issues (e.g., bloating, constipation, GERD)				
Sensitivity to chemicals, odors, or medications				
Recurrent infections or poor immune function				
Allergies (environmental or food sensitivities)				
Skin issues (e.g., eczema, rashes, acne)				
History of cardiovascular issues (e.g., high homocysteine)				

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## 2. Health History Indicators

Please check any conditions or health events from the list below:

- |   |  |
|---|--|
| <input type="checkbox"/> Family history of cardiovascular disease, stroke, or blood clots                         | <input type="checkbox"/> Long-term use of medications that may deplete B vitamins (e.g., antacids, birth control pills, anticonvulsants) |
| <input type="checkbox"/> Personal or family history of anxiety, depression, or bipolar disorder                   | <input type="checkbox"/> Sensitivity to folic acid supplements   |
| <input type="checkbox"/> History of miscarriage or difficulty conceiving  | <input type="checkbox"/> History of chemotherapy or exposure to heavy metals   |
| <input type="checkbox"/> History of infertility or recurrent miscarriage  | <input type="checkbox"/> Struggle with detoxifying after exposure to environmental toxins or mould                                       |
| <input type="checkbox"/> Diagnosed with MTHFR or other methylation-related gene mutations (e.g., COMT, MTR, MTRR) | <input type="checkbox"/> Frequent use of alcohol or tobacco  |

## 3. Lifestyle and Diet Factors

Please answer the following questions about your diet and lifestyle habits:

Question	Yes (1)	No (0)
Do you follow a diet low in leafy green vegetables or other folate-rich foods?		
Do you consume processed foods frequently, which may contain synthetic folic acid?		
Do you consume alcohol frequently (more than 3 drinks per week)?		
Do you experience frequent stress or have difficulty managing stress?		
Do you often skip meals or have an inconsistent eating schedule?		
Do you take multivitamins that contain synthetic folic acid (not methylfolate)?		
Do you regularly consume caffeine (coffee, tea, soda) in large amounts?		
Have you noticed sensitivity or adverse reactions to common medications or supplements?		

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## 4. Genetic Factors

Question	Yes (1)	No (0)
Have you been tested for the MTHFR gene mutations (rs1801133, rs1801131)?		
Do you have any other known polymorphisms in methylation-related genes (e.g., COMT, MTR, MTRR, CBS, TCN2)?		

## Scoring and Interpretation:

**Section 1** (Symptoms): Add the total score from each symptom (1-4 per symptom).

**Section 2** (Health History): Add 1 point for each item checked.

**Section 3** (Lifestyle): Add 1 point for each 'Yes' answer.

**Section 4** (Genetic Factors): Add 2 points for each 'Yes' answer.

**Total Score:** \_\_\_\_\_

## Methyl Block Likelihood:

**0-10 points:** Low likelihood of a methylation block. Other factors may be contributing to symptoms.

**11-20 points:** Moderate likelihood of a methylation block. Consider niacin challenge, addressing diet and lifestyle factors.

**21+ points:** High likelihood of a methylation block. Niacin challenge, followed by comprehensive methylation support and genetic testing may be beneficial.