



The following questions can help you determine how many risk factors you may have for developing or triggering an autoimmune response.

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you experience any symptoms after eating (gas, bloating, diarrhea, constipation, itching, fatigue, etc)? |
| <input type="checkbox"/> | <input type="checkbox"/> | (Females) Do you experience worsening symptoms around your cycle or at certain times of the month?          |
| <input type="checkbox"/> | <input type="checkbox"/> | When did you first start noticing symptoms (pregnancy, stress, trauma, a move/life change)?                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you tired after you eat, or do you experience an afternoon energy slump?                                |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have issues sleeping (trouble falling asleep or staying asleep)?                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you get sick easily or stay sick longer than others around you?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do your symptoms tend to get better then get worse (cyclical pattern)?                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any trauma growing up (physically, mentally, emotionally)?                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | (Females) Do you feel your hormones are imbalanced (mood issues, PMS, heavy bleeding, fibroids, PCOS)?      |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you use plastics in your home or workplace (water bottles, containers)?                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you get exposed to conventional cleaning products in home or workplace?                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you feel stressed out, overwhelmed or suffer from chronic fatigue?                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you supplement with vitamins and minerals on a regular/daily basis?                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you eat a variety of veggies, fruits, plant foods and proteins on a daily basis?                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you drink at least half your body's weight in ounces of water per day?                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have exposure to Wi-Fi on a regular basis?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you suffer from recurring infections (sinus infections, UTIs, cold sores)?                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you experience allergies or asthma?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you lost tolerance to chemical smells or fragrances or other scents in your environment?               |

You can learn more about how to identify your underlying hidden triggers and how to address them naturally in the book:  
***The Lupus Solution: Your Step-By-Step Functional Medicine Guide to Understanding Lupus, Avoiding Flares and Achieving Long-Term Remission***

For more information and resources head to [www.CaplanHealthInstitute.com](http://www.CaplanHealthInstitute.com)