## CHILD & ADOLESCENT METHYLATION QUESTIONNAIRE \* (ADAPTED FROM PFEIFFER)

| NAME: | <br>DATE: |
|-------|-----------|
|       |           |

Please indicate by circling which response best describes you, particularly in a pre-treatment period.

| Mental   |                          |        |                                     |  |  |  |
|--|--------------------------|--------|-------------------------------------|--|--|--|
| Academic accomplishment in traditional subjects at school e.g. | High                     | Medium | Low                                 |  |  |  |
| maths, science, literacy                                       |                          |        |                                     |  |  |  |
| Artistic & musical abilities                                   |                          | No     | Strong                              |  |  |  |
| Learning difficulties in school including dyslexia             | No                       |        | Yes                                 |  |  |  |
| Perfectionistic traits either in past or now                   | Yes                      | No     |                                     |  |  |  |
| Motivation   | High                     | Medium | Low                                 |  |  |  |
| Competitiveness in any area – may be with others or self       | High                     | Medium | Low                                 |  |  |  |
| May be described as talkative                                  | No                       |        | Yes                                 |  |  |  |
| May be described as hyperactive at times                       |                          | No     | Yes                                 |  |  |  |
| Religious beliefs  |                          | No     | Yes                                 |  |  |  |
| Emotional  |                          |        |                                     |  |  |  |
| Anxiety or inner turmoil                                       | Outwardly calm with      | None   | Anxiety which is evident to all and |  |  |  |
|  | marked inner anxiety     |        | can become panic                    |  |  |  |
| Phobias  | Yes                      | No     |                                     |  |  |  |
| Obsessive compulsive or ritualised behaviours                  | Yes                      | No     |                                     |  |  |  |
| Strong sense of routine, order & control e.g. diet, cleaning,  | Yes                      |        | No                                  |  |  |  |
| work   |                          |        |                                     |  |  |  |
| Tendency to collect things → in extreme forms: hoarding        | Yes                      | No     |                                     |  |  |  |
| Generally difficult to wind down → onset insomnia              | Yes                      | No     |                                     |  |  |  |
| Previous or current diagnoses of                               | OCD or Anorexia or       |        | Panic Attacks or ADHD or            |  |  |  |
|  | Bulimia or Addictions of |        | Psychoses including schizophrenia   |  |  |  |
|  | any sort                 |        |                                     |  |  |  |

<sup>\*</sup> To be completed by patient or patient's guardian

|  | Physical features                    |               |  |  |  |
|--|--------------------------------------|---------------|--|--|--|
| Allergies & sensitivities  | Inhalant e.g. hayfever,<br>dust mite | Neither       | Chemical e.g. perfumes <u>OR</u> food intolerances such as salicylates |  |  |
| Metabolic rate   | Fast – tendency to slimness          | Average       | Slow – tendency to overweight  |  |  |
| Natural Athleticism – coordination, ball skills                      | Strong                               | Neither       | Poor   |  |  |
| Pain tolerance   | Low                                  | Average       | High   |  |  |
| Response to Previous Medications & Nutrients                         |                                      |               |  |  |  |
| Response to anti-histamines  | Positive                             | NA or Unknown | Negative   |  |  |
| Pathology Test Results (to be filled in by clinician when available) |                                      |               |  |  |  |
| Whole Blood Histamine  | > 0.55 μmol/L                        | NA or Unknown | <0.4 μmol/L  |  |  |
| Basophils  | Tend to be > 0.02                    | NA or Unknown | Tend to be < 0.02  |  |  |
| Homocysteine   | Tends to be low < 5<br>umol/L        | NA or Unknown | Tends to be high > 7 umol/L  |  |  |
| Elevated Copper e.g. >20 umol/L                                      |                                      | NA or Unknown | Yes  |  |  |
| How to Calculate Column Totals                                       |                                      |               |  |  |  |
| <ul><li>Award 0 points to each 'NA or Unknown'</li></ul>             |                                      |               |  |  |  |
| <ul><li>Award 1 point per answer in unshaded rows</li></ul>          |                                      |               |  |  |  |
| <ul> <li>Award 2 points per answer in green shaded row</li> </ul>    |                                      |               |  |  |  |
| Marked dominance of 1 column total suggestive of                     | Under                                | Neither       | Over   |  |  |

