**Naturopathic Health Solutions, LLC**

**Leaky Gut Syndrome questionnaire**

This questionnaire has been reprinted from Dr. Elizabeth Lipski’s book, Leaky Gut Syndrome.

***Circle the number that most closely fits, then add up your results.***

***0 = Symptom is not present or rarely present***

***1 = Mild/sometimes***

***2 = Moderate/often***

***3 = Severe/almost always***

Constipation and/or diarrhea 0 1 2 3

Abdominal pain or bloating 0 1 2 3

Mucous or blood in stool 0 1 2 3

Joint pain or swelling, arthritis 0 1 2 3

Chronic or frequent fatigue or tiredness 0 1 2 3

Food allergies, sensitivities or intolerance 0 1 2 3

Sinus or nasal congestion 0 1 2 3

Chronic or frequent inflammations 0 1 2 3

Eczema, skin rashes or hives (urticaria) 0 1 2 3

Asthma, hayfever, or airborne allergies 0 1 2 3

Confusion, poor memory or mood swings 0 1 2 3

Use of NSAIDS (Aspirin, Tylenol, Motrin) 0 1 2 3

History of antibiotic use 0 1 2 3

Alcohol consumption makes you feel sick 0 1 2 3

Ulcerative colitis, Crohn’s or celiac’s disease 0 1 2 3

**YOUR TOTAL SCORE: \_\_\_\_\_\_\_\_\_\_\_\_\_**

Score 1-5: Leaky gut less apt to be present.

Score 6-10: Leaky gut may possibly be present.

Score 7-19: Leaky gut probably present.

Score 20+: Leaky gut almost certainly present.

Disclaimer: This should not be taken as a diagnosis. It is not intended to replace a physician’s care or an intestinal permeability test. However, if you score high on this self-test, seek a practitioner who is knowledgeable about leaky gut to help you.