

## Leaky Gut Syndrome questionnaire

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

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**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 = Sever/almost always  
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	0	1	2	3
Constipation and/or diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abdominal pain or bloating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mucous or blood in stool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joint pain or swelling, arthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic or frequent fatigue or tiredness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food allergies, sensitivities or intolerance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sinus or nasal congestion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic or frequent inflammations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eczema, skin rashes or hives (urticaria)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma, hayfever, or airborne allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confusion, poor memory or mood swings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of NSAIDS (Aspirin, Tylenol, Motrin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of antibiotic use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol consumption makes you feel sick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ulcerative colitis, Crohn's or celiac's disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

Score 11-19: 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*