



Nourish Holistic Nutrition

Optimal health through whole food nutrition

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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 = Sever/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, arthriti	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.