



LEAKY GUT QUIZ

0: NEVER HAVE SYMPTOMS 1: MINIMAL SYMPTOMS 2: MODERATE SYMPTOMS 3: SEVERE SYMPTOMS

HEAD:

- _____ Headaches/migraines
- _____ Dizziness
- _____ Trouble sleeping
- _____ Faintness

Total_____

EYES:

- _____ Watery or itchy eyes
- _____ Red or swollen, eyelids
- _____ Bags or dark circles under eyes
- _____ Vision problems

Total_____

EARS:

- _____ Itchy ears
- _____ Earaches
- _____ Drainage from ear
- _____ Ringing or hearing loss

Total_____

NOSE:

- _____ Stuffy nose
- _____ Sinus problems
- _____ Hay fever
- _____ Sneezing attacks
- _____ Excessive mucus formation

Total_____

THROAT:

- _____ Chronic coughing
- _____ Frequent need to clear throat
- _____ Sore throat or hoarseness
- _____ Discolored tongue, gums, lips

Total_____

THROAT:

- _____ Chronic coughing
- _____ Frequent need to clear throat
- _____ Sore throat or hoarseness
- _____ Discolored tongue, gums, lips

Total_____

SKIN:

- _____ Acne
- _____ Rash/hives
- _____ Hair loss
- _____ Hot flashes
- _____ Excessive sweating

Total_____

HEART:

- _____ Irregular heartbeat
- _____ Racing or pounding heartbeat
- _____ Chest pain

Total_____

LUNGS:

- _____ Chest congestion
- _____ Asthma, bronchitis
- _____ Shortness of breath
- _____ Difficulty breathing

Total_____

DIGESTION:

- _____ Nausea, vomiting
- _____ Diarrhea
- _____ Constipation
- _____ Bloating
- _____ Gas
- _____ Heartburn
- _____ Stomach pain

Total_____

MUSCULOSKELETAL:

- _____ Pain or aches in joints
- _____ Arthritis
- _____ Stiffness or limitation of movement
- _____ Pain in muscles
- _____ Feeling of weakness

Total_____

WEIGHT:

- _____ Excessive weight
- _____ Binge eating
- _____ Cravings
- _____ Compulsive eating

Total_____

ENERGY:

- _____ Fatigue (sluggishness)
- _____ Lethargic
- _____ Hyperactivity
- _____ Restlessness

Total_____

BRAIN:

- _____ Poor memory
- _____ Confusion
- _____ Brain fog
- _____ Difficulty making decisions
- _____ Speech problems

Total_____

MOOD

- _____ Mood swings
- _____ Anxiety, fear, nervousness
- _____ Anger, irritability
- _____ Depression

Total_____

Grand Total_____

Add up your totals. Which areas do you seem to have the most issues?

After working with a practitioner, take the quiz again and see if your total score has decreased and/or if some of your problem areas have disappeared.

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