

Trust Your Gut Wellness Evaluation

In medicine today, leaky gut aka intestinal permeability, isn't typically diagnosed. However that doesn't mean it's not affecting your health. Many health issues related to LGS go undiagnosed, misdiagnosed, or are ignored by traditional medicine. Please take the quiz to help our doctors evaluate how we can help your condition and any underlying triggering limiting your health in process

Let's get started.

Please circle any that apply to you prior to taking the quiz below:

Sub-Clinical symptoms including:

Headaches and migraines

Hormone imbalance including:

PMS

Emotional imbalance

Gastrointestinal issues including:

Abdominal bloating and cramps or painful gas

Irritable Bowel Syndrome

Ulcerative Colitis

Crohn's Disease and other intestinal disorders

Respiratory Conditions including:

Chronic sinusitis

Asthma

Allergies

Autoimmune Conditions including:

Diabetes Mellitus

Lupus

Rheumatoid Arthritis

Fibromyalgia

Chronic Fatigue

Developmental and social concerns including:

Austism

ADD/ADHD

Skin Conditions: (urticaria)

Eczema

Skin rashes

Hives

Please complete our TYG wellness quiz. While there's more to it than a single quiz, the answers below can give you a good idea of how happy your gut really is. Circle the number that most closely fits, then add up your results.

TYG Wellness Questionnaire

| | None | Mild | Moderate | Severe | | None | Mild | Moderate | Severe |
|--|------|------|----------|--------|--|------|------|----------|--------|
| Constipation and/or diarrhea | 0 | 1 | 2 | 3 | Asthma, hayfever, or airborne allergies | 0 | 1 | 2 | 3 |
| Abdominal pain or bloating | 0 | 1 | 2 | 3 | Confusion, poor memory or mood swings | 0 | 1 | 2 | 3 |
| Mucous or blood in stool | 0 | 1 | 2 | 3 | Use of NSAIDS (Aspirin, Tylenol, Motrin) | 0 | 1 | 2 | 3 |
| Joint pain or swelling, arthritis | 0 | 1 | 2 | 3 | History of antibiotic use | 0 | 1 | 2 | 3 |
| Chronic or frequent fatigue or tiredness | 0 | 1 | 2 | 3 | Alcohol consumption makes you feel sick | 0 | 1 | 2 | 3 |
| Food allergies, sensitivities or intolerance | 0 | 1 | 2 | 3 | Ulcerative colitis or celiac's disease | 0 | 1 | 2 | 3 |
| Sinus or nasal congestion | 0 | 1 | 2 | 3 | Nausea | 0 | 1 | 2 | 3 |
| Chronic or frequent inflammations | 0 | 1 | 2 | 3 | Weight Trouble | 0 | 1 | 2 | 3 |
| Eczema, skin rashes or hives (urticaria) | 0 | 1 | 2 | 3 | | | | | |

YOUR TOTAL: _____