Gut Health Quiz

Participant Information

Name: ____ **Age:** ___________

Gender: ________________________________ **Date:** _________________________

Instructions: This quiz is designed to help you assess the health of your gut. Please answer the following questions based on your experiences in the last month. Use the following scale for your responses:

- **0** - Never
- **1** - Rarely (less than once a week)
- **2** - Sometimes (1-2 times a week)
- **3** - Often (3-4 times a week)
- **4** - Always (5 or more times a week)

Quiz Questions

Rating	Question
	1. **Bloating and Gas:** How often do you experience bloating or gas after eating?
	2. **Stomach Pain and Discomfort:** How often do you experience stomach pain or discomfort?
	3. **Irregular Bowel Movements:** How often do you experience irregular bowel movements (constipation or diarrhea)?
	4. **Food Intolerance:** How often do you experience adverse reactions (such as bloating, gas, or discomfort) to certain foods?
	5. **Fatigue:** How often do you feel unusually tired or fatigued without a clear reason?
	6. **Unintended Weight Changes:** Have you experienced any unintended weight loss or gain?
	7. **Skin Irritations:** How often do you experience skin irritations or conditions (such as eczema, acne, or rashes)?

	8. **Mood Fluctuations:** How often do you experience mood fluctuations, such as feeling unusually anxious or depressed?
	9. **Cravings for Sugar or Carbs:** How often do you have strong cravings for sugary foods or carbohydrates?
	10. **Immune System Responses**: How often do you get sick (colds, infections) compared to others?
Total Score:	

Scoring Guide

- **0-10:** Your gut health appears to be in good condition. Continue maintaining a healthy diet and lifestyle.
- **11-20:** Mild gut health issues may be present. Consider evaluating your diet and lifestyle for improvements.
- **21-30:** Moderate gut health issues detected. Dietary changes and possibly a consultation with a healthcare provider are recommended.
- **31-40:** Your responses indicate significant gut health concerns. It is highly recommended to seek advice from a healthcare professional for a comprehensive assessment and guidance.

Participant's Reflections and Notes: (Use this space to note any specific concerns, dietary habits, or symptoms you wish to discuss with a healthcare provider.)

Participant's Signature: ___________________________ **Date:** ____________