



Chronic Pain & Inflammation

Root Cause Self-Assessment Quiz

This self-assessment is designed to help you begin identifying which systems in your body may be contributing to chronic inflammation, pain, fatigue, or autoimmune symptoms.

For each statement, check the box if the statement applies to you often or regularly.

1. Gut Health & Digestive Function

- I frequently experience bloating after eating.
- I have frequent gas or digestive discomfort.
- I struggle with constipation or irregular bowel movements.
- I notice food sensitivities or reactions to certain foods.
- I experience acid reflux or heartburn.
- I feel unusually tired after meals.

Total Checked in this Section: _____

2. Nervous System & Stress Regulation

- I often feel overwhelmed or chronically stressed.
- I have trouble falling asleep or staying asleep.
- I feel wired but exhausted.
- My body feels tense or tight most of the time.
- I experience anxiety, irritability, or mood swings.
- I rarely feel fully relaxed or calm.

Total Checked in this Section: _____

3. Lymphatic System & Detoxification

- I experience frequent swelling or fluid retention.
- My body feels stiff or heavy when I wake up.
- I feel worse when I am sedentary for long periods.
- I experience puffiness in my face, hands, or legs.
- I feel better after movement, massage, or sweating.

Total Checked in this Section: _____

4. Nutrient Status

- I often feel fatigued even after sleeping.
- I experience muscle cramps or tension frequently.
- I struggle with brain fog or difficulty concentrating.
- My hair, skin, or nails feel weaker than they used to.
- I crave sugar, caffeine, or salt frequently.

Total Checked in this Section: _____

5. Environmental Toxin Exposure

- I am frequently exposed to chemicals, fragrances, or cleaning products.
- I experience headaches or symptoms around strong smells.
- I drink water that may not be filtered.
- I frequently eat processed or packaged foods.
- I suspect mold exposure in my home or workplace.

Total Checked in this Section: _____

6. Chronic Infection Patterns

- I frequently get sick or feel like my immune system is weak.
- I experience recurring infections (sinus, urinary, yeast, etc.).
- I have swollen lymph nodes often.
- I experience unexplained fatigue that comes and goes.
- I feel like my body is constantly “fighting something.”

Total Checked in this Section: _____

7. Blood Sugar & Metabolic Balance

- I feel shaky, irritable, or fatigued if I skip meals.
- I experience strong sugar or carbohydrate cravings.
- I feel a crash in energy in the afternoon.
- I feel very tired after eating meals high in carbohydrates.
- My energy levels fluctuate significantly throughout the day.
- I rely on caffeine to get through the day.

Total Checked in this Section: _____

Scoring Your Results

Count how many boxes you checked in each section.

0–1 boxes: This system may currently be functioning relatively well.

2–3 boxes: This system may need additional support.

4+ boxes: This system may be a significant contributor to inflammation and may benefit from focused

support.

Important Reminder

This self-assessment is designed for educational and awareness purposes only. It is not intended to diagnose medical conditions.

Instead, it helps you begin identifying patterns in your symptoms so you can better understand which systems in your body may need support.