

# Adrenal ✓ List

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Today's Date: \_\_\_\_\_

I have not felt well since \_\_\_\_\_ when \_\_\_\_\_  
 (Date) (Describe event, if any)

## Predisposing Factors

- |   | Occasionally/<br>Slightly | Moderate | Severe/<br>Frequent |
|---|---------------------------|----------|---------------------|
| 1. I have experienced long periods of stress.         | _____                     | _____    | _____               |
| 2. I have taken long term or intense steroid therapy. | _____                     | _____    | _____               |
| 3. I suffer from post traumatic distress disorder.    | _____                     | _____    | _____               |

## Mental Functioning

- |  |       |       |       |
|--|-------|-------|-------|
| 4. My ability to handle stress and pressure has decreased. | _____ | _____ | _____ |
| 5. I don't think as clearly as I used to.                  | _____ | _____ | _____ |
| 6. I tend to shake or am nervous when under pressure.      | _____ | _____ | _____ |
| 7. I have many unexplained fears / anxieties. _____        | _____ | _____ | _____ |
| 8. My sex drive is noticeably less than it used to be.     | _____ | _____ | _____ |

## Body Functioning

- |  |       |       |       |
|--|-------|-------|-------|
| 9. I tend to gain weight, especially around the middle (spare tire).                   | _____ | _____ | _____ |
| 10. I get lightheaded or dizzy when rising rapidly from a sitting or lying position.   | _____ | _____ | _____ |
| 11. I have become allergic or have increased frequency/severity of allergic reactions. | _____ | _____ | _____ |
| 12. I have low blood pressure.   | _____ | _____ | _____ |

## Overall Functioning

- |  |       |       |       |
|--|-------|-------|-------|
| 13. I get coughs/colds that stay around for several weeks.             | _____ | _____ | _____ |
| 14. I need coffee or some other stimulant to get going in the morning. | _____ | _____ | _____ |
| 15. I often crave salt and/or foods high in salt. I like salty foods.  | _____ | _____ | _____ |

## Energy Patterns

- |  |       |       |       |
|--|-------|-------|-------|
| 16. I often have to force myself in order to keep going. | _____ | _____ | _____ |
| 17. I suddenly run out of energy.                        | _____ | _____ | _____ |
| 18. I often do my best work late at night.               | _____ | _____ | _____ |

Adrenal Rating:  
 0-12 Questionable  
 13-24 Low  
 25-36 Very Low  
 37+ Extremely Low

Total check marks:  
 Multiply check mark in each column by

x1	x2	x3
↓	↓	↓

Total scores: \_\_\_\_\_

Total Adrenal Score: