Adrenal Health Survey

Print Survey check boxes that apply and total score at bottom

Section A

☐ Do you feel fatigued nearly all of the time?
☐ Do you wake feeling tired despite getting sufficient hours of sleep?
☐ Do you suffer with insomnia (difficulty falling and staying asleep at night)?
☐ Do you have low thyroid function or are you taking medication for low thyroid?

Section B

☐ Have you experienced weight gain (especially around the waist)?
☐ Are you experiencing depression or a decline in mood?
☐ Are you feeling more irritable, difficulty controlling your temper?
☐ Are you feeling anxious and stressed almost all of the time?
☐ Do you suffer for lack of energy and often feel drained?
☐ Are you frequently forgetful, fuzzy minded, or absent minded?
☐ Do you rely on stimulants (caffeine, sugar, energy drinks, soda) for energy to keep you going?
☐ Do you have cravings for carbohydrates, sugars, or alcohol?
☐ Do you have cravings for salt or salty food items?
☐ Are you intolerant to temperature changes – inability to tolerate cold or hot temperatures?
☐ Are you experiencing frequent infections (colds, flu)?
☐ Are you experiencing hair loss?

Scoring

Section A – 5 points for each checked item
Section B – 2 points for each checked item

= _________
= _________

TOTAL

Scoring Guide: Less than 5 points, adrenal gland function likely intact. 5-20 points, an evaluation for adrenal gland insufficiency may be indicated. Greater than 20 points, seek evaluation by a Naturopathic medical provider for testing and evaluation for adrenal insufficiency/fatigue.