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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
	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.