

Patient Name: _____

Date: _____

Adrenal Fatigue Quick Check

Please rate the following from 0 to 5, with 0 being no problem and 5 being a severe problem

1. ___ Difficulty getting up in the morning
2. ___ Continuing fatigue, not relieved by sleep/rest
3. ___ Lethargy, lack of energy to do normal daily activities
4. ___ Sugar cravings
5. ___ Salt cravings
6. ___ Allergies
7. ___ Digestion problems
8. ___ Increased effort needed for every day tasks
9. ___ Decreased interest in sex
10. ___ Decreased ability to handle stress
11. ___ Increased time needed to recover from illness, injury, or traumas
12. ___ Light-headed or dizzy when standing up quickly
13. ___ Low mood
14. ___ Less enjoyment or happiness with life
15. ___ Increased PMS
16. ___ Symptoms worsen if meals are skipped or inadequate
17. ___ Thoughts are less focused i.e., brain fog
18. ___ Memory is poorer
19. ___ Decreased tolerance for stress and/or noise
20. ___ Don't really wake up until after 10:00 a.m.
21. ___ Afternoon low between 2:00pm-4:00pm
22. ___ Feel better after eating dinner
23. ___ Get a "second wind" in the evening, and stay up late
24. ___ Decreased ability to get things done, less productive
25. ___ Have to keep moving, if I stop, I get tired
26. ___ Feeling overwhelmed by all that needs to be done
27. ___ It takes all my energy to do what I have to do. There's none left over for anything or anyone else

TOTAL _____

A score of 20-40 suggests **mild** adrenal stress; 40-70 suggests **moderate** adrenal fatigue;

and over 70 suggests **significant** adrenal fatigue problems.

