



Adrenal Assessment Scorecard

Name _____

Based upon your health profile for **the past 30 days**, please select the appropriate number, from '0 - 3' on all questions (0 as least/never/no and 3 as most/always/yes). Check the number you feel best applies, then add the number of checks in each column to create your score.

Point Scale:

0 = **Never** or almost never have the experience/effect.

1 = **Mild** experiences/effects

2 = **Moderate** experiences/effects

3 = **Severe/chronic** experiences/effects

For all **yes/no** questions, 0 = no and 3 = yes

Adrenal Symptom Question	0	1	2	3
Are there nights when you cannot stay asleep?				
Do you experience afternoon headache(s)?				
Do you crave salt?				
Are you a slow starter in the morning?				
Do you experience afternoon fatigue?				
Do you experience dizziness when standing up quickly?				
Do you experience headache(s) with exertion or stress?				
Do you tend to be a "night person"?				
Do you have difficulty falling asleep?				
Do you tend to be keyed up, and/or have trouble calming down?				
Is your blood pressure above 120/80?				
Do you experience headache(s) after exercising?				
Do you feel wired or jittery after drinking coffee?				
Do you clench or grind your teeth?				
Are you calm on the outside, but troubled on the inside?				
Do you have chronic low back pain that worsens with fatigue?				
Do you have difficulty maintaining manipulative correction?				
Do you experience pain after manipulative correction?				
Do you have arthritic tendencies?				



Adrenal Symptom Question	0	1	2	3
Do you have excess weight, especially around the middle?				
Do you have elevated blood sugar, typically above 110?				
Do you perspire easily?				
Do you have chronic fatigue and/or get drowsy often?				
Do you have bouts of afternoon yawning?				
Do you have asthma, wheezing, and/or difficulty breathing?				
Do you experience pain on the medial or inner side of the knee?				
Do you have a tendency to sprain ankles or experience "shin splints"?				
Do you have a tendency to need sunglasses?				
Do you have allergies and/or hives?				
Do you ever suffer from weakness and/or dizziness?				
Total for Each Column (number of checkmarks x value)				
Grand Total /90				

0-10% - Overall good adrenal balance. Sound nutrition and healthy habits will maintain good balance.

11-20% - Your adrenals are In need of a tune up to restore balance before serious illness sets in. Diet and lifestyle improvements should shift to normal.

21-35% - Your adrenals are out of balance and need attention.

36-50% - Your adrenals are very compromised and this is likely to significantly affect your state of health, well-being and energy level.

51-100% - Your adrenals are severely compromised and require immediate attention.