



## Adrenal Assessment

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). Circle the number you feel best applies, then add the numbers to create your score.

### POINT SCALE:

**0** = NEVER (also: least, no, never tried/experienced)

**1** = MILD (also: occasionally; symptom occurs rarely - i.e. a couple of times a month at most)

**2** = MODERATE (also: some severity/intensity, and/or frequency, often; symptom occurs weekly)

**3** = SEVERE/ABSOLUTE (also: frequent, intense, most, always, yes)

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

## Adrenal Assessment

1.   **0 1 2 3** Are there nights when you cannot stay asleep?
2.   **0 1 2 3** Do you experience afternoon headache(s)?
3.   **0 1 2 3** Do you crave salt?
4.   **0 1 2 3** Are you a slow starter in the morning?
5.   **0 1 2 3** Do you experience afternoon fatigue?
6.   **0 1 2 3** Do you experience dizziness when standing up quickly?
7.   **0 1 2 3** Do you experience headache(s) with exertion or stress?
8.   **0 1 2 3** Do you tend to be a "night person"?
9.   **0 1 2 3** Do you have difficulty falling asleep?
10. **0 1 2 3** Do you tend to be keyed up, and/or have trouble calming down?
11. **0 1 2 3** Is your blood pressure above 120/80?
12. **0 1 2 3** Do you experience headache(s) after exercising?
13. **0 1 2 3** Do you feel wired or jittery after drinking coffee?
14. **0 1 2 3** Do you clench or grind your teeth?
15. **0 1 2 3** Are you calm on the outside, but troubled on the inside?
16. **0 1 2 3** Do you have chronic low back pain that worsens with fatigue?
17. **0 1 2 3** Do you have difficulty maintaining manipulative correction?
18. **0 1 2 3** Do you experience pain after manipulative correction?
19. **0 1 2 3** Do you have arthritic tendencies?
20. **0 1 2 3** Do you crave salty foods?



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21. 0 1 2 3 Do you salt foods before tasting?
22. 0 1 2 3 Do you perspire easily?
23. 0 1 2 3 Do you have chronic fatigue and/or get drowsy often?
24. 0 1 2 3 Do you have bouts of afternoon yawning?
25. 0 1 2 3 Do you have asthma, wheezing, and/or difficulty breathing?
26. 0 1 2 3 Do you experience pain on the medial or inner side of the knee?
27. 0 1 2 3 Do you have a tendency to sprain ankles or experience "shin splints"?
28. 0 1 2 3 Do you have a tendency to need sunglasses?
29. 0 1 2 3 Do you have allergies and/or hives?
30. 0 1 2 3 Do you ever suffer from weakness and/or dizziness?

**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.