

# ADRENAL HEALTH ASSESSMENT TOOL

Today's date \_\_\_\_\_

I have not felt well since \_\_\_\_\_ when \_\_\_\_\_  
(Date) (event occurred)

- |  |
|--|
| 0 = never/rarely                       |
| 1 = occasionally/slightly              |
| 2 = moderate in intensity or frequency |
| 3 = intense/severe or frequent         |

## Predisposing factors

### P N

1. \_\_\_ I have experienced long periods of stress that have affected my well being
  2. \_\_\_ I have had 1+ severely stressful events that have affected my well being
  3. \_\_\_ I have driven myself to exhaustion
  4. \_\_\_ I overwork with little play or relaxation for extended periods
  5. \_\_\_ I have extended, severe or recurring respiratory infections.
  6. \_\_\_ I have taken long term or intense steroid therapy (corticosteroids)
  7. \_\_\_ I tend to gain weight, especially around the middle (spare tire)
  8. \_\_\_ I have a history of alcoholism/drug abuse
  9. \_\_\_ I have environmental sensitivities
  10. \_\_\_ I have diabetes (type II)
  11. \_\_\_ I suffer from PTSD
  12. \_\_\_ I suffer from anorexia\*
  13. \_\_\_ I have one or more other chronic illnesses or diseases
- Total. \_\_\_

## Key signs and symptoms

### P N

1. \_\_\_ My ability to handle stress and pressure has decreased
2. \_\_\_ I am less productive at work
3. \_\_\_ I seem to have decreased in cognitive ability. I don't think as clearly as I used to
4. \_\_\_ my thinking is confused when hurried or under pressure
5. \_\_\_ I tend to avoid emotional situations.
6. \_\_\_ I tend to shake or am nervous when under pressure
7. \_\_\_ I have many unexplained fears/anxieties
8. \_\_\_ My sex drive is noticeably less than it used to be
9. \_\_\_ I suffer from nervous stomach indigestion when tense
10. \_\_\_ I get lightheaded/dizzy when rising rapidly from a sitting or lying position
11. \_\_\_ I have feelings of graying out or blacking out
12. \_\_\_ I am chronically fatigued; a tiredness that is not usually relived by sleep\*
13. \_\_\_ I feel unwell much of the time
14. \_\_\_ I notice that my ankles are sometimes swollen - the swelling is worse in the evening.
15. \_\_\_ I usually need to lie down or rest after session of psychological or emotional pressure/stress
16. \_\_\_ my muscles sometimes feel weaker than they should
17. \_\_\_ my hands and legs get restless - experience meaningless body movements
18. \_\_\_ I have become allergic or have increased frequency/severity of allergic reactions.

## ADRENAL HEALTH ASSESSMENT TOOL

19. \_\_\_ when I scratch my skin, a white line remains for a minute or more
  20. \_\_\_ small irregular dark brown spots have appeared on my forehead, face, neck and shoulders
  21. \_\_\_ I sometimes feel weak all over \*
  22. \_\_\_ I have unexplained and frequent headaches
  23. \_\_\_ I am frequently cold
  24. \_\_\_ I have decreased tolerance for cold \*
  25. \_\_\_ I have low blood pressure \*
  26. \_\_\_ I often become hungry, confused, shaky or somewhat paralyzed under stress
  27. \_\_\_ I have lost weight without reason while feeling very tired and listless
  28. \_\_\_ I have feelings of hopelessness or despair
  29. \_\_\_ I have decreased tolerance. People irritate me more.
  30. \_\_\_ The lymph nodes in my neck are frequently swollen
  31. \_\_\_ I have times of nausea and vomiting for no apparent reason \*
- Total \_\_\_

### Energy Patterns

**P N**

1. \_\_\_ I often have to force myself to keep going. Everything seems like a chore
  2. \_\_\_ I am easily fatigued
  3. \_\_\_ I have difficulty getting up in the morning (don't really wake up until about 10AM)
  4. \_\_\_ I suddenly run out of energy
  5. \_\_\_ I usually feel much better and fully awake after the noon meal
  6. \_\_\_ I often have an afternoon low between 3-5PM
  7. \_\_\_ I get low energy, mood, or foggy if I don't eat regularly
  8. \_\_\_ I usually feel my best after 6PM
  9. \_\_\_ I am often tired at 9-10PM, but resist going to bed
  10. \_\_\_ I like to sleep late in the morning
  11. \_\_\_ My best, most refreshing sleep often comes between 7-9AM
  12. \_\_\_ I often do my best work late at night (early in the morning)
  13. \_\_\_ If I don't go to bed by 11PM, I get a second burst of energy around 11PM, often lasting until 1-2AM
- Total \_\_\_

### Frequently observed events

**P N**

1. \_\_\_ I get coughs/colds that stay around for several weeks
2. \_\_\_ I have frequent/recurring bronchitis, pneumonia or other respiratory infection
3. \_\_\_ I get asthma, cold and other respiratory involvements 2+ times per year
4. \_\_\_ I frequently get rashes, dermatitis, or other skin conditions
5. \_\_\_ I have rheumatoid arthritis
6. \_\_\_ I have allergies to several things in the environment
7. \_\_\_ I have multiple chemical sensitivities
8. \_\_\_ I have chronic fatigue syndrome
9. \_\_\_ I get pain in the muscles of my upper back and lower neck for no apparent reason
10. \_\_\_ I get pain in the muscles on the sides of my neck

## ADRENAL HEALTH ASSESSMENT TOOL

11. \_\_\_ I have insomnia or difficulty sleeping
  12. \_\_\_ I have fibromyalgia
  13. \_\_\_ I suffer from asthma
  14. \_\_\_ I suffer from hay fever
  15. \_\_\_ I suffer from nervous breakdowns
  16. \_\_\_ my allergies are becoming worse (more severe, frequent or diverse)
  17. \_\_\_ the fat pads on palms of my hands and/or tips of my fingers are often red
  18. \_\_\_ I bruise more easily than I used to
  19. \_\_\_ I have a tenderness in my back near my spine at the bottom of my rib cage when pressed
  20. \_\_\_ I have swelling under my eyes upon rising that goes away after I have been up for a couple of hours.
- Total \_\_\_

### The next 2 questions are for women only

**P N**

1. \_\_\_ I have increasing symptoms of PMS such as cramps, bloating, moodiness, irritability, emotional instability, headaches, tiredness, and/or intolerance before my period (only some of these need be present).
2. \_\_\_ My periods are generally heavy but they often stop, or almost stop, on the 4<sup>th</sup> day, only to start up profusely on the 5<sup>th</sup> or 6<sup>th</sup> day

### Food patterns

**P N**

1. \_\_\_ I need coffee or some other stimulant to get going in the morning
  2. \_\_\_ I often crave food high in fat and feel better with high fat foods.
  3. \_\_\_ I use high fat foods to drive myself
  4. \_\_\_ I often use high fat foods and caffeine containing drinks (coffee, colas, chocolate) to drive myself
  5. \_\_\_ I often crave salt and/or foods high in salt. I like salty foods.
  6. \_\_\_ I feel worse if I eat high potassium foods (like bananas, figs, raw potatoes), especially if I eat them in the morning
  7. \_\_\_ I crave high protein foods (meats, cheeses)
  8. \_\_\_ I crave sweet foods (pies, cakes, pastries, donuts, dried fruit, candy, etc...)
  9. \_\_\_ I feel worse if I miss or skip a meal
- Total \_\_\_

### Aggravating factors

**P N**

1. \_\_\_ I have constant stress in my life or work
  2. \_\_\_ My dietary habits tend to be sporadic and unplanned
  3. \_\_\_ I do not exercise regularly
  4. \_\_\_ My relationships at work and/or home are unhappy
  5. \_\_\_ I eat lots of fruit
  6. \_\_\_ My life contains insufficient enjoyable activities
  7. \_\_\_ I have little control over how I spend my time
  8. \_\_\_ I restrict my salt intake
  9. \_\_\_ I have gum/tooth infections or abscesses
  10. \_\_\_ I have meals at irregular times
- Total \_\_\_

# ADRENAL HEALTH ASSESSMENT TOOL

## Relieving factors

P N

1. \_\_\_ I feel better almost right away once a stressful situation is resolved
2. \_\_\_ regular meals decrease the severity of my symptoms
3. \_\_\_ I often feel better after spending a night out with friends
4. \_\_\_ I often feel better if I lie down
5. \_\_\_ other relieving factors \_\_\_\_\_

Total \_\_\_

## Scoring and interpretation

Total number of *questions answered*

Name of section	Total responses	
	Past	Now
Key signs and symptoms ( /31)		
Energy patterns ( /13)		
Frequently observed events ( /20 or /22)		
Food patterns ( /9)		
Aggravating factors ( /10)		
Relieving factors ( /4)		
Grand total - total responses		

<20 = unlikely adrenal fatigue

>26(men)/32(women) = some degree of adrenal fatigue

Total *points*

Name of section	Total responses	
	Past	Now
Key signs and symptoms ( /93)		
Energy patterns ( /39)		
Frequently observed events ( /60 or /66)		
Food patterns ( /27)		
Aggravating factors ( /30)		
Relieving factors ( /12)		
Grand total - total responses		
Total responses = severity		

<40 = slight/no adrenal fatigue

44-87(men) or 45-88 (women) = mild adrenal fatigue

88-130 (men) or 89-132 (women) = moderate adrenal fatigue

>130 (men) or > 132 (women) = severe adrenal fatigue.

**Severity index:** Total points divided by total number of questions answered

\_\_\_ / \_\_\_ = \_\_\_ (1-1.6: mild, 1.7-2.3: moderate, >2.4: severe)

**Past vs Now:** The differences indicate the direction your adrenal health is taking.

# ADRENAL HEALTH ASSESSMENT TOOL

**Asterisk total:** Add the actual numbers beside the "Now's" marked with an asterisk

If this total is more than 9 you are likely suffering from severe adrenal fatigue

If this total is more than 12 and you have 2 of the following you may have true Addison's disease and should consult a physician.

- 1) Bluish/black inside of lips/mouth
- 2) Bluish/black vagina
- 3) Bluish/black around nipples
- 4) Frequent unexplained diarrhea
- 5) Increased darkening around bony areas, fold in skin, scars and joint creases
- 6) Light coloured patches on skin
- 7) Easily become dehydrated
- 8) Fainting spells

## Lab tests for Adrenal Fatigue

1. Saliva hormone testing
  - Measures amount of hormone in the cells, whereas blood measures extracellular hormone and urine measures spill over of hormone from blood into urine.
  - Best to do 4 cortisol samples over 24 hours (4 different vials)
  - DHEA-S is a direct indicator of functionality of zona reticularis (sex hormone producing portion of the adrenal gland)
  - 24-hour urinary cortisol from your MD test is inaccurate because it all gets pooled in one container so fluctuations are not recognized. A simultaneous ACTH challenge test may add to the value of this test.

**SPEAK TO YOUR NATUROPATH TO FIND OUT IF THIS TESTING IS RIGHT FOR YOU**

## Top 5 Tips to Manage Adrenal Fatigue:

### #1: Maintain balanced blood sugar levels

- avoid frequent snacking... instead, eat 3 complete meals/day rich in protein, healthy fats and vegetables, & do NOT skip meals
- eliminate/avoid sugars and refined carbohydrate foods

### #2: Sleep Hygiene

- create regular sleep/wake times & sleep in a dark room
- avoid all electronics or anything stimulating 1 hour before bed
- use the bed for only what its intended for - sleep and sex

### #3: Engage your "Rest and Digest" nervous system

- chew your foods completely and don't work through lunch
- practice meditation, yin yoga, relaxation techniques (hobbies, coloring, anything with concentration that you enjoy)

### #4: Eliminate physical sources of Stress

- food sensitivities, smoking, over-exercise or lack of

### #5: Rethink the concept of stress

- watch the TED TALK: "How to make stress your friend" by Kelly McGonigal