



Adrenal Assessment Form

Please rate 0 = never, 1 = sometimes, 2 = most of the time, 3 = all of the time

Name:
 Today's Date:
 Birthdate:

0 = never
 1 = sometimes
 2 = most of the time
 3 = all of the time

Please circle symptoms 0 - 3 0 1 2 3

Category One – Liver Congestion

- Are you overweight 0 1 2 3
- Do you have chronic headaches or migraines 0 1 2 3
- How often do you eat fast food 0 1 2 3
- Do you use non-organic lotions 0 1 2 3
- Do you use non-organic cosmetics 0 1 2 3
- Do you feel frustrated or irritable 0 1 2 3
- Do you have fatty nodules or deposits 0 1 2 3
- Do you have mercury fillings 0 1 2 3
- How often do you drink tap water 0 1 2 3

Category Two – Immune System

- How often do you get sick 0 1 2 3
- Do you suffer with recurring infections 0 1 2 3
- Do you experience hives or rashes 0 1 2 3
- Do you have any type of allergies 0 1 2 3
- Do you have asthma 0 1 2 3
- Do you have chronic inflammation 0 1 2 3
- Do you have an auto-immune condition 0 1 2 3
- How often do you get sinus infections 0 1 2 3
- How often do you take antibiotics 0 1 2 3

Category Three – Birth Trauma

- How difficult was your birth for your mother 0 1 2 3
- How difficult was your mother's pregnancy 0 1 2 3
- Did you experience high stress as an infant 0 1 2 3
- Did you experience high stress as a child 0 1 2 3
- Do you have stressful dreams 0 1 2 3
- Are you awake for 2-3 hours middle of night 0 1 2 3
- Are you restless at bedtime 0 1 2 3
- Do you feel unrested when you wake 0 1 2 3
- Do you work a third-shift position 0 1 2 3

Category Four – Elevated Inflammation

- Do you feel older than your age 0 1 2 3
- How often do you wake up stiff 0 1 2 3
- Do you feel worse after sitting 0 1 2 3
- Do you have puffy or swollen joints 0 1 2 3
- Do you have premature grey hair 0 1 2 3
- Do you have thin hair or nails 0 1 2 3
- Do you have hammer toes 0 1 2 3
- Do you have chronic foot pain 0 1 2 3
- Do you have hormonal imbalances 0 1 2 3

Category Five - Hyperglycemia

- Eat processed grains with each meal 0 1 2 3
- Do you eat sweets after meals 0 1 2 3
- Increased weight in mid-section 0 1 2 3
- Excess fluid retention 0 1 2 3
- Frequent over-eating 0 1 2 3
- Feels tired after eating carbohydrates 0 1 2 3
- Feels tired after eating processed sugars 0 1 2 3
- Candida or yeast overgrowth 0 1 2 3
- Craves chips and salty snacks 0 1 2 3

Category Six - Hypoglycemia

- Fatigue after meetings 0 1 2 3
- Crave sweets during the day 0 1 2 3
- Irritable if waits too long to eat 0 1 2 3
- Lightheaded if waits too long to eat 0 1 2 3
- Difficulty falling asleep 0 1 2 3
- Body awake when exhausted 0 1 2 3
- Mind racing when falling asleep 0 1 2 3
- Headaches if waits too long to eat 0 1 2 3
- Eating relieves any above symptoms 0 1 2 3

Category Seven – Low cortisol

- Do you feel exhausted all the time 0 1 2 3
- How often do you feel depressed 0 1 2 3
- How often do you feel anxious 0 1 2 3
- How often do you feel drained 0 1 2 3
- Do you have any chronic illnesses 0 1 2 3
- Do you have chronic stress 0 1 2 3
- Do you have post-traumatic stress 0 1 2 3
- Do you find it hard to exercise 0 1 2 3
- Do you feel worse after exercise 0 1 2 3