

# Adrenal Fatigue Survey

If you have any of the following problems indicate "Yes" with a check mark. One or more of these symptoms may be seen with low adrenal function.

Score: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

## ADRENAL FATIGUE TEST

|  | YES                      | NO                       |   | YES                      | NO                       |
|--|--------------------------|--------------------------|---|--------------------------|--------------------------|
| 1. Continuing fatigue not relieved by sleep.   | <input type="checkbox"/> | <input type="checkbox"/> | 17. Afternoon low with a feeling like being drugged between 3:00 and 4:00 PM. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Craving for salt, salty or fatty foods.   | <input type="checkbox"/> | <input type="checkbox"/> | 18. Feeling better after evening meal.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Lack of energy.   | <input type="checkbox"/> | <input type="checkbox"/> | 19. Decreased productivity.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Easily fatigued.  | <input type="checkbox"/> | <input type="checkbox"/> | 20. Increased effort to do every day tasks.                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Decreased sex drive.  | <input type="checkbox"/> | <input type="checkbox"/> | 21. Experienced long period of physical or emotional stress.                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Decreased ability to handle stress.   | <input type="checkbox"/> | <input type="checkbox"/> | 22. Frequent nervous stomach and indigestion.                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Increased time to recover from illness, injury or trauma.   | <input type="checkbox"/> | <input type="checkbox"/> | 23. Chronic tiredness not relieved by sleep.                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Mild depression.  | <input type="checkbox"/> | <input type="checkbox"/> | 24. Restless legs and hands.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Less enjoyment or happiness in life.  | <input type="checkbox"/> | <input type="checkbox"/> | 25. Have little time for relaxation or recreation.                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Increased PMS.   | <input type="checkbox"/> | <input type="checkbox"/> | 26. Confused thinking, especially when under pressure.                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Symptoms increase if meals are skipped or inadequate.  | <input type="checkbox"/> | <input type="checkbox"/> | 27. Anxious for no apparent reasons.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Thoughts less focused, more fuzzy.   | <input type="checkbox"/> | <input type="checkbox"/> | 28. Frequent illnesses, unexplained rashes and skin eruptions.                | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Light headed when standing up quickly- blood pressure drop on arising from sitting or laying down. | <input type="checkbox"/> | <input type="checkbox"/> | 29. Blotchy brown spots on the skin or face.                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Memory less accurate.  | <input type="checkbox"/> | <input type="checkbox"/> | 30. Weight gain around the middle.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Poor personal or home relationships.   | <input type="checkbox"/> | <input type="checkbox"/> | 31. Frequent coffee, caffeine intake.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Difficulty getting up in the morning.  | <input type="checkbox"/> | <input type="checkbox"/> | 32. Best sleep occurs in early morning hours?                                 | <input type="checkbox"/> | <input type="checkbox"/> |

If you answer yes to five or more questions, you may be at risk for adrenal deficiencies.

**Heart, Diabetes Weight Loss**

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