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Adrenal Symptoms Assessment

The following assessment is a tool for helping to diagnose adrenal gland dysfunction that patients can quickly complete. This tool is not meant to replace laboratory testing, but to be used in conjunction with standard tests used to measure adrenal function. This assessment helps to identify if a person is in the “exhaustion” phase of adrenal depletion. In the “resistance” phase of adrenal dysfunction, cortisol levels tend to be high, and this results in some slightly different symptoms.

Please rank your symptoms according to the categories below:

0 = Never

1 = Occasional (1-4 times per month)

2 = Moderate in severity and occurs moderately frequently (1-4 times per week)

3 = Intense in severity and occurs frequently (more than 4 times per week)

KEY SIGNS AND SYMPTOMS

- _____ 1. I get dizzy or see spots when standing up rapidly from a sitting or lying position.
- _____ 2. I urinate more frequently than others and may need to get up at night.
- _____ 3. I feel as though I might faint or black out.
- _____ 4. I have chronic fatigue.
- _____ 5. I have mitral valve prolapse or get heart palpitations.
- _____ 6. I often have to force myself in order to keep going.
- _____ 7. I have difficulty getting up in the morning.
- _____ 8. I have low energy before the noon meal (approximately 11:00 a.m.).
- _____ 9. I have low energy in the late afternoon between 3:00-5:00 p.m.
- _____ 10. I usually feel better after 6:00 p.m.
- _____ 11. I often feel the best late at night because I get a ‘second wind’.
- _____ 12. I have trouble getting to sleep.
- _____ 13. I tend to wake up early (approximately 3:00 to 5:00 a.m.) and have trouble getting back to sleep.
- _____ 14. I have vague feelings of being generally unwell for no apparent reason.
- _____ 15. I have swelling in the extremities, such as the ankles.
- _____ 16. I need to rest after times of mental, physical, or emotional stress.
- _____ 17. I feel more tired after exercise or physical exertion, either soon or the next day.
- _____ 18. My muscles feel weak and heavy more than I think they should.
- _____ 19. I have chronic tenderness in my back near the bottom of my rib cage.
- _____ 20. I have a weak back and/or weak knees.
- _____ 21. I have restless extremities.
- _____ 22. I am allergic to many things, such as food, animals and pollens.
- _____ 23. My allergies are getting worse.
- _____ 24. I get bags or dark circles under my eyes, which may be worse in the morning.
- _____ 25. I have multiple chemical sensitivities.
- _____ 26. I have asthma or get regular bouts of bronchitis, pneumonia, or other respiratory infections.
- _____ 27. I have dermatographism (a white line appears on my skin if I run my fingernail over it and persists for one minute).
- _____ 28. I have an area of pale skin around my lips.
- _____ 29. The skin on the palms of my hands and soles of my feet tends to be red/orange in color.
- _____ 30. I tend to have dry skin.
- _____ 31. I tend to get headaches and a sore neck and shoulders.
- _____ 32. I am sensitive to bright light.
- _____ 33. I frequently feel colder than others around me.
- _____ 34. I have decreased tolerance for cold.
- _____ 35. I have Raynaud’s syndrome (extremely cold hands/feet).
- _____ 36. My temperature tends to be below normal when measured with a thermometer.
- _____ 37. My temperature tends to fluctuate through the day.

Adrenal Symptoms Assessment (continued)

- _____ 38. I have low blood pressure.
- _____ 39. I become hungry, confused, or shaky if I miss a meal.
- _____ 40. I crave sugar, sweets, or desserts.
- _____ 41. I use stimulants, such as tea or coffee, to get started in the morning.
- _____ 42. I crave food high in fat and feel better with high-fat foods.
- _____ 43. I need caffeine (chocolate, tea, coffee, colas) to get me through the day.
- _____ 44. I often crave salt and/or foods high in salt, such as potato chips.
- _____ 45. I feel worse if I eat sweets and no protein for breakfast.
- _____ 46. I do not eat regular meals.
- _____ 47. I am sensitive to pharmaceutical or nutritional supplements.
- _____ 48. I have taken steroid medications for a long term at high doses.
- _____ 49. I have symptoms that improve after I eat.
- _____ 50. I tend to be thin and find it difficult to put weight on.
- _____ 51. I have feelings of hopelessness and despair or have been diagnosed with depression.
- _____ 52. I lack motivation because I do not feel I have the energy to get things done.
- _____ 53. I have decreased tolerance towards other people and tend to get irritated by them.
- _____ 54. I get more than two colds or flues per year.
- _____ 55. It takes me a long time to recover from illness.
- _____ 56. I get rashes, dermatitis, eczema, psoriasis, or other skin conditions.
- _____ 57. I have an autoimmune disease.
- _____ 58. I have fibromyalgia.
- _____ 59. I have had mononucleosis or been diagnosed with Epstein Barr virus.
- _____ 60. I do not exercise regularly.
- _____ 61. I have a history of large amounts of stress in my life.
- _____ 62. I tend to be a perfectionist.
- _____ 63. My health is negatively affected by stress.
- _____ 64. I tend to avoid stressful situations for the sake of my health.
- _____ 65. I am less productive at work than I used to be.
- _____ 66. My ability to focus mentally is generally impaired
- _____ 67. Stressful situations hinder my ability to focus.
- _____ 68. Stress causes me to become overly anxious.
- _____ 69. I startle easily
- _____ 70. It can take me days or weeks to recover from a stressful event.
- _____ 71. I tend to get digestive disturbances when tense.
- _____ 72. I tend to get unexplained fears and phobias.
- _____ 73. My sex drive is very low or non-existent.
- _____ 74. My relationships at work and/or home tend to be strained.
- _____ 75. My life contains insufficient time for fun and enjoyable activities.
- _____ 76. I have little control over my life and I feel 'stuck'.
- _____ 77. I tend to get addicted easily to drugs, alcohol, or foods.
- _____ 78. I suffer from post-traumatic stress disorder.
- _____ 79. I have or have had an eating disorder.
- _____ 80. I have gum disease and/or tooth infections or abscesses.

The next two questions are for women only.

- _____ 81. I have symptoms of premenstrual syndrome (PMS).
- _____ 82. My periods are irregular and/or affected by stress.

_____ **TOTAL SCORE**

Interpretation

Under 40: Very Slight or No Adrenal Fatigue

41-80: Mild Adrenal Fatigue

81-120: Moderate Adrenal Fatigue

Above 120: Severe Adrenal Fatigue