|  |  |  |  |
| --- | --- | --- | --- |
| 0 | 1 | 2 | 3 |
| Never | Mild in severity and occurs occasionally  (1-4 times each month) | Moderate in severity and occurs moderately frequently (1-4 times each week) | Intense in severity and occurs frequently (more than 4 times weekly) |

\_\_\_\_ When rising from a sitting or prone position, I get dizzy or see spots.

\_\_\_\_ I find myself getting up more than others in the middle of the night to urinate, or I urinate more frequently than most during the day.

\_\_\_\_ I feel faint, like I might black out.

\_\_\_\_ I am fatigued.

\_\_\_\_ I experience heart palpitations.

\_\_\_\_ I have to put in a lot of effort to get through my day.

\_\_\_\_ I have a hard time getting up in the morning.

\_\_\_\_ I notice low energy right before my noon meal (around 11 am)

\_\_\_\_ I notice low energy in the late afternoon (3-5 pm)

\_\_\_\_ I tend to feel better energy after 6 pm.

\_\_\_\_ My most energetic time of day is late at night due to an evening “second wind”.

\_\_\_\_ I have a hard time getting to sleep.

\_\_\_\_ I tend to wake in the middle of the night or early morning (2-5 am) and have a hard time going back to sleep.

\_\_\_\_ I have vague feelings of being unwell, with no apparent cause.

\_\_\_\_ I experience swelling in my extremities (legs, ankles, arms, or hands).

\_\_\_\_ I find that my mental, physical, and emotional stress wear me out and make me feel like I need rest.

\_\_\_\_ Exercise makes me tired or fatigued rather than energetic.

\_\_\_\_ My muscles feel weak and heavy for no obvious reason.

\_\_\_\_ I have chronic tenderness in my lower back.

\_\_\_\_ I have a weak back and/or weak knees.

\_\_\_\_ I have restless legs or arms.

\_\_\_\_ I have a lot of allergies – foods, animals, pollens.

\_\_\_\_ My allergies are getting worse. (Rate 3 for “yes” and 0 for “no”).

\_\_\_\_ I notice dark circles or bags under my eyes. They are typically worse in the am.

\_\_\_\_ I have multiple chemical sensitivities, such as sensitivity to scented candles, perfumes, or even metal earrings.

\_\_\_\_ I get regular lung infections (bronchitis, pneumonia, URI’s) or have chronic asthma.

\_\_\_\_ If I run my fingernail along my skin, a white line appears and persists for more than 1 minute. (Rate 3 for “yes” and 0 for “no”).

\_\_\_\_ I notice an area of pale skin around my lips.

\_\_\_\_ My palms are red-orange I color. (Rate 3 for “yes” and 0 for “no”).

\_\_\_\_ I have dry skin.

\_\_\_\_ I tend to have a sore neck and shoulders, often accompanied by headache.

\_\_\_\_ I am sensitive to bright light.

\_\_\_\_ I am commonly colder than those around me.

\_\_\_\_ I do not like being cold, and I have a decreased tolerance to cold items.

\_\_\_\_ I have been told that I have Raynaud’s syndrome (characterized by extremely cold hands and feet). (Rate 3 for low, 2 for low/normal, and 1 for normal/high.)

\_\_\_\_ When I use a thermometer, my baseline temperature tends to be below 98⁰F. (Rate 3 for “yes” and 0 for “no”.)

\_\_\_\_ My temperature will fluctuate throughout the day.

\_\_\_\_ I have low blood pressure. (Rate 3 for low, 2 for low/normal, and 1 for normal/high.)

\_\_\_\_ When I miss a meal, I notice that I become shake, confused, irritable, or incredibly hungry.

\_\_\_\_ I crave sugary foods.

\_\_\_\_ I use stimulants, such as coffee or tea, to get going in the morning.

\_\_\_\_ I crave high-fat foods and feel better when I eat them.

\_\_\_\_ I need caffeine (chocolate, tea, coffee, energy drinks, soda) in order to get through my day.

\_\_\_\_ I commonly crave salt or foods high in salt.

\_\_\_\_ I feel horrible when I eat sweets for breakfast without a protein source.

\_\_\_\_ I tend to skip meals.

\_\_\_\_ I eat fast food on a regular basis.

\_\_\_\_ My body is sensitive to pharmaceutical or nutritional supplements.

\_\_\_\_ I have been prescribed and have taken high doses of steroid medications or low doses for a long period of time (prednisone, dexamethasone, etc.). (Rate 3 for “yes” and 0 for “no”.)

\_\_\_\_ I have some symptoms (like lack of energy or mental fogginess) that improve when I eat.

\_\_\_\_ I have been diagnosed with depression or find myself feeling moments of despair and hopelessness.

\_\_\_\_ Due to my poor energy levels, I find that I have a lack of motivation to do anything.

\_\_\_\_ I get easily irritated by others.

\_\_\_\_ I get sick more than twice a year (cold, flu).

\_\_\_\_ When I am ill, it seems to take me longer to recover than others.

\_\_\_\_ I have rashes, such as dermatitis, eczema, psoriasis, or other chronic skin conditions.

\_\_\_\_ I have been diagnosed with an autoimmune disease (lupus, rheumatoid arthritis, Sjӧgrens syndrome, scleroderma, Hashimoto’s thyroiditis). (Rate 0-3 for severity of condition, with higher numbers indicating greater severity.)

\_\_\_\_ I have been diagnosed with fibromyalgia. (Rate 0-3 for severity of condition, with higher numbers indicating greater severity.)

\_\_\_\_ I have had mononucleosis or have been diagnosed with the Epstein-Barr virus. (Rate 3 for “yes” and 0 for “no”.)

\_\_\_\_ Amount of exercise: Enter 0 for 4+ days weekly, enter 1 for 2-4 days weekly, enter 2 for 1-2 days weekly, and enter 3 if you exercise less than once weekly.

\_\_\_\_ Rate your long-term stress levels. (Rate 0-3 for severity of condition, with higher numbers indicating greater severity.)

\_\_\_\_ I have perfectionistic tendencies.

\_\_\_\_ My health is strongly impacted by stress.

\_\_\_\_ I tend to avoid stressful situations for my health.

\_\_\_\_ I am less productive at work than I used to be.

\_\_\_\_ My mental focus has been impaired.

\_\_\_\_ My ability to focus is hindered by a stressful situation.

\_\_\_\_ I get anxious when faced with stress.

\_\_\_\_ I startle easily.

\_\_\_\_ I find it takes me days or weeks to recover from a stressful event.

\_\_\_\_ I have IBS or digestive concerns related to stress. (Rate 0-3 for severity of condition, with higher numbers indicating greater severity.)

\_\_\_\_ I have unexplained fears or phobias.

\_\_\_\_ My sex drive has diminished.

\_\_\_\_ My personal relationships are strained.

\_\_\_\_ My life does not allow me sufficient time for fun and enjoyable activities.

\_\_\_\_ I feel “stuck” in my life, like I have little control.

\_\_\_\_ I have or have had an eating disorder. (Rate 0-3 for severity of condition, with higher numbers indicating greater severity.)

\_\_\_\_ I have gum disease and/or tooth infections or abscesses.

\_\_\_\_ For women only: I have symptoms of PMS.

\_\_\_\_ For women only: My periods are irregular.

\_\_\_\_ TOTAL SCORE:

|  |  |  |  |
| --- | --- | --- | --- |
| Under 40 | 41-55 | 56-90 | Above 90 |
| Very slight or no adrenal fatigue.  Congratulations! | Mild adrenal fatigue  (Stage 1) | Moderate adrenal fatigue (Stage 2) | Severe adrenal fatigue  (Stage 3) |
| Note: If your score falls on the borderline of the next stage, review the descriptions below to see which stage best describes your current condition or health status to ensure that you’ve accurately assessed your level of adrenal fatigue.  (Adopted from M. Friedman and D. Wilson, Fundamentals of Naturopathic Endocrinology, Canadian College of Naturopathic Medicine Press, October 2005.) | | | |