

Adrenal Assessment Scorecard

Adrenal Assessment

Name

Based upon your health profile for **the past 30 days**, please select the appropriate number, from '0 - 3' on all questions (0 as least/never/no and 3 as most/always/yes). Check the number you feel best applies, then add the number of checks in each column to create your score.

Point Scale:

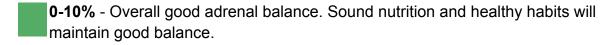
- **0 = Never** or almost never have the experience/effect.
- 1 = Mild experiences/effects
- 2 = Moderate experiences/effects
- 3 = Severe/chronic experiences/effects

For all **yes/no** questions, 0 = no and 3 = yes

Adrenal Symptom Question	0	1	2	3
Are there nights when you cannot stay asleep?				
Do you experience afternoon headache(s)?				
Do you crave salt?				
Are you a slow starter in the morning?				
Do you experience afternoon fatigue?				·
Do you experience dizziness when standing up quickly?				·
Do you experience headache(s) with exertion or stress?				·
Do you tend to be a "night person"?				·
Do you have difficulty falling asleep?				1
Do you tend to be keyed up, and/or have trouble calming down?				·
Is your blood pressure above 120/80?				·
Do you experience headache(s) after exercising?				·
Do you feel wired or jittery after drinking coffee?				·
Do you clench or grind your teeth?				
Are you calm on the outside, but troubled on the inside?				1
Do you have chronic low back pain that worsens with fatigue?				1
Do you have difficulty maintaining manipulative correction?				
Do you experience pain after manipulative correction?				
Do you have arthritic tendencies?				



Adrenal Symptom Question	0	1	2	3
Do you have excess weight, especially around the middle?				
Do you have elevated blood sugar, typically above 110?				
Do you perspire easily?				
Do you have chronic fatigue and/or get drowsy often?				
Do you have bouts of afternoon yawning?				
Do you have asthma, wheezing, and/or difficulty breathing?				
Do you experience pain on the medial or inner side of the knee?				
Do you have a tendency to sprain ankles or experience "shin splints"?				
Do you have a tendency to need sunglasses?				
Do you have allergies and/or hives?				
Do you ever suffer from weakness and/or dizziness?				
Total for Each Column (number of checkmarks x value)				
Grand Total /90				



- 11-20% Your adrenals are In need of a tune up to restore balance before serious illness sets in. Diet and lifestyle improvements should shift to normal.
- 21-35% Your adrenals are out of balance and need attention.
- **36-50%** Your adrenals are very compromised and this is likely to significantly affect your state of health, well-being and energy level.
- **51-100%** Your adrenals are severely compromised and require immediate attention.