

ADRENAL EVALUATION SURVEY

Date: _____

Name: _____

Sex: _____

Address: _____

Phone: _____

Please score the following questions with “0” being the least or not at all “5” being the highest score

- | | |
|---|-------------|
| 1. Are you under excessive stress at home or at your job? | 0 1 2 3 4 5 |
| 2. Do you have blue rings under your eyes? | 0 1 2 3 4 5 |
| 3. Do you crave sugars and carbohydrates especially at midday and in the evening | 0 1 2 3 4 5 |
| 4. Have you gained weight around the belly or waistline | 0 1 2 3 4 5 |
| 5. Do you have increased fat distribution all over your body | 0 1 2 3 4 5 |
| 6. Do you have high blood pressure that may be influenced by stress? | 0 1 2 3 4 5 |
| 7. Do you need coffee to get you going in the morning? | 0 1 2 3 4 5 |
| 8. Do you have poor concentration and memory? | 0 1 2 3 4 5 |
| 9. Are you exhausted physically or does emotional upset bring on exhaustion | 0 1 2 3 4 5 |
| 10. Do you feel tired at midday? | 0 1 2 3 4 5 |
| 11. Do you feel emotionally flat or lacking a zest for living? | 0 1 2 3 4 5 |
| 12. Do you consume 50% of your calories in a day after 5:00 and crave carbohydrates in the evening? | 0 1 2 3 4 5 |
| 13. Do you feel anxious or nervous? | 0 1 2 3 4 5 |
| 14. Do you notice a decrease in your sex drive? | 0 1 2 3 4 5 |
| 15. Do you have trouble getting to sleep or do you wake in the middle of the night? | 0 1 2 3 4 5 |
| 16. Do you feel overcommitted in your daily life? | 0 1 2 3 4 5 |