



Questionnaire: ADRENAL FATIGUE

Name: _____

Date: _____

Please rate the following statements 0 to 5,
with 0 being 'no problem' and 5 being a 'severe problem'.

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|---|---|
| _____ Difficulty getting up in the morning | _____ Symptoms worsen if meals are skipped or inadequate |
| _____ Continued fatigue, not relieved by sleep rest | _____ Thoughts are less focused brain fog |
| _____ Lethargy, lack of energy to do normal daily activities | _____ Memory is poorer |
| _____ Sugar cravings | _____ Decreased tolerance for stress, noise, disorder |
| _____ Salt cravings | _____ Don't really wake up until after 10:00 a.m. |
| _____ Allergies | |
| _____ Digestion problems | _____ Afternoon low between 3:00 P.M. and 4:00 P.M. |
| _____ Increased effort needed for every day tasks | _____ Feel better after supper |
| _____ Decreased interest in sex | _____ Get a "second wind" in the evening, and stay up late |
| _____ Decreased ability to handle stress | _____ Decreased ability to get things done, less productive |
| _____ Increased time needed to recover from illness, injury, trauma | _____ Have to keep moving-if I stop I get tired. |
| _____ Light-headed or dizzy when getting up | _____ Feeling overwhelmed by all that needs to be done. |
| _____ Low mood | _____ It takes all my energy to do what I have to do. There's none left over for anything or anyone else. |
| _____ Less enjoyment or happiness with life | |
| _____ Increased PMS | |

Total Score: _____