

1. Adrenal Stress Profile

Everyone is under one form of stress or another

- A certain amount of stress can be healthy and keep us productive
- Extreme stress can accumulate and negatively impact our health, leading to adrenal burnout
- Symptoms may include: **fatigue, weight gain, insomnia, irritability** and **mood swings**
- Take the following questionnaire to identify your personal stress level

Next to each question assign a number between 0 and 5

0 = Not true 3 = Somewhat true 5 = Very true

- _____ 1. I experience problems falling asleep
- _____ 2. I experience problems staying asleep
- _____ 3. I frequently experience a second wind (high energy) late at night
- _____ 4. I have energy highs and lows throughout the day
- _____ 5. I feel tired all the time
- _____ 6. I need caffeine (coffee, tea, cola, etc.) to get going in the morning
- _____ 7. I usually go to bed after 10 pm
- _____ 8. Things I used to enjoy seem like a chore lately
- _____ 9. My sex drive is lower than it used to be
- _____ 10. I frequently get fewer than 8 hours of sleep per night. I am easily fatigued
- _____ 11. I suffer from depression, or have recently been experiencing feelings of depression
such as sadness or loss of motivation
- _____ 12. If I skip meals I feel low energy or foggy and disoriented
- _____ 13. My ability to handle stress has decreased
- _____ 14. I find that I am easily irritated or upset
- _____ 15. I have had one or more stressful major life events
(*i.e.*: divorce, death of a loved one, job loss, new baby, new job)
- _____ 16. I tend to overwork with little time for play or relaxation for extended periods of time
- _____ 17. I crave sweets
- _____ 18. I frequently skip meals or eat sporadically
- _____ 19. I am experiencing increased physical complaints such as muscle aches, headaches
or more frequent illnesses

_____ **Add up your score & please write in the total**

2. Adrenal History

Patient Name _____ Age _____ Date _____

1. What are your top 3 most significant complaints/issues

Rate each on a scale of 0-10 with 1 = no symptoms, 10 = severe symptoms

1. _____
2. _____
3. _____

2. When did the complaints begin?

3. What was going on in your life around that time? Be specific

Emotionally stressful events _____

Family _____

Work _____

Finance _____

Trauma/surgery _____

Illness (you or your family member) _____

Personal stress _____

Dietary stress (circle all that apply)

CAFFEINE CARBS SUGARS ALCOHOL ERRATIC EATING UNHEALTHY FOODS

Pain and/or inflammation (circle all that apply)

IBS MIGRAINES REFLUX ARTHRITIS GASTRITIS CHRONIC NECK/BACK PAIN

FIBROMYALGIA RASHES ALLERGIES OTHER _____

4. List all medications and supplements

5. Adrenal stress profile score from page 1 _____

Scoring Your Adrenal Stress Profile

This is not a diagnostic test and should not be used to diagnose any conditions, it is simply a tool to help assess your likely level of adrenal burnout

If you scored between:

0 to 29	You are in good health
30 to 39	You are under some stress
40 to 49	You are a candidate for adrenal burnout and may at some point experience fatigue, weight gain, insomnia, irritability and mood swings
50 to 59	You are in adrenal burnout
60 +	You are in severe adrenal burnout and it is important that you take immediate steps to correct this condition to prevent further adverse effects

What is Adrenal Burnout?

- Adrenal glands produce stress hormones or “adrenaline,” the main one being cortisol
- Cortisol is released in response to stress
- It gives your body a surge of energy to help you respond properly
- Stress can come in many forms

Physical stress such as an injury or accident

Emotional stress such as a demanding career, birth of a baby or the death of a loved one

Environmental stress such as pollution, pesticides, or carcinogens

Hidden stress such as inflammation or infections in the GI system and food allergies

Whatever the form of the stress, the adrenal glands are the first to react

- If there is a period of prolonged stress, eventually the adrenal glands burn out and are no longer able to produce the amount of cortisol that is required by the body
- At this point you may begin to experience symptoms such as fatigue, insomnia, weight gain, irritability and an inability to cope with stress

Follow Up Form

Patient Name _____ Date _____

Original complaints (top 3)

1. _____
2. _____
3. _____

Which programs have you completed or are you currently completing? (circle all that apply)

ADRENAL GI DETOX HORMONE BALANCE

What has improved from on your original health complaints?

Rate improvement on a scale of 0-10, with 1 = none, 10 = amazing

What is still bothering you?

Anything new or different since you started your program?

Considering your current progress, lets review your supplements (please list all)

What is the current status of your lifestyle and diet?

Exercise: time/week _____ Type of exercise _____

Sleep: bedtime _____ Hours of sleep/night _____

Diet: gluten/dairy/soy free? _____

Skipping meals? _____

Carb cravings? _____

Binging? _____

Weight loss? _____ Weight gain? _____