The Adrenal Level Quiz

For each symptom, rate a response from 0 to 3, based on how often you experience it.

0 = Never
1 = Weekly
2 = Daily
3 = Several times per day

Section 1
___Anxiety
___Depression
___Frequent Urination
___Fidgety
___Hard to concentrate
___Headaches
___Irritability
___Jaw pain or teeth grinding
___Lack of joy or enthusiasm
___Diminished memory
___Picking at skin or fingernails
___Poor sleep
___Sighing frequently
SECTION 1 TOTAL = _____

Section 2
___Allergies worsening
___Blurred vision
___Blood pressure too low or too high
___Fatigue throughout the day
___Facial swelling
___Heart rate rapid even when resting
___Intolerance to cold weather
___Mid-body weight gain
___Muscle cramps
___Muscular weakness
___Neck stiffness
___Sensitivity to bright lights
___Shaking hands
SECTION 2 TOTAL = _____

Section 3
___Caffeine NEEDED each morning
___Frequent constipation
___Cravings for heavy or fatty foods
___Frequent dehydration
___Fatigue in afternoon
___Gas and bloating
___Regular heartburn
___Irregular stools
___Irritability when meals are delayed
___Joint pain
___Nausea
___Salt cravings
___Sugar cravings
SECTION 3 TOTAL = _____