ADRENAL FATIGUE QUICK CHECK

Patient name____________________________________         Date____________

Place a check next to any of the following that currently apply to you.

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