

Adrenal Fatigue Test

The following questionnaire is provided to help determine whether or not you could be experiencing adrenal fatigue in the body. This test uses a point system that you can add up yourself for instant results, but even so it is recommended that you submit a copy of this test to Kelsey Weber (kelsey@myallforjesus.com) for further analysis, a more personalized result, and follow up consultations. This test is in no way meant to be a stand-alone diagnostic tool and should never replace the advice of your healthcare provider.

1) Contact Information

First Name:

Last Name:

Email:

Phone Number:

2) Client's Personal Information

Name of Client: *(if different from above)*

Age:

Height:

Weight: lbs/oz kg

Gender: Male Female

Ethnic Group: *(some health conditions are relative to race and family heritage)*

If you are submitting this form on behalf of another person, what is your relation to the client?

Marital status? Single Married Divorced / Separated Widowed

3) Referral

Who referred you to us, or how did you hear about us?

4) Dietary Indications

For each of the dietary items listed below, enter the appropriate figure in the "point score" column:

I consume this dietary item about 1-3 times *a month* --- 1 point

I consume this dietary item about 1-3 times *a week* --- 3 points

I consume this dietary item about 1-3 times *a day* --- 6 points

(leave a section blank if it does not apply)

Dietary Item:	Point Score:
White flour products (bread, rolls, donuts, pastries, etc)	
Wheat, barley, oats, or rye	
Box mix meals (instant or processed foods)	
Fast food meals (pizza, hamburgers, etc)	
Deep fried foods	
Pasta or noodles	
Potatoes, sweet potatoes, yams, or squash (except zucchini)	
Packaged chips	
Beans (kidney beans, chickpeas, soy beans, etc) and any soy products	
White sugar (including products containing white sugar)	
Honey, maple syrup, corn syrup, or sugar substitutes	
Ice cream or yogurt	
Jams, jellies, or fruit preserves	
Canned or dried fruit	
Nuts, cashews, pistachios, peanuts, peanut butter	
Soda pop (including diet soda), juice, or energy drinks	
Coffee or tea	
Total score of this section:	

5) Lifestyle Indicators

For each of the statements below, if your answer is “true” add 2 points in the "point score" column:

(leave a section blank if it does not apply)

Questions:	Point Score:
I frequently experience cravings for salty foods (chips, pickles, peanut butter, etc).	
I frequently experience cravings for sweets (desserts, chocolate, candy, ice cream, etc).	
I very seldom (less than once a month) eat salmon, sardines, or mackerel.	
I am <i>not</i> regular in taking Vitamin D supplements.	
I do not spend a lot of time outside or in direct sunlight.	
I am not intentional about buying Vitamin D enriched foods or beverages.	
I often experience nervousness or anxiety.	
I sometimes feel dizzy or feeling light-headed, especially when getting up after sitting or lying down.	
I restrict my salt intake or aim for a low-sodium diet.	
My meal times are very irregular.	
I am prone to “impulse dieting” (changing my diet according to the latest “fad”, or impulsively starting a diet but not having the discipline to stick with it).	
I tend to skip meals or go for more than 6 hours at a time without eating.	
I do not exercise regularly.	
I find it difficult to get out of bed most mornings.	
I do not sleep well at night and seldom wake up feeling refreshed.	
Often have to force myself to keep going.	
I often feel the need to “keep going” because once I stop I’ll be too tired to do anything more.	
It takes all my energy to do what I need to do, there is no energy left for anything or anyone else	
I often feel like I lack the energy to do normal daily activities.	
I usually have the most energy after 6pm.	
I often feel tired or exhausted, but at the same time I am too restless to sleep.	
I often feel like a train wreck at the end of the day.	

I have difficulty sleeping (difficulty falling asleep, waking up frequently, or just not sleeping restfully).	<input type="text"/>
I get my “second wind” in the evenings and feel more energetic at night.	<input type="text"/>
My mind seems to be able to focus better between 10pm and 2am	<input type="text"/>
I often stay up late at night and into the early hours of the morning.	<input type="text"/>
I have little control over my schedule or how I spend my time.	<input type="text"/>
I have little or no time for rest or fun . . . there’s just always so much to do.	<input type="text"/>
I have little or no time to focus on myself . . . there are just too many people who depend on me.	<input type="text"/>
I face constant stress in my life or at work.	<input type="text"/>
There seems to always be someone who needs me, or constant demands for my attention or time.	<input type="text"/>
I have some relationships (with family, friends, or coworkers) that are stressful or full of tension.	<input type="text"/>
I am unusually sensitive to light and often feel the need to put on sunglasses.	<input type="text"/>
I have experienced adrenal or thyroid problems within the past year.	<input type="text"/>
I have taken prednisone, steroids, hydrocortisone, or cortisone-type drugs within the past year.	<input type="text"/>
I am unusually sensitive to smoke, perfumes, colognes, or chemical odors.	<input type="text"/>
I have multiple chemical sensitivities	<input type="text"/>
I have allergies to things in the environment.	<input type="text"/>
I have diabetes.	<input type="text"/>
I have Chronic Fatigue Syndrome and/or Fibromyalgia	<input type="text"/>
I have post trauma stress syndrome.	<input type="text"/>
I occasionally experience heart palpitations or panic attacks	<input type="text"/>
For Women Only:	
Have you taken birth control pills (or shots) within the past year?	<input type="text"/>
Do you struggle with symptoms of PMS?	<input type="text"/>
Do you struggle with symptoms of menopause?	<input type="text"/>
Do you experience irregularity with your menstrual periods?	<input type="text"/>
Total score of this section:	<input type="text"/>

6) Signs & Symptoms

For each of the symptoms listed below, enter the appropriate figure in the "point score" column:

- I experience this symptom occasionally or mildly --- 1 point
 I experience this symptom frequently or moderately severe --- 3 points
 I experience this symptom constantly or severely --- 6 points

(leave a section blank if it does not apply)

Sign or Symptom:	Point Score:
Feeling "drained" or overwhelmed	
Fatigue	
Dizzy when standing up	
Decreased ability to handle stress	
Difficulty concentrating	
Difficulty thinking clearly	
Poor memory	
Depression	
Decreased libido	
Insomnia	
Tired feeling that is not relieved by sleep	
Decreased productivity in work	
Unexplained fears or anxieties	
Nervous energy . . . feeling anxious or jittery	
Panic attacks	
Heart palpitations	
Decreased tolerance, more easily irritated by people or events	
Irritable, easily annoyed, unable to control temper	
Calm on the outside, stressed or troubled on the inside	
Very sensitive to noise	
Unexplained or frequent headaches	
Minor aches and pains with no identifiable cause	

Frequent pain or stiffness in shoulder or neck muscles	<input type="text"/>
Lymph nodes in my neck or often swollen	<input type="text"/>
Frequently feeling cold	<input type="text"/>
Recurring respiratory problems	<input type="text"/>
Frequent colds or illnesses	<input type="text"/>
Frequent skin rashes or other skin conditions	<input type="text"/>
Digestive issues	<input type="text"/>
General “not feeling well”	<input type="text"/>
Tendency to gain weight (especially around the middle)	<input type="text"/>
Inability to loss weight	<input type="text"/>
Swelling of the ankles, especially at night	<input type="text"/>
Low blood pressure	<input type="text"/>
Total score of this section:	<input type="text"/>

7) Iris Contraction Test

The following is a simple test that can be done at home and is often helpful in determining the presence and degree of adrenal fatigue in the body.

This is not an accurate scientific test, but in combination with other tests it can be one more indicator that can help to determine whether adrenal fatigue may be a potential problem.

This test is best done in a *darkened room*. You can perform this test after dark with the lights turned off in a room, or in a closet or basement where there is minimal light. Otherwise, you can drape curtains or blankets over the windows of a room to minimize the light coming in. The room should *not* be *completely* black, but a very dimly lit room will help the test be more successful.

Follow the instructions below to take this test. When completed, use the points sheet on the following page to calculate your score.

Note: You should read through all the direction FIRST before you begin the test. If you have any difficulty doing this test yourself, you can have a friend help you.

Needed Supplies:

- * Flashlight
- * Mirror
- * Stop watch (or a clock that shows seconds)

Step 1:

In a darkened room, position yourself comfortably in front of a mirror. Set your stop watch for 2 minutes, but do not start the timer yet.

Step 2:

Rest your eyes for about a minute giving your eyes plenty of time to adjust to the dim lighting of the room.

Step 3:

Position the flashlight at the side of your face so that the light shines across one of your eyes. Watch the mirror as you do so and observe the size of the pupil (the black circle in the center of the eye). The pupil should immediately contract and get smaller.

Note: Do NOT shine the flashlight directly into the eyes. The flashlight should be at the SIDE of the face pointing ACROSS the eye, not IN the eye.

Step 4:

Continue to shine the light across the eye as you start the timer for the 2 minute countdown. Carefully observe the pupil for two minutes. Under normal conditions, the pupil should maintain a steady contraction and stay small for the full 2 minutes. If you have adrenal fatigue, however, the pupil will not be able to hold the contraction but will dilate (open back up again) in spite of the light. This dilation will happen within 2 minutes.

This dilation can come in two different forms:

- 1) The pupil is not able to maintain a steady contraction or stay small for the full 2 minutes but will open wider again and stay open for several seconds before the muscle regains its strength to contract again.
- 2) In other cases, the dilation of the pupil may come in the form of “pulsing”, where the pupil rather quickly release, then contracts, then release, then contracts repeatedly.

Step 5:

When the two minutes are completed, turn off the flashlight and close your eyes for a few seconds to give them a rest. You do NOT need to test both eyes, just observing one eye should give sufficient results.

Step 6:

Use your observations to fill out the following score sheet. For each of the statements listed, if your answer is “true” add the given points to the "point score" column (leave a section blank if it does not apply).

Observations:	Point Score:
When exposed to light, the pupil did not <i>immediately</i> contract (get smaller), the contraction was a little delayed --- 2 points	<input type="text"/>
The pupil dilated (re-opened) before the 2 minutes were complete --- 4 points	<input type="text"/>
The pupil “pulsed” and was not able to hold a steady contraction for the full 2 minutes --- 4 points	<input type="text"/>
Initially, when exposed to the light, the pupil could only maintain a steady contraction for about <i>20-30 seconds</i> --- 6 points	<input type="text"/>
Initially, when exposed to the light, the pupil could only maintain a steady contracted for <i>15 seconds or less!</i> --- 8 points	<input type="text"/>
Total score of this section:	<input type="text"/>

8) Your Final Scores

Gather the total scores from each section and complete the chart below to add up your score:

Add Up Total Scores:	Point Score:
Total score from Section #4	<input type="text"/>
Total score from Section #5	<input type="text"/>
Total score from Section #6	<input type="text"/>
Total score from Section #7	<input type="text"/>
If your score from Section #7 totaled 12 points or more, add 20 points	<input type="text"/>
Total Score:	<input type="text"/>

Score is *Less Than 68*

If your total score is less than 125 you probably do *not* have adrenal fatigue. Any symptoms or health issues you may be experiencing more than likely have a different underlying cause.

Score Between 68 and 100

If your total score is between 125 and 300 you likely have adrenal fatigue. Further inquiries or testing may be required to determine its severity. It may also be necessary to check your thyroid, as adrenal fatigue and thyroid dysfunction are often closely related.

Score is More Than 100

If your score is 300 or more you are likely experiencing adrenal *exhaustion*, which is even a step further than adrenal fatigue and can lead to other health concerns. It is recommended that you seek consultation to help you examine your options and set up a plan of action for addressing this issue. It is also recommended that you test your thyroid and cortisone levels, as adrenal exhaustion is often closely related to thyroid or cortisone issues.

9) Final Remarks

The space below is provided for you to include any further information or comments that you feel may be relevant to share:

10) Disclaimer

Please type your name in the space provided below and check the box if you agree to the given statement.

I, , understand that this test has not been evaluated by the Food and Drug Administration. The information contained here, and any products or suggestions given as a result of this test, are not intended to diagnose, treat, or cure any diseases or medical problems.

I understand that the recipient of this test, Kelsey Weber, is not a medical doctor, but is a naturopath with a diploma in herbal medicine. I understand that only licensed doctors and practitioners can give a diagnosis or treatment to any medical conditions and that this is simply a consultation and will not result in a diagnosis or prescribed treatment.

I furthermore understand that I am taking full responsibility for my health. Any action I take as a result of this, or any other tests or consultations, is done on my own accord. Kelsey Weber is in no way responsible for the outcome of any treatments I choose to take. I will in no ways hold others liable for the action I take in regards to my health.

Please submit completed form by email to: kelsey@myallforjesus.com