



LIFE ALIGNED
WELLNESS CENTER

www.lifealignedwellness.com

Adrenal Fatigue Assessment

Enter your name and email address below so we can send you the results.

Full Name:

First Name

Last Name

E:mail:

Section 1 - Sleep and Rest

	No Or Rarely 0	Sometimes 3	Often 5
1. I experience problems falling asleep.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I experience problems staying asleep.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I frequently experience a second wind (high energy) late at night.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I have energy highs and lows throughout the day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I feel tired all the time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I need caffeine (coffee, tea, cola, etc.) to get going in the morning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I usually go to bed after 10 p.m.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I frequently get less than eight hours of sleep per night.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I am easily fatigued.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 2 - Mood and Outlook

	No Or Rarely 0	Sometimes 3	Often 5
10. Things I used to enjoy seem like a chore lately.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. My sex drive is lower than it used to be.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I suffer from depression, or have recently been experiencing feelings of depression such as sadness or loss of motivation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. If I skip meals I feel low energy or foggy and disoriented.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. My ability to handle stress has decreased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I find that I am easily irritated or upset.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I have had one or more stressful major life events (i.e., divorce, death of a loved one, job loss, new baby, new job).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 3 - Behaviors

	No Or Rarely 0	Sometimes 3	Often 5
17. I tend to overwork with little time for play or relaxation for extended periods of time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I crave sweets.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I frequently skip meals or eat sporadically.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I am experiencing increased physical complaints such as muscle aches, headaches, or more frequent illnesses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>