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Adrenal and Thyroid Stress Evaluation

This two-part questionnaire is a subjective assessment of stress and its related symptoms and health complaints. The questions have been assigned points. Total the number of points to determine your score for each section.

SECTION 1

Adrenal-related Symptoms	Points (Column 1)	Duration in years (Column 2)				Score (Column 1 x Column 2)
Chronic Pain	15x	<input type="checkbox"/> 0	<input type="checkbox"/> ½	<input type="checkbox"/> 1	<input type="checkbox"/> 2	_____
Inflammation	15x	<input type="checkbox"/> 0	<input type="checkbox"/> ½	<input type="checkbox"/> 1	<input type="checkbox"/> 2	_____
Excessive fatigue	10x	<input type="checkbox"/> 0	<input type="checkbox"/> ½	<input type="checkbox"/> 1	<input type="checkbox"/> 2	_____
Dry and thin skin	10x	<input type="checkbox"/> 0	<input type="checkbox"/> ½	<input type="checkbox"/> 1	<input type="checkbox"/> 2	_____
Nervousness / Irritability	9x	<input type="checkbox"/> 0	<input type="checkbox"/> ½	<input type="checkbox"/> 1	<input type="checkbox"/> 2	_____
Low body temperature	8x	<input type="checkbox"/> 0	<input type="checkbox"/> ½	<input type="checkbox"/> 1	<input type="checkbox"/> 2	_____
Premenstrual tension	8x	<input type="checkbox"/> 0	<input type="checkbox"/> ½	<input type="checkbox"/> 1	<input type="checkbox"/> 2	_____
Inability to concentrate	8x	<input type="checkbox"/> 0	<input type="checkbox"/> ½	<input type="checkbox"/> 1	<input type="checkbox"/> 2	_____
Mental depression	8x	<input type="checkbox"/> 0	<input type="checkbox"/> ½	<input type="checkbox"/> 1	<input type="checkbox"/> 2	_____
Food allergies and sensitivities	7x	<input type="checkbox"/> 0	<input type="checkbox"/> ½	<input type="checkbox"/> 1	<input type="checkbox"/> 2	_____
Cravings for sweets	7x	<input type="checkbox"/> 0	<input type="checkbox"/> ½	<input type="checkbox"/> 1	<input type="checkbox"/> 2	_____
Headache	6x	<input type="checkbox"/> 0	<input type="checkbox"/> ½	<input type="checkbox"/> 1	<input type="checkbox"/> 2	_____
Alcohol intolerance	6x	<input type="checkbox"/> 0	<input type="checkbox"/> ½	<input type="checkbox"/> 1	<input type="checkbox"/> 2	_____
Poor memory	5x	<input type="checkbox"/> 0	<input type="checkbox"/> ½	<input type="checkbox"/> 1	<input type="checkbox"/> 2	_____
Heart palpitations	5x	<input type="checkbox"/> 0	<input type="checkbox"/> ½	<input type="checkbox"/> 1	<input type="checkbox"/> 2	_____

Total Score for Section 1: _____

If your total score for Section 1 is:	The probability that your symptoms or health problems are caused by adrenal stress is:
30 or less	Minimal
Between 31 and 50	Moderate
51 or more	High

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7am PST, 10am EST, 3pm GMT

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SECTION 2

Thyroid-related Symptoms	Frequency it Occurs			
1. Feel cold or chilled - hands, feet or all over for no apparent reason	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 8
2. Your upper eyelids look swollen	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 8
3. Muscles are weak, cramp or tremble	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 8
4. Are you forgetful?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 8
5. Do you feel like your heart beats slowly?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 8
6. Reaction time seems slowed down.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 8
7. In general, are you disinterested in sex because your desire is low?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 8
8. Feel slow-moving, sluggish	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 8
9. Constipation	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 8
10. Dryness, discoloration of skin and / or hair	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 8
11. Have you noticed recently that your voice is deepening?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 8
12. Thick, brittle nails	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 8
13. Weight gain for no apparent reason	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 8
14. Outer third of your eyebrow is thinning or disappearing	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 8
15. Swelling of the neck	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 8
			Total	
			Points	

If your total score for Section 2 is:	How important it is to act to improve your thyroid health.
15 or less	Minimal Priority
Between 16 and 31	Moderate Priority
32 or more	High Priority

Do You Need Help to Restore Your Adrenal and Thyroid Health?

Take advantage of the Total Fitness Special Offer of an in-depth, one-to-one telephone consult for only \$85. Email James@TotalFitness.net or Patty@TotalFitness.net to book an appointment.

This offer closes Friday 7th October 2005 at 9am PST / 12 Noon EST / 5pm GMT.

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