

## 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.

# HYPOTHYROID QUICK CHECK

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Rate the following on a scale of 0 through 5, with 0 being not present, and 5 being severe.

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|---|--|
| 1. _____ Fatigue  | 16. _____ Low blood sugar / hypoglycemia   |
| 2. _____ Muscle aches and pains                             | 17. _____ Menstrual problems   |
| 3. _____ Joint pains  | 18. _____ Heavy bleeding during menses   |
| 4. _____ Fibromyalgia                                       | 19. _____ Repeated colds and flu   |
| 5. _____ Feelings of weakness                               | 20. _____ Skin problems (itching, eczema, psoriasis, acne, or coarse, dry, scaly skin) |
| 6. _____ Lethargy, or loss of interest in daily activities. | 21. _____ Do not perspire easily   |
| 7. _____ Memory loss  | 22. _____ Hoarse voice   |
| 8. _____ Concentration difficulties                         | 23. _____ Feeling of fullness in neck  |
| 9. _____ Mental sluggishness                                | 24. _____ Swelling of the eyelids  |
| 10. _____ Low moods   | 25. _____ Hair loss  |
| 11. _____ Depression  | 26. _____ Dry, coarse hair   |
| 12. _____ Cold hands and feet                               | 27. _____ Loss of outer 1/3 of eyebrows  |
| 13. _____ Sensitivity to cold                               | 28. _____ I have about as many mental and emotional symptoms as physical symptoms.     |
| 14. _____ Tendency towards constipation                     |  |
| 15. _____ Weight gain                                       |  |

\_\_\_\_\_ Total

A score of 20-40 suggests mild hypothyroidism; 40-70 suggests moderate hypothyroidism; and over 70 suggests significant hypothyroid problems