



Adrenal Recovery Questionnaire

Please tick any of the following questions if they apply in the last 3 months. Fill in the “other” section for any unlisted issues related to that category.

Blood Sugar Imbalance	
Do you experience symptoms of hypoglycemia such as dizziness, shakiness or brain fog between or following meals?	
Do you frequently skip meals?	
Do you frequently crave sugar or carbohydrate?	
Do you consume excessive sugar or refined carbohydrates?	
Do you have insulin resistance or diabetes?	
Do you regularly consume alcohol or caffeine?	
If yes, how much per day?	
Other	

Mental and Emotional Stress	
Do you frequently experience anxiety?	
Do you suffer from depression?	
Do you suffer from mood swings?	
Do you have difficulty getting motivated?	
Do you frequently experience feelings of agitation, anger, fear or worry?	
Other	

Sleep Cycle Disturbances	
Do you have trouble falling asleep?	
Do you have difficulty staying asleep?	
Are you not sleeping enough hours (7-8)?	
Do you suffer from shift work issues?	
Do you frequently feel drowsy throughout the day?	
Other	



Inflammation	
Do you suffer from headaches, muscle, back or joint pain?	
Do you suffer from IBS, Crohn's disease or diverticulitis?	
Do you suffer from hives, eczema or psoriasis?	
Do you suffer from asthma, bronchitis, seasonal allergies or hayfever?	
Do you suffer from any autoimmune conditions such as MS, endometriosis, lupus, rheumatoid arthritis?	
Do you suffer from food allergies, chronic infections or frequent illness?	
Other	