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 email: [James@TotalFitness.net](mailto:James@TotalFitness.net) or [Patty@TotalFitness.net](mailto:Patty@TotalFitness.net)

## 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

<b>Adrenal-related Symptoms</b>	<b>Points</b> (Column 1)	<b>Duration in years</b> (Column 2)				<b>Score</b> (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: \_\_\_\_\_

<b>If your total score for Section 1 is:</b>	<b>The probability that your symptoms or health problems are caused by adrenal stress is:</b>
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**

<b>Thyroid-related Symptoms</b>	<b>Frequency it Occurs</b>			
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
			<b>Total Points</b>	

<b>If your total score for Section 2 is:</b>	<b>How important it is to act to improve your thyroid health.</b>
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](mailto:James@TotalFitness.net) or [Patty@TotalFitness.net](mailto:Patty@TotalFitness.net) to book an appointment.

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

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7am PST, 10am EST, 3pm GMT

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