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Adrenal Questionnaire

Stress and anxiety can mean adrenal exhaustion...take my test! Please check yes or no beside each statement:

- 1) When I look in the mirror I am dissatisfied with my body. yes ___ no ___
- 2) I am lonely. yes ___ no ___
- 3) I feel I am never good enough. yes ___ no ___
- 4) I am tired all the time. yes ___ no ___
- 5) I crave sugar. yes ___ no ___
- 6) I can't function without coffee. yes ___ no ___
- 7) I smoke. yes ___ no ___
- 8) I am a single parent. yes ___ no ___
- 9) I have financial stress. yes ___ no ___
- 10) I am going through a divorce. yes ___ no ___
- 11) I am the primary caregiver for an aging parent yes ___ no ___
- 12) I am in an abusive relationship. yes ___ no ___
- 13) I am in school. yes ___ no ___
- 14) I hold anger in. yes ___ no ___
- 15) I resent my spouse. yes ___ no ___
- 16) I look after everyone else but me. yes ___ no ___
- 17) I have chest pains or palpitations. yes ___ no ___
- 18) I get butterflies in my stomach. yes ___ no ___
- 19) I frequently feel anxious for no reason. yes ___ no ___
- 20) I skip meals. yes ___ no ___

- 21) I drink alcohol more than 2x weekly. yes ___ no ___
- 22) I dislike my job. yes ___ no ___
- 23) I go more than 5 hours without eating. yes ___ no ___
- 24) I am always tired but I force myself to keep going. yes ___ no ___
- 25) I wake up in the middle of night and I cannot stop thinking. yes ___ no ___
- 26) I always find things wrong with me. yes ___ no ___
- 27) I work shifts. yes ___ no ___
- 28) I am always getting sick. yes ___ no ___
- 29) I would rather be alone than with people. yes ___ no ___
- 30) I am easily overwhelmed. 3 yes ___ no ___
- 31) I experience mood swings easily. yes ___ no ___
- 32) I look older than my age in a short time span. yes ___ no ___
- 33) I have an increased amount of facial hair on upper lip and/or chin. yes ___ no ___
- 34) I carry excess weight mostly on my belly, hips and/or breasts. yes ___ no ___
- 35) It is difficult for me to breathe deeply. 3 yes ___ no ___
- 6) I air yawn. yes ___ no ___
- 37) I have a low libido. yes ___ no ___
- 38) Intercourse is painful. yes ___ no ___
- 39) I gained weight quickly. yes ___ no ___
- 40) I cannot concentrate. yes ___ no ___
- 41) My memory is not as good as it used to be. yes ___ no ___
- 42) I crave salt. yes ___ no ___
- 43) I have hypoglycemia. yes ___ no ___
- 44) I get dizzy spells. yes ___ no ___
- 45) I experience vertigo. yes ___ no ___
- 46) I have new allergies. yes ___ no ___
- 47) I have trouble losing weight. yes ___ no ___