



Risk Profile

Name: _____

Date: ____/____/____

Fatigue – Adrenal - Thyroid Dysfunction

Use this questionnaire to find the likelihood that one of these problems is causing your symptoms.

Answer "Yes" if more than minor or once per wk or more. Answer "No" if rare or for a CLEARLY unrelated reason.

Thyroid Dysfunction - HYPOTHYROIDISM	Yes	No
Fatigue	1	0
Excessive sleep required to function properly	1	0
Weight gain despite eating a low-calorie diet	1	0
Morning headaches that wear off during the day	1	0
Depression	1	0
Constipation	1	0
Chronic digestive problems, such as lack of stomach acid (hypochlorhydria)	1	0
Very sensitive to cold weather	1	0
Poor circulation and numbness in hands and feet	1	0
Low auxiliary (body-heat) temperature (although this may also be caused by any hormonal imbalance)	1	0
Muscle cramps while at rest	1	0
Increased susceptibility to (& difficulty recovering from) colds & other infections	1	0
Slow wound healing	1	0
Itchy skin	1	0
Dry or brittle hair	1	0
Hair Falls out easily	1	0
Dry skin	1	0
Swelling, especially facial swelling (myxedema)	1	0
Loss of outer(side) most portion of eyebrows	3	0
Total		

Total= 21 Maybe= 3 Prob= 6-21

Low Blood Sugar = Hypoglycemia	Yes	No
Symptoms worsen 1-2 hours after eating a low fat and low protein meal. = One high in simple carbs	1	0
Craving for sweets	1	0
Irritability if meals are missed	1	0
Dependency on coffee for energy	1	0
Becoming light headed if meals are missed	1	0
Eating to relieve fatigue	1	0
Feeling shaky, jittery, or tremulous	1	0
Feeling agitated and nervous	1	0
Become upset easily	1	0
Poor memory, forgetfulness	1	0
Blurred vision	1	0
Total		

Total=11 Maybe=1-2 Prob=3-11

Thyroid Dysfunction - HYPERthyroidism	Yes	No
Heart palpitations	1	0
Inward trembling	1	0
Increased pulse rate, even at rest	1	0
Feelings of nervousness and emotional distress	1	0
Insomnia (trouble getting to or staying asleep)	1	0
Night sweats	1	0
Difficulty gaining weight	1	0
Total		

Total= 7 Maybe= 2 Prob= 3-7

Adrenal Dysfunction - HYPOadrenalism	Yes	No
Fatigue	1	0
Headaches with physical or mental stress	1	0
Weak immune system	1	0
Allergies	1	0
Slow to start in the morning	1	0
Gastric ulcers	1	0
Afternoon headache	1	0
Feeling full or bloated	1	0
Craving Salt	1	0
Blurred vision	1	0
Unstable behavior	1	0
Cannot stay asleep	1	0
Cannot fall asleep	1	0
Dizzy when move from sitting or lying to standing	1	0
Brief spells of dizziness	1	0
Asthma	1	0
Hemorrhoids	1	0
Varicose veins	1	0
Craving sweets, caffeine, cigarettes	1	0
Becoming shaky or light-headed if meals are missed or delayed	1	0
Irritability before meals	1	0
Eating to relieve fatigue	1	0
Total		

Total= 22 Maybe=4 Prob=5-8 Definitely = 9-22

(Several of these overlap with blood sugar problems.)

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Fatigue – Adrenal - Thyroid Dysfunction

Sedentary Lifestyle	Yes	No
Light or moderate exercise decreases pain/discomfort temporarily	2	0
Exercise less than 1 ½ hours per week	1	0
Total		

Total=3 Maybe=1 Prob=2 Definitely = 3

High Blood Sugar = Hyperglycemia = Insulin Res.	Yes	No
Fatigue after meals	1	0
Fatigued often	1	0
Constant hunger	1	0
Craving for sweets... not relieved by eating them	1	0
Must have sweets after meals	1	0
Waist girth is equal or larger than hip girth	1	0
Frequent urination	1	0
Increased appetite and thirst	1	0
Difficulty losing weight	1	0
Migrating aches and pains	1	0
Total		

Total=10 Maybe=3 Prob=4-10

Dehydration (subclinical)	Yes	No
I work or exer. hard enough to sweat 3 or more d/wk	1	0
I eat <u>more</u> Meat & Grains than I do Fruits & Veggies	1	0
Alcoholic or caffeinated drinks 3 or more days/wk	1	0
I drink [weight in lbs/20] cups of water or juice/day	-1	+1
3-7 days per week, I eat an average of 1 cup or more of watery fruits & veggies (cucumber, tomato, peach, melons, citrus, apple)	-1	+1
Total		

Total=1 Maybe=1 Prob=2 Definitely = 3

Emotional Stress	Yes	No
In the last 12 months, I had a significant change in relationships, responsibilities, or health.	1	0
When I <u>focus on</u> the <u>situation</u> or <u>person</u> , I am moderately (or more) stressed about <u>work</u> , or <u>finances</u> ,	1	0
...or about <u>home</u> or <u>health</u> , or <u>family</u>	1	0
I am concerned about my (or my family's) <u>health</u> , <u>safety</u> , <u>time</u> , <u>finances</u> ?	1	0
I have someone I trust with whom I <u>can</u> and <u>do</u> share my feelings of stress about the above issues?	-1	+1
When stressed, I <u>quickly act</u> to <u>think positive</u> , <u>exercise</u> , <u>relax</u> , or <u>share my feelings</u> w/ a friend.	-1	+1
Total		

Total=4 Maybe=1 Prob=2 Definitely = 3

Toxicity – Does not account for occupational	Yes	No
Near fresh paint/fumes/polish(any) over 1 hr/wk	1	0
Use Rug, Spot liquid cleaners, Aerosols(any), or Air Fresheners.	1	0
Have a job around solvents or fumes	2	0
Drink more than 14 servings alcohol/wk or <u>Smoke</u>	1	0
Cook using plastic or aluminum container or wrap or buy or store food in soft plastic	1	0
Wear clothes that have been dry cleaned	1	0
Stomach or Intestinal symptoms (Reflux, Gas, etc)	1	0
I eat a variety of colorful Fruit & Veggies, <u>daily</u>	1	0
Foods I eat are usually "Organic" foods	1	0
Drink water not filtered by activated carbon	1	0
Live within one(1) mile of sprayed crops	1	0
Use <u>any</u> or <u>near</u> spray pest-/herbicide at home or work	1	0
Work as a beautician, pharmacist, mortician, chemist, lab tech, doctor/nurse(any kind), firefighter, photographer, printer,	1	0
Have walls or furniture(plywood, paneling, particleboard, or fiberboard) less than 1 year old.	1	0
Total		

Total=13 Maybe=4 Prob=6 Definitely = 8

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Fatigue – Adrenal - Thyroid Dysfunction

Need for Vit D test*	Yes	No
At least 1 hour large skin(at least arms+legs) sun exposure/week from April through September	0	1
Regularly taking @ least RDA (500 IU _(adult))Vit D/day	0	1
I eat cold water fish /shrimp at least 2x/wk or take at least 400 IU _(common adult RDA) /day in winter	0	1
Health condition involves the whole body or a system (like immune, energy, hormones, etc.)	1	0
Total		

Total=4 Maybe=1 Prob=2 Definitely = 3

B Vitamin Deficiency*	Yes	No
Pregnant, Lactating, Hyperthyroid, or much Stress	1	0
Drink 20+ alcohol drinks/wk or have Diarrhea	2	0
Diet low in legumes, and green, leafy vegetables	1	0
Diet low in animal protein (milk, meat, fish)	1	0
Stomach or Intestinal problems	2	0
Crack around mouth corners or lips	1	0
Sore and extra red mouth and tongue	1	0
Scaly patches near Nose, Ears, Eyes, Head, or Genitals	2	0
Fatigued or Irritable feeling	1	0
History of (or presently have) Anemia	1	0
Poor Memory or sleep	1	0
Take the antibiotic isoniazid, hydralazine (for HBP), or penicillamine	2	
“Pins and Needles” feeling in <u>BOTH</u> hands OR feet	1	0
Total		

Total=17 Maybe=2 Prob=3 Definitely = 5

Food Allergy/Sensitivity	Yes	No
A specific food or food family causes my fatigue (List here: _____)	3	0
I have eliminated (circle) wheat, orange, eggs, tea and coffee, chocolate, milk, beef, corn, added sugar, or yeast (or other food/drink (list: _____) and my discomfort reduced.	2	0
Total		

Total=5 Maybe=0 Prob=2 Definitely = 3

Essential Fatty Acid Deficiency*	Yes	No
Soft, fraying, or brittle nails	1	0
Dry, scaly, or flaky skin	2	0
Chicken skin (tiny bumps on my arms)	2	0
Dandruff	1	0
Pain or stiffness in my joints	2	0
Dry, lackluster, or unruly hair	1	0
Excessive thirst	1	0
Menstrual cramps	1	0
Premenstrual breast pain	1	0
Gallbladder sluggish/removed (not taking bile salts)	1	0
Do you have Depression or hot flashes?	1	0
Total		

Total=14 Maybe=3 Prob=4 Definitely = 5

What does your score mean? (The scores have been derived from published research and clinical experience. The results are not medical advice. Only your health professional can give accurate advice.)

- **Less than “Maybe” – This is likely NOT your problem. Focus your efforts in more likely places.**
- **“Maybe” – It may be worth looking more closely at this, but focus mostly on other areas.**
- **“Probably” – This is an area that you will likely find a problem for which correct treatment will benefit you.**
- **“Definitely” – Focus on this with the correct treatment and you will realize a significant benefit!**

Some of these problems can be handled on your own using the Six Synergistic Steps. If you do not know what to do or if your efforts are coming up short of good success, NOW you know where you need the most assistance.

Give us a call and set up an appointment to evaluate you for solutions for your Fatigue, Adrenal, and or Thyroid Dysfunction.