

SYMPTOMS

Questionnaire

E D I N A

Duplicate your answer across all of the 5 boxes that aren't blocked out. See example...

ENERGY	My energy is lower than I would like it to be.	3	3	3	3	3
	I feel exhausted after exercising or physical activity.	1			1	1
	I feel like I need a nap by mid-afternoon	3			3	3

HOW TRUE IS EACH STATEMENT FOR YOU?

0—Never true
1—Rarely true

2—Sometimes true
3—Often true

E D I N A

ENERGY	My energy is lower than I would like it to be.					
	I feel exhausted after exercising or physical activity.					
	I feel like I need a nap by mid-afternoon.					
	I am too tired to get out of bed when the alarm goes off.					
	I am ready for bed by early evening.					
	I often do my best work late at night.					
	I seek out caffeine or sugar to keep me going.					
	I have poor tolerance for alcohol, caffeine, and/or medications.					
	I find it hard to motivate myself or to complete tasks.					
	I feel over-stimulated or wired.					
	TOTAL					

HOW TRUE IS EACH STATEMENT FOR YOU?

0—Never true
1—Rarely true

2—Sometimes true
3—Often true

E D I N A

		E	D	I	N	A
SLEEP	I get less than 8 hours sleep each night.					
	It takes me more than 15 minutes to fall asleep.					
	I wake up in the middle of the night, even just to go to the bathroom.					
	It is difficult to get back to sleep when I wake up.					
	I don't feel refreshed after a night's sleep.					
	TOTAL					
FOCUS	I have brain fog.					
	My mental sharpness and/or memory is not what it used to be.					
	I feel distracted and/or find it difficult to stay on task.					
	I forget what I went in the other room to get.					
	I find it hard to sustain deep concentration the way I used to.					
	TOTAL					
INDICATORS	My nails are ridged, thin, breaking, or peeling.					
	The outer thirds of my eyebrows are thinning.					
	My vision has changed recently or is blurry.					
	I get neck/back pain or muscle cramps/spasms.					
	I feel faint, light headed, and/or off balance.					

HOW TRUE IS EACH STATEMENT FOR YOU?

0—Never true
1—Rarely true

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3—Often true

E D I N A

I have numbness in my hands or feet.					
I get heart palpitations or feel my heart is racing.					
My skin is dry or itchy.					
I feel cold when others are not cold.					
My hands and/or feet are cold.					
I get headaches or migraines.					
When I stand up, I feel dizzy.					
TOTAL					
MOOD					
I feel that I'm in a low mood or depressed.					
My mood fluctuates greatly during the day.					
My mood changes with my menstrual cycle.					
I feel nervous or worried.					
I experience anxiety, anxious moments, or panic attacks.					
I feel overwhelmed, emotionally sensitive, or weepy.					
Someone I know would say that my mood impacts our relationship.					
I often feel irritable or grumpy.					
TOTAL					

HOW TRUE IS EACH STATEMENT FOR YOU?

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1—Rarely true

2—Sometimes true
3—Often true

		E	D	I	N	A
DIGESTION	I get canker sores.	■			■	
	I have heartburn, acid reflux, belching, or difficulty swallowing.	■		■	■	
	I tend to be constipated or have diarrhea.				■	
	I get stomach aches or nausea.	■		■	■	
	I believe or suspect that something I am eating is disrupting my digestion.	■		■	■	
	I have bloating and/or gas.	■		■	■	
	I have fewer than one bowel movement per day.			■	■	
	My stools are poorly formed, foul smelling, or contain undigested food.	■		■	■	
	I experience anal itching.	■		■	■	
	I have colitis, IBS, chronic stomach pain, and/or celiac disease.	■				
	TOTAL					
IMMUNITY	I catch colds easily; if something is going around, I catch it.					
	I regularly experience muscle or joint pain, achiness, or soreness.		■		■	
	I have allergies, asthma, or hay fever.	■	■		■	
	I have had pneumonia or another severe infection in the past 5 years.	■	■		■	
	I have had a recurrent infection (bladder, vaginal, sinus) in the past year.				■	
	I have had mono, herpes, HPV, Lyme, or other viral illness.	■				
	I take over-the-counter meds (such as Advil) for inflammation or pain.					

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E D I N A

	I have taken antibiotics in the past year.	■			■	
	I took antibiotics for longer than a month at some point in my life.	■			■	
	I have acne, rashes, eczema, hives, rosacea, or psoriasis.				■	
	I have chronic yeast or fungal infections (vaginal, athlete's foot, toenail, or thrush).	■			■	
	I have an autoimmune condition (Hashimoto's thyroiditis, rheumatoid arthritis, multiple sclerosis, or other).	■			■	
	TOTAL	■	■	■	■	■
BLOOD SUGAR	I have trouble losing weight or staying at my ideal weight.		■	■		
	If I go too long without eating, I feel lightheaded, nauseous and/or irritable.		■	■	■	
	I crave sugar and/or carbs in the form of bread, pasta, baked goods, white potatoes, or other starchy foods.		■	■	■	
	I would like to lose weight, or, I have a hard time gaining weight.		■	■	■	
	I feel tired after eating.			■	■	
	I go more than 4 hours during the day without eating.		■	■	■	
	TOTAL	■	■	■	■	■
WOMEN	My period occurs more frequently than every 28 days.		■	■		
	My period occurs 29 or more days between periods.		■	■		
	I get menstrual cramps.		■		■	
	I get heavy bleeding with my period.		■	■	■	
	I have breast cysts or lumps, or fibrocystic breasts.		■	■	■	

HOW TRUE IS EACH STATEMENT FOR YOU?

0—Never true
1—Rarely true

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E D I N A

	I have uterine fibroids.		2	1	2	
	I get PMS (bloating, weight changes, headaches, and/or breast fullness) before my period.		2	1	2	
	I have migraines around the time of my period.		2			
	I have had a hard time getting pregnant or have had a miscarriage.		2			
	I get night sweats or hot flashes.		2	1	2	
	I experience hair loss or facial/chest hair growth.		2		2	
	My libido is low or irregular.		2	1		
	I have vaginal dryness.		2	1	2	
	I get vaginal infections, itching, or burning (yeast, bacteria, or unknown).		2		2	
	I get bladder infections, especially after having sex.		2		2	
	I am peri-menopausal or post-menopausal.		2	1		
	TOTAL					
MEN	My libido is low or irregular.		2	1		
	I experience hair loss.		2		2	
	I have frequent urination day and/or night.		2			
	I have difficulty maintaining an erection.		2	1		
	I get night sweats.		2	1		

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E D I N A

	I have experienced a change in my urine stream.					
	TOTAL					
OVERALL TOTAL						

ScoringPART ONE

Analyze Your Core Systems: Once you've added the totals for each column in every section, check to see where your scores fall in the ranges below for the E, D, I, and N columns.

	Symptom-Free	Mild	Moderate	Severe
Women				
E=endocrine system	0-3	4-17	18-59	60-177
D=digestive system	0-3	4-11	12-29	30-72
I=immune system	0-3	4-11	12-29	30-75
N=nervous system	0-3	4-17	18-44	45-135
Men				
E=endocrine system	0-3	4-17	18-47	48-147
D=digestive system	0-3	4-11	12-29	30-72
I=immune system	0-3	4-11	12-29	30-75
N=nervous system	0-3	4-17	18-44	45-135

Symptom-Free: Congratulations! You are virtually symptom-free in this area. That means the system in question is functioning optimally or nearly optimally and is supporting your overall efforts to achieve optimal health.

Mild: This system is not yet causing you major distress, but it is not functioning optimally either. These minor symptoms are your body's way of telling you that this system likely needs more support.

Moderate: You have at least four symptoms that might indicate significant distress in this system. This suggests that stress is affecting your body, and your symptoms are almost certainly creating significant additional stress. It is important to consider your carbohydrate metabolism and your digestive system

as ways to support healing, which we will discuss in Chapter 4. Both the specific system that got a “moderate” score and your overall synergy need more support.

Severe: You have at least ten symptoms, indicating that you are probably experiencing significant distress in this system. Both this system and your overall synergy require attention.

Scoring PART TWO

Analyze Your Adrenals: Now add up the totals in the final column, which measures the burden of stress on your adrenal glands. As you can see, even when you have only minor symptoms elsewhere in your system, the cumulative stress can create challenges for your adrenal glands, setting you up for stress-related symptoms.

	Adaptive	Mild Distress	Moderate Distress	Severe Distress
Women	0-29	30-89	90-179	180-252
Men	0-23	24-77	78-164	165-242

Adaptive: Congratulations! Your lack of symptoms shows that your adrenal glands are probably doing well, adapting to stress and helping your body to return promptly to a relaxed state.

Mild Distress: Even though you may not experience noticeable distress in any one system, your score reveals that your adrenals, and potentially your carbohydrate metabolism and digestive system, are not functioning optimally. Supporting these crucial systems will bring enormous benefits to your overall health.

Moderate Distress: Your score shows that your adrenals, along with your carbohydrate metabolism and digestion, may need significantly more support.

Severe Distress: Your score reveals that your adrenals are likely to be in serious distress, and your carbohydrate metabolism and digestive health are likely to be suffering as a result. Addressing your adrenal health, blood sugar balance, and digestive system is the key to turning your health around.