

# ADRENAL STRESS INDEX (ASI) DAY SHEET

THE SCHWARZBEIN INSTITUTE

Name:	Collection Date:	MR#
PLEASE COMPLETE THIS FORM ON THE DAY THE DAY YOU SEND	YOU COLLECT YOUR SALIVA SAMP YOUR SAMPLES TO DIAGNOSTECHS	
Sleep		
What time did you go to sleep last night?		
What time did you wake up this morning?		
Did you sleep well last night?	Yes	No
If No, please provide details/reasons:		
Food/Alcohol Please write when and what you ate today. In th	ne parenthesis, write the time you ate.	
, , , , , , , , , , , , , , , , , , ,		
Snack: ()		
Lunch: ()		
Snack: ()		
Dinner: ()		
Snack: ()		
Did you consume any alcohol, how much, and	when:	
Last night?		
Today?		
Exercise		
Did you exercise today? Yes No	When?	AM PM
If yes, what was the duration and intensity (mi	ld, moderate, intense)?	

# ADRENAL STRESS INDEX (ASI) DAY SHEET (Continued)

### Stressors

Please identify and provide details of any stress you experienced today. Circle the type of stress and fill in the time(s) of day. Circle AM or PM

		AM/PM
Relationship Stress	Time	AM/PM
Physical Stress Details:		AM/PM
Work Stress Details:	Time	AM/PM
Other Stress Details:	Time	AM/PM
Details: Were there any other	iny signs or symptoms of any cold, f r factors that made the test day unu	

ON THE DAY YOU SEND YOUR SAMPLES TO DIAGNOSTECHS PLEASE SEND YOUR COMPLETED DAY SHEET TO US.

Email:appointments@schwarzbeinmd.comFax:805.563.0095

# **Instructions for Collecting Your Saliva Samples**

In the Diagnos-Techs' kit there are five vials for collecting the five required saliva samples, which must be collected during the same day. In the kit there should also be an instruction pamphlet and an order form. In the General Guidelines section of the pamphlet, IGNORE the two paragraphs about hormones and topical skin products. Follow these instructions instead:

## Instructions Regarding Taking Hormones, Other Medications; Illness

Corticosteroids including Hydrocortisone:

- If you are taking hydrocortisone (HC) prescribed by Dr. Schwarzbein, unless you have different instructions from her, stop taking your HC at least 72 hours before collecting your saliva samples. Resume taking your HC the day after your samples are collected.
- Do not take this test if currently using corticosteroids such as prednisone, Medrol pack, dexamethasone, a steroid inhaler/nasal spray, or topical steroid cream; email us that you will not be taking the test. If you used any of these medications or had a corticosteroid injection in the last 2 months, call our office to discuss the timing of your test.
- If you are a new patient (have not yet been seen by Dr. Schwarzbein) and are on hydrocortisone or any other corticosteroid, DO NOT stop your medication in order to take this test. Call our office to discuss.

Progesterone:

- If you are taking progesterone in an oral, topical, or sublingual form, AND in a CYCLING manner, e.g., during the last 14 days of your cycle, collect your ASI saliva samples during the week prior to beginning your progesterone phase. DO NOT do this test on a day when you are taking progesterone.
- If you are taking progesterone in an oral, topical, or sublingual form and NOT in a CYCLING manner AND you have been doing so for more than six weeks, then you may take your ASI saliva samples at any time.
- If you are using an intra-vaginal form of progesterone, provided your total progesterone dosage is lower than 40mg per day, you may test at anytime.

Other Medications; Illness; Caffeine:

- If you have recently started or stopped any prescription drugs, you must wait at least two weeks before conducting this test. This does not apply to having taken a recent, single dose or two of a medication like aspirin or Tylenol, even on your test day.
- If you are ill with an infection or have recently undergone major surgery call our office for personalized instructions for when you may take this test.
- Do not drink coffee, tea, or other caffeinated drinks on the day of collection.
- It is best to avoid lotions on the day of collection, but if you need to use lotion, after applying lotion, be sure to wash your hands well- to avoid contaminating your samples.

## Instructions for Saliva Collection (Continued)

PLEASE CAREFULLY READ the Saliva Collection section of the pamphlet BEFORE collecting your samples.

- Four of the five vials are marked with the time of day to take each sample. Be sure to use the correct vial at the correct time. The only vial not marked with the time of day is the H vial (see below for instructions regarding the H vial.)
- Write your last name and date of birth on each vial.
- Refrigerate each sample after collection. DO NOT FREEZE THEM.
- Ship your samples back to Diagnos-Techs on the day after you collect them. If you cannot do so, ship them no later than the third day after collection. Keep samples refrigerated until you ship them.

REGARDING THE H VIAL: The kit contains one vial –marked H. It does not have a cotton roll. Please collect saliva directly into the H Vial up to the third line from the bottom, or at least half full (excluding bubbles). Saliva for this vial can be collected at anytime during the testing day, but not less than 60 minutes after eating, drinking anything except water, brushing/flossing teeth, smoking, OR COLLECTING ANY OTHER SALIVA SAMPLES.

Note: Please IGNORE the Carbohydrate Stimulation Test section of the pamphlet.

Redoing Your Test Using the Same Kit:

- If you begin your test and forget to do one of the sample collections or you do not do it on time (within an hour before or after the specified time), you will need to redo the whole test on a different day
- You may use the same vials. Just remove and throw away the cotton. Rinse the vials with water. DO NOT use any soap or detergent. Let the vials drip dry.
- Collect your saliva directly into the correct vials (even though there is no cotton) up to the third line from the bottom or at least half full (excluding bubbles).

#### Be Sure to Complete and Send Us Your ASI Day Sheet

Prior to these instructions is a two-page "Adrenal Stress Index Day Sheet." Please complete it on the day you collect your saliva samples. The information you provide on the Day Sheet is essential for interpreting your test results. ON THE DAY YOU SHIP YOUR SAMPLES, EMAIL OR FAX YOUR COMPLETED DAY SHEET BACK TO US – NOT TO DIAGNOS-TECHS. MAKE SURE TO KEEP A COPY.

#### **Contact Us If You Have Questions**

If you have any questions regarding your ASI test please call our office at 805.563.0003 or email us at <u>appointments@schwarzbeinmd.com</u> BEFORE taking your ASI test.