

Section 3: The 8-Point HPA Dysfunction Self-Assessment

From The Cortisol Reset Protocol. This section functions as a standalone diagnostic tool. Use it to self-assess, score, and determine your intervention threshold.

The Purpose of This Assessment

Most high-performers do not recognize HPA dysfunction until it has been present for months or years. The symptoms are insidious: attributed to aging, workload, or poor sleep hygiene rather than a measurable neuroendocrine state.

This assessment is designed to cut through that ambiguity. Each item targets a specific marker of HPA axis dysregulation. The scoring system maps your cumulative load to an intervention tier.

Time required: 3 minutes.

Honesty required: Complete.

The 8-Point Assessment

Score each item **0, 1, 2, or 3** based on the past 30 days.

Score	Meaning
0	Never / Not applicable
1	Rarely (1-2 days per week)
2	Often (3-5 days per week)
3	Daily or near-daily

Item 1: Morning Fatigue Despite Adequate Sleep

You sleep 7+ hours but wake feeling unrefreshed. It takes 60+ minutes to feel functional. The first hour of the day is a struggle regardless of bedtime.

What this indicates: A blunted or delayed cortisol awakening response (CAR). The adrenals are not producing the normal early-AM cortisol surge that drives alertness.

Score: _____

Item 2: Afternoon Energy Crash (2:00–4:00 PM)

A predictable drop in energy, motivation, and cognitive clarity between 2:00 and 4:00 PM. Often masked with caffeine or sugar. Without intervention, the crash persists despite adequate sleep.

What this indicates: A flattened cortisol curve. The normal midday plateau is absent, leaving a hypocortisolic trough during waking hours.

Score: _____

Item 3: Difficulty Falling or Staying Asleep

You feel tired but wired at bedtime. Or you fall asleep easily but wake between 2:00–4:00 AM and cannot return to sleep for 30+ minutes. This occurs ≥ 3 nights per week.

What this indicates: Nocturnal cortisol elevation or disrupted circadian timing. The HPA axis is activating when it should be quiescent.

Score: _____

Item 4: Caffeine Dependency (>2 Cups to Function)

You require more than two caffeinated beverages to maintain baseline productivity. Attempting to reduce intake causes withdrawal symptoms: headache, irritability, or functional decline.

What this indicates: Compensatory stimulation. The body is not generating sufficient endogenous alertness signals, so exogenous stimulants are substituted.

Score: _____

Item 5: Reduced Exercise Tolerance or Slow Recovery

Workouts that were previously manageable now require extended recovery. Delayed onset muscle soreness (DOMS) lasts 72+ hours. Performance plateaus or declines despite consistent training.

What this indicates: Cortisol is catabolic and anti-recovery in excess. Blunted cortisol also reduces glucose mobilization, impairing sustained output.

Score: _____

Item 6: Increased Irritability or Emotional Volatility

You experience disproportionate frustration, anxiety, or low mood in response to minor stressors. Emotional regulation feels effortful. Others may have commented on your short temper.

What this indicates: Hippocampal and prefrontal cortex sensitivity to glucocorticoid exposure. Chronic cortisol alters threat detection and impulse control circuits.

Score: _____

Item 7: Brain Fog / Reduced Cognitive Clarity

Difficulty with word recall, sustained focus, or working memory. Complex tasks require more effort than they used to. You describe yourself as “scattered” or “not sharp.”

What this indicates: Elevated cortisol impairs synaptic plasticity and memory consolidation. The hippocampus is particularly glucocorticoid-sensitive.

Score: _____

Item 8: Weight Gain or Inability to Lose Weight Despite Effort

You gain fat (particularly abdominal) despite maintaining or reducing caloric intake. Alternatively, weight loss stalls despite disciplined diet and exercise.

What this indicates: Cortisol promotes visceral fat storage via insulin resistance and leptin disruption. It also increases ghrelin, driving compensatory eating.

Score: _____

Scoring and Interpretation

Add Your Scores

Item	Score
1. Morning fatigue	_____
2. Afternoon crash	_____
3. Sleep disruption	_____
4. Caffeine dependency	_____
5. Exercise intolerance	_____
6. Irritability	_____
7. Brain fog	_____
8. Weight dysregulation	_____
TOTAL	_____ / 24

Intervention Thresholds

0–8: Mild Dysfunction (Preventive Protocol) You are not in active HPA dysfunction, but you are operating in a zone where risk accumulates. Your recovery capacity exceeds your current load, but the margin is narrowing.

Recommended action: - Implement the Phase 1 stabilizers from the full protocol (sleep hygiene, caffeine curfew, morning light) - Re-assess in 30 days - Do not wait for symptoms to worsen before acting

9–16: Moderate Dysfunction (Structured Intervention Required) You are in active HPA dysfunction. The allostatic load has exceeded your recovery capacity. Symptoms are interfering with performance and well-being.

Recommended action: - Begin the full 4-phase Cortisol Reset Protocol - Most individuals see measurable improvement by Week 3 - Download the structured 8-week protocol for step-by-step implementation

17–24: Significant Dysfunction (Protocol + Clinical Evaluation) Your HPA axis is operating in a severely dysregulated state. Symptoms are pervasive and likely impacting multiple systems (thyroid, metabolic, immune, cognitive).

Recommended action: - Begin the protocol immediately as a parallel intervention - Consider clinical evaluation within 14 days: salivary cortisol panel or DUTCH test - Rule out secondary causes: autoimmune thyroid, sleep apnea, anemia, B12 deficiency - Do not rely on self-management alone

The Wired-But-Tired Phenotype

If you scored ≥ 2 on Items 1, 2, and 3 simultaneously, you likely fit the **wired-but-tired** phenotype: the most common presentation in high-performers.

The mechanism: Sympathetic nervous system dominance (fight-or-flight) with parasympathetic failure (rest-and-digest). Your body is stuck in activation mode but lacks the hormonal substrate to sustain it.

Why rest does not feel restful: Recovery requires parasympathetic engagement (vagal tone). If your HPA axis keeps triggering micro-arousals, you are never fully in recovery mode even when physically still.

The solution: Not more rest. *Structured* recovery. The protocol addresses this by re-entraining the cortisol curve so that activation and quiescence occur at appropriate times.

When to Test vs. When to Act

Testing Options

Test	What It Measures	Utility	Cost
Salivary cortisol (4-point)	Cortisol at waking, +30 min, afternoon, evening	Confirms curve shape	\$80–150
DUTCH Complete	Cortisol + metabolites, DHEA-S, melatonin, organic acids	Most comprehensive functional picture	\$250–350
Blood cortisol (8 AM)	Single snapshot	Limited; misses curve dynamics	Usually covered by insurance

The Rule

If your score is ≥ 12 , start the protocol. Test to optimize, not to begin.

Rationale: the protocol is low-risk, evidence-based, and addresses the root mechanisms regardless of test confirmation. Testing is useful for fine-tuning supplement timing and ruling out secondary pathology, but it is not a prerequisite for intervention.

Exception: If your score is 17+ and you have additional symptoms (fever, unexplained weight loss, severe depression, or chest pain), seek clinical evaluation before starting any protocol.

What This Assessment Does Not Do

- It does not diagnose Addison's disease or Cushing's syndrome (clinical conditions requiring endocrinology)
 - It does not replace laboratory testing if your symptoms are severe or atypical
 - It does not account for medication effects (steroids, stimulants, SSRIs can alter HPA markers)
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Next Step

Your score determines your path:

- **0–8:** Review the Phase 1 stabilizers. Bookmark this assessment. Re-test in 30 days.
 - **9–16:** Access the full Cortisol Reset Protocol. Start Week 1 today.
 - **17–24:** Start the protocol immediately. Schedule clinical evaluation within 14 days.
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This assessment is based on established HPA axis physiology and clinical correlates of cortisol dysregulation. It is not a medical diagnosis. If you are uncertain about your symptoms, consult a qualified clinician.

Part of The Cortisol Reset Protocol.

For the complete 4-phase recovery system, access the full guide. # Section 4: The Cortisol Reset Protocol — 4-Phase Solution

From The Cortisol Reset Protocol. This is the prescriptive core. Each phase builds on the previous. Do not skip phases or run them simultaneously unless explicitly directed.

Protocol Philosophy

The body does not recover from HPA dysfunction through a single intervention. It recovers through a **sequenced signal change**: removing what drives dysregulation, then restoring what enables regulation, then optimizing based on individual response, then maintaining resilience.

This protocol operates on four principles:

1. **Hierarchy matters.** You cannot rebuild what you are still breaking down. Remove stressors before adding interventions.
 2. **Timing matters.** Cortisol is a circadian hormone. When you do something is as important as what you do.
 3. **Dose matters.** More is not better. The goal is sufficient signal, not maximum signal.
 4. **Measure response.** Subjective markers (energy, sleep, mood) are valid tracking tools. Use them.
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Phase 1: Stabilize (Weeks 1–2)

Objective: Stop the bleeding. Reduce allostatic load to baseline.

Do not add supplements in Phase 1. The goal is behavioral stabilization, not pharmacological intervention. Adding adaptogens or nootropics now masks the signal and prevents you from knowing what the baseline actually looks like.

1.1 Remove Cortisol Amplifiers

These three inputs drive HPA dysregulation more than any others in high-performers. Remove them completely for 14 days.

Caffeine Curfew Rule: No caffeine after 10 hours before your target bedtime.

If your target bedtime is 2200, your last caffeine intake is 1200. This includes coffee, tea, energy drinks, pre-workout, and dark chocolate.

Why: Caffeine has a mean half-life of 5 hours and a quarter-life of 10 hours. A 1400 coffee still has 25% active caffeine in your system at 0000, disrupting sleep architecture and preventing the nocturnal cortisol nadir required for recovery.

Implementation: - Calculate your curfew time now. Write it down. - If you currently drink coffee past your curfew, shift the timing by 30 minutes per day until compliant. Do not quit cold turkey unless you can tolerate 2–3 days of functional decline. - Acceptable morning alternative: black or green tea before 1000. Stop after.

Expected withdrawal: Headache, fatigue, irritability for 48–72 hours if reducing from high intake. This is normal and transient.

Blood Sugar Stability Rule: Protein + fat within 60 minutes of waking. No exceptions.

Why: A protein-deficient morning elevates cortisol via gluconeogenic demand. The body must manufacture glucose from amino acids and cortisol is the primary hormonal driver of that process. Eating protein removes the demand.

Target: 25–40g protein within the first hour. Include a fat source (eggs, avocado, nuts, olive oil) to slow gastric emptying and sustain the signal.

Examples: - 3 eggs + avocado + olive oil - Greek yogurt (unsweetened) + walnuts + chia seeds - Protein shake with almond butter + collagen peptides

Secondary rule: No high-glycemic carbohydrates in isolation. If you eat oatmeal, add protein powder or eggs. If you eat fruit, pair it with nuts or cheese.

Light Exposure Anchor Rule: 10+ minutes of natural light within 30 minutes of waking.

Why: Morning light exposure through the eyes (not skin) is the strongest entraining signal for the suprachiasmatic nucleus (SCN), the master circadian clock. A well-entrained SCN produces a sharp cortisol awakening response (CAR), which drives alertness and sets the timing for the evening melatonin rise.

Implementation: - Go outside within 30 minutes of waking. Do not look through glass (filters relevant wavelengths). - If weather prevents this, use a 10,000 lux light therapy lamp positioned 18–24 inches from your face for 10–20 minutes. - Do not wear sunglasses during this exposure. Contacts are acceptable.

Monetization touchpoint: Light therapy lamp recommendation (affiliate link)

1.2 Morning Protocol (The Anchor)

The first 60 minutes of your day determines your cortisol curve. Execute in this order, every day, for 14 days.

Minute 0–10: Wake + Light Exposure - Get out of bed immediately. No phone in bed. - Outside or light lamp. No sunglasses.

Minute 10–20: Movement (5–10 minutes) - Walking is sufficient. Do not skip this because it seems trivial. - The goal is not exercise. The goal is temperature regulation and gentle cardiovascular activation. - If you have time: 5-min walk + 2-min mobility (cat-cow, shoulder circles, hip openers)

Minute 20–60: Protein + Fat Breakfast - Target: 25–40g protein as defined above. - Eat without rushing. No work email, no news, no social media. - Hydration: 16–24 oz water with electrolytes (sodium, potassium, magnesium). Dehydration elevates cortisol.

Monetization touchpoint: Electrolyte supplement recommendation (affiliate)

1.3 Evening Wind-Down (The Brake)

The evening protocol is as important as the morning. Cortisol must decline in the evening for melatonin to rise. You are not trying to sedate yourself. You are removing activation signals.

Screens and Blue Light Rule: Blue light reduction begins 2 hours before target bedtime.

Why: Blue-enriched light (460–480 nm) suppresses melatonin secretion via intrinsically photosensitive retinal ganglion cells (ipRGCs). Melatonin is not a sleep hormone; it is a darkness signal. Without it, the body does not transition into recovery mode.

Implementation: - Enable Night Shift / f.lux / equivalent on all devices at sunset or 2 hours pre-bed. - Better: amber blue-light-blocking glasses worn 2 hours pre-bed. This is non-negotiable if you use screens in the evening. - Best: no screens in the last 60 minutes. Book, conversation, paper journal, stretching.

Monetization touchpoint: Blue light blocking glasses (affiliate)

Temperature Drop Rule: Bedroom temperature at 65–68°F (18–20°C).

Why: Core body temperature must drop 1–2°C for sleep onset. A warm environment prevents this drop and fragments sleep architecture, leading to cortisol spikes during the night.

Implementation: - Cool the room. If you cannot cool the room, cool the bed. - Shower or bath 60–90 minutes before bed: warm water causes vasodilation, then rapid heat loss after exiting, dropping core temperature. - Breathable bedding (linen, cotton, bamboo). Avoid synthetic sheets that trap heat.

Monetization touchpoint: Temperature-controlled mattress pad / cooling system (affiliate)

Stimulus Boundary Rule: No work email or work-related tasks after 2000.

Why: Work tasks activate the prefrontal cortex and sympathetic tone. Even reading an email without responding triggers rumination and prevents parasympathetic recovery.

Implementation: - Set an auto-responder if needed: “I check email during business hours. For urgencies, call.” - If your role genuinely requires evening availability, define a 15-minute window and hard-stop after. No exceptions. - The 2000 boundary is arbitrary. If your bedtime is 2300, move it to 2100. The principle is a minimum 2-hour buffer between work stimulus and sleep.

Phase 1 Checklist (Daily Tracking)

Mark each item daily. Score yourself out of 5.

Day	Caffeine Curfew Met	Protein Breakfast	Morning Light	Evening Glasses	No Work After 2000
1	[]	[]	[]	[]	[]
...					

Target: 90% compliance (≥ 6 of 7 days) before advancing to Phase 2.

Phase 2: Rebuild (Weeks 3–4)

Objective: Restore capacity. Support the systems that produce and clear cortisol.

You may now introduce targeted nutrition, adaptogens, and structured movement. Phase 2 builds on the stability established in Phase 1. If you did not achieve 90% Phase 1 compliance, repeat Phase 1.

2.1 Targeted Nutrition

These nutrients are not optional. They are substrates for adrenal function, cortisol metabolism, and recovery.

Sodium Target: Unrestricted sodium intake unless contraindicated by physician.

Why: Adrenal dysfunction causes aldosterone suppression, leading to sodium wasting. Low sodium further stresses the HPA axis because the body interprets sodium deficiency as a dehydration threat, triggering additional cortisol and aldosterone.

Implementation: - Salt your food to taste. Do not force extra salt, but do not restrict it. - If you are chronically fatigued and crave salt, that is a signal. Listen to it. - Use mineral-rich salt (Celtic sea salt, Himalayan pink salt) for trace minerals.

Potassium and Magnesium Target: - Potassium: 3,000–4,000 mg/day from food (avocado, sweet potato, spinach, coconut water) - Magnesium: 300–500 mg/day supplemental (glycinate or threonate)

Why: - Potassium antagonizes sodium and supports cellular recovery. - Magnesium is a cofactor for over 300 enzymatic reactions, including cortisol clearance and GABA receptor function. Most high-performers are deficient due to sweat loss, stress-induced urinary excretion, and inadequate intake.

Implementation: - Food first. Supplements second. - Magnesium glycinate: best absorbed, least GI distress. 200–400 mg before bed supports sleep depth. - Magnesium threonate: crosses blood-brain barrier, supports cognitive recovery. More expensive.

Monetization touchpoint: Magnesium glycinate/threonate brand recommendations (affiliate)

Vitamin C Target: 500–1,000 mg/day

Why: The adrenal glands contain the highest concentration of vitamin C in the body. It is rapidly depleted during stress. Supplementation supports cortisol synthesis (yes, you need to make cortisol at the right times) and adrenal recovery.

Implementation: - Food sources: bell peppers, citrus, kiwi, broccoli - Supplement: liposomal or buffered forms for higher absorption

B-Complex (B5, B6, B12) Target: High-quality B-complex or targeted B5 (pantothenic acid) at 250–500 mg/day

Why: - B5 is a direct cofactor for acetyl-CoA synthesis, required for cortisol and adrenal hormone production - B6 supports GABA synthesis and neurotransmitter balance - B12 supports methylation and energy metabolism

Implementation: - Take with breakfast. B vitamins can be stimulating; avoid evening dosing.

Monetization touchpoint: B-complex brand recommendation (affiliate)

2.2 Adaptogenic Support (Evidence-Based Only)

Adaptogens are not a substitute for sleep, nutrition, or behavioral change. They are a force multiplier once the foundation is stable.

Rule: Introduce one adaptogen at a time. Assess for 7 days before adding or switching.

Ashwagandha (KSM-66) **Dose:** 300–600 mg/day, standardized to $\geq 5\%$ withanolides

Evidence: Multiple RCTs show cortisol reduction (14–27%), improved sleep quality, and reduced perceived stress. KSM-66 is a full-spectrum root extract with the strongest human data.

Timing: Morning or evening. If sleep is your primary issue, take 60 minutes before bed. If daytime anxiety is primary, take with breakfast.

Cycle: 8–12 weeks on, 2–4 weeks off. Do not use indefinitely without breaks.

Caution: May interact with thyroid medication (potentiates $T4 \rightarrow T3$ conversion). Monitor if hypothyroid.

Monetization touchpoint: KSM-66 specific product recommendation (affiliate)

Rhodiola Rosea **Dose:** 200–400 mg/day, standardized to 3% rosavins + 1% salidroside

Evidence: Improves fatigue resistance, cognitive function under stress, and physical work capacity. Particularly useful for the “wired-but-tired” phenotype.

Timing: Morning only. Can be activating if taken late.

Cycle: 4–6 weeks on, 1–2 weeks off.

Caution: Avoid if bipolar or manic-depressive history. Can be overly activating in sensitive individuals.

Monetization touchpoint: Rhodiola standardized extract recommendation (affiliate)

Holy Basil (Tulsi) **Dose:** 300–600 mg/day of leaf extract or 1–2 cups of tulsi tea

Evidence: Reduces cortisol, anxiety, and stress-related sleep disturbance without sedation. Gentler than ashwagandha or rhodiola.

Timing: Evening preferred. Pairs well with magnesium glycinate.

Cycle: Can be used longer-term than other adaptogens, but still recommend 12-week review.

Adaptogen Selection Guide

Primary Symptom	First Choice	Secondary Choice
Sleep disruption + anxiety	Ashwagandha	Holy Basil
Fatigue + low motivation	Rhodiola	Ashwagandha
Irritability + feeling “wired”	Holy Basil	Rhodiola
General stress + brain fog	Ashwagandha	Rhodiola

2.3 Movement Prescription

Exercise is a stressor. The goal in Phase 2 is to train without adding allostatic load.

Remove: High-Intensity Interval Training (HIIT) **Rule:** No HIIT, no CrossFit-style metcons, no sprint work until Week 5 at earliest.

Why: HIIT produces a massive acute cortisol spike. In a healthy HPA axis, this is adaptive. In HPA dysfunction, it is additive to an already elevated load and delays recovery.

Exception: If you are an athlete with competition requirements, reduce HIIT volume by 60% and extend recovery between sessions to 72 hours.

Add: Zone 2 Cardio **Target:** 3×/week, 30–45 minutes, heart rate 60–70% max HR

Why: Zone 2 builds mitochondrial capacity, improves fat oxidation, and clears lactate without significant cortisol elevation. It is the optimal training modality for HPA recovery.

Calculation: Max HR $\sim 220 - \text{age}$. Zone 2 = (Max HR $\times 0.6$) to (Max HR $\times 0.7$)

Examples: Brisk walking, easy cycling, light swimming, incline treadmill at moderate pace

Monetization touchpoint: Heart rate monitor recommendation for zone 2 training (affiliate)

Add: Resistance Training **Target:** 2×/week, full body, moderate load

Why: Resistance training increases insulin sensitivity, supports testosterone/DHEA production, and builds metabolic reserve. The key is load management.

Parameters: - RPE 6–7 out of 10 (hard but conversational) - Rest 2–3 minutes between sets - Stop 2 reps before failure - Session duration: 35–50 minutes

Sample session: - Squat or leg press: 3×8 - Row or pull-down: 3×10 - Push (bench or overhead press): 3×8 - Hip hinge (deadlift or RDL): 3×8 - Core (plank or dead bug): 3×30–45 sec

Daily: Post-Lunch Walk **Target:** 10-minute walk within 30 minutes of finishing lunch

Why: Post-prandial walking improves glucose disposal, reduces the post-meal insulin spike, and modulates the afternoon cortisol curve. It is the single highest-ROI behavior for preventing the 2pm crash.

Implementation: Non-negotiable. Schedule it like a meeting. No phone calls, no emails. Just walk.

Phase 2 Supplement Stack Summary

Supplement	Dose	Timing	Duration
Magnesium glycinate	300–400 mg	Evening	Ongoing
Vitamin C	500–1,000 mg	With breakfast	Ongoing
B-complex (or B5)	Per label / 250–500 mg	With breakfast	8–12 weeks
Ashwagandha (KSM-66)	300–600 mg	Morning or evening	8–12 weeks, then cycle off
Rhodiola OR Holy Basil	200–400 mg / 300–600 mg	Morning / Evening	4–8 weeks

Start one at a time. Add every 3–4 days. If you feel worse, stop the most recent addition and reassess.

Phase 3: Optimize (Weeks 5–8)

Objective: Fine-tune based on response. Individualize the protocol.

By Week 5, you have 4 weeks of behavioral stability and 2 weeks of nutritional and adaptogenic support. You now have enough data to optimize.

3.1 Tracking Metrics

Track these daily. Use a 1–10 scale or simple notes.

Subjective Markers: - Morning energy (1 = cannot get out of bed, 10 = fully alert on waking) - Sleep quality (1 = fragmented, 10 = deep and uninterrupted) - Afternoon stability (1 = crash, 10 = sustained energy) - Cognitive clarity (1 = brain fog, 10 = sharp) - Mood stability (1 = irritable/anxious, 10 = calm and resilient)

Optional Objective Markers: - Morning resting heart rate (wearable) - Heart rate variability (HRV) upon waking (higher is better) - Sleep stages (deep + REM percentages)

How to use the data: - Baseline: average Weeks 1–2 - Improvement target: 20% increase in average score by Week 6 - If no improvement by Week 4, proceed to 3.2 adjustments

Monetization touchpoint: Wearable device recommendation (Oura, Whoop, Apple Watch) for HRV and sleep tracking (affiliate)

3.2 Adjustment Rules

Use these decision trees based on your tracking data.

Scenario A: Morning Energy Improved, Afternoon Crash Persists **Diagnosis:** Cortisol awakening response is normalizing, but the midday plateau remains flat.

Intervention: - Add a midday protein snack at 1400–1500 (hard-boiled eggs, jerky, protein shake) - Add a 10-minute walk at 1430 (post-lunch walk insufficient) - Consider adding Rhodiola at 1200 if not already using (fatigue-specific adaptogen) - Review caffeine: are you compensating with an afternoon coffee? Remove it.

Scenario B: Sleep Improved, Morning Fatigue Remains **Diagnosis:** Evening cortisol is dropping (good), but the morning surge is still blunted.

Intervention: - Advance bedtime by 30 minutes for 7 days. More sleep does not help if timing is wrong. - Intensify morning light exposure: 20 minutes instead of 10. - Add movement intensity slightly: 5-min brisk walk instead of casual stroll. - Review ashwagandha timing: if taking at night, shift to morning. Night dosing can blunt the CAR in some individuals.

Scenario C: No Improvement After 4 Weeks **Diagnosis:** Either (1) compliance is insufficient, (2) there is a secondary pathology, or (3) the intervention dose is too low.

Action: 1. Audit compliance honestly. Are you actually doing the protocol, or are you doing it “when you remember”? 2. If compliance is >85% and no improvement: order a DUTCH Complete test or salivary cortisol panel. 3. Rule out secondary causes with a clinician: iron deficiency, B12 deficiency, subclinical hypothyroidism, sleep apnea, chronic infection. 4. Do not stack more supplements. The answer is rarely “more.” It is usually “different” or “deeper.”

Monetization touchpoint: DUTCH test partner link or clinician referral directory

3.3 Conditional Supplements (Week 5+)

Only add these if specific symptoms persist after Phase 2.

Phosphatidylserine **Dose:** 100–300 mg in the evening

Use case: Nighttime waking or difficulty falling asleep despite Phase 1–2 compliance.

Mechanism: Phosphatidylserine blunts cortisol response to acute stress and may reduce evening cortisol elevation. It is particularly useful for the “tired but wired at bedtime” phenotype.

Caution: Derived from soy or sunflower lecithin. Avoid if soy-allergic unless using sunflower-derived.

Monetization touchpoint: Phosphatidylserine brand recommendation (affiliate)

L-Theanine **Dose:** 200–400 mg, 1–2×/day

Use case: Daytime anxiety, rumination, or feeling “on edge” without fatigue.

Mechanism: Increases GABA, serotonin, and dopamine without sedation. Promotes alpha brain wave activity (relaxed alertness).

Timing: Morning with breakfast, or midday with lunch. Can be taken with caffeine to smooth the stimulant edge.

Monetization touchpoint: L-theanine product recommendation (affiliate)

Glycine **Dose:** 3 grams, 30–60 minutes before bed

Use case: Sleep depth is poor despite falling asleep easily. Waking unrefreshed.

Mechanism: Glycine lowers core body temperature by dilating peripheral blood vessels, facilitating sleep onset and deep sleep. It is an inhibitory neurotransmitter in the spinal cord and brainstem.

Form: Powder in water. Taste is mildly sweet. Mix with magnesium glycinate for synergistic effect.

Monetization touchpoint: Glycine powder recommendation (affiliate)

Phase 4: Maintain (Ongoing)

Objective: Prevent recurrence. Build resilience capacity.

HPA dysfunction is not cured. It is managed. The goal of Phase 4 is to make the protocol behaviors automatic and to develop stress tolerance that prevents relapse.

4.1 The High-Performer Maintenance Stack

These are non-negotiable daily practices. They are not intensive. They are habitual.

Morning (10 minutes): - Light exposure: 10+ minutes - Movement: 5+ minutes - Protein + fat breakfast: 25–40g protein

Evening (30 minutes): - Screens reduced: 2 hours before bed - Work boundary: no work email/tasks - Temperature: cool room or cooling bedding

Daily: - Hydration: 0.5–1 oz per pound body weight - Post-lunch walk: 10 minutes - Magnesium glycinate: 300–400 mg evening (ongoing)

Weekly: - Zone 2 cardio: 3× - Resistance training: 2× - Self-assessment: retake the 8-point assessment monthly

4.2 Adaptogen Cycling (Long-Term)

Do not take adaptogens indefinitely without breaks. The HPA axis can habituate to chronic stimulation.

Recommended cycle: - 8–12 weeks on primary adaptogen (ashwagandha or rhodiola) - 2–4 weeks off - Reassess symptoms. If stable, extend off-period. If declining, resume.

Holy basil can be used more continuously but still benefits from a 2-week break every 12 weeks.

4.3 Stress Inoculation Practices

The goal is not to eliminate stress. It is to increase your capacity to handle it without HPA dysregulation.

Cold Exposure (Controlled) Protocol: 1–3 minutes cold shower at the end of your regular shower, 3–4×/week

Why: Brief, controlled cold exposure activates the sympathetic nervous system acutely, then triggers a compensatory parasympathetic rebound. It builds stress resilience (hormesis) without chronic elevation.

Rules: - Start with 30 seconds. Add 15–30 seconds per week. - Focus on slow, nasal breathing during exposure. - If you have cardiovascular conditions, consult a physician first. - Do not use cold exposure as a substitute for sleep or nutrition.

Monetization touchpoint: Cold plunge / cold shower protocol guide (affiliate for cold plunge systems)

Breathwork (Acute Regulation) Protocol: 4-7-8 breathing or box breathing, 2–5 minutes, as needed

4-7-8: - Inhale through nose: 4 seconds - Hold: 7 seconds - Exhale through mouth: 8 seconds - 4–8 cycles

Box breathing: - Inhale: 4 seconds - Hold: 4 seconds - Exhale: 4 seconds - Hold: 4 seconds - 4–8 cycles

Why: Extends the exhalation phase, activating the vagus nerve and shifting toward parasympathetic dominance. Useful before meetings, after stress exposure, or at bedtime.

Deload Weeks (Quarterly) Protocol: Every 12 weeks, schedule a 7-day reduction in load: - Reduce training volume by 50% - Reduce work intensity where possible (defer non-urgent projects) - Increase sleep target by 30–60 minutes - Increase unstructured time (reading, walking, social connection)

Why: Allostatic load is cumulative. Even with perfect daily habits, 12 weeks of high output requires a recovery period. Think of it as a system reset, not laziness.

The Complete Protocol at a Glance

Phase	Duration	Focus	Key Actions
1. Stabilize	Weeks 1–2	Stop the bleeding	Caffeine curfew, protein breakfast, morning light, evening screens/temp/boundary
2. Rebuild	Weeks 3–4	Restore capacity	Magnesium, Vitamin C, B-complex, adaptogens, Zone 2 cardio, resistance training
3. Optimize	Weeks 5–8	Individualize	Track metrics, apply adjustment rules, conditional supplements (PS, L-theanine, glycine)
4. Maintain	Ongoing	Prevent recurrence	Daily habits, adaptogen cycling, cold exposure, breathwork, quarterly deload

Next Step

If you scored 9–24 on the 8-Point Assessment, you now have the complete protocol.

For the structured implementation — including daily checklists, supplement timing calendars, shopping lists, and tracking sheets — download the full **Cortisol Reset Protocol PDF**.

This protocol is based on peer-reviewed research in HPA axis physiology, chronobiology, and nutritional neuroscience. It is not a substitute for medical care. If you have significant symptoms or pre-existing conditions, consult a qualified clinician before beginning.

Part of The Cortisol Reset Protocol.

For the diagnostic self-assessment, see Section 3. # Section 5: Your Next Step — Score-Based Action Plan

From The Cortisol Reset Protocol. This section closes the loop. Your 8-Point Assessment score determines your path. No ambiguity. No paralysis. Just action.

The Purpose of This Close

You now have two things: a diagnostic score and a complete protocol. What you do next depends on where you are on the dysfunction spectrum.

This section removes decision fatigue. Follow the path that matches your score. Execute it without deviation for the duration specified. Then reassess.

There is no wrong path. There is only the path you do not take.

Path A: Mild Dysfunction (Score 0–8)

Status: Your recovery capacity exceeds your current load, but the margin is narrowing.

The risk: Complacency. Because you are functional, you will likely ignore the early signals until they become moderate or severe. Most high-performers in this bracket do exactly that. Then they are surprised when they crash.

Your protocol:

1. Implement Phase 1 stabilizers only.

- Caffeine curfew (no caffeine after 10 hours pre-bed)
- Protein + fat breakfast within 60 minutes of waking
- Morning light exposure: 10+ minutes within 30 minutes of waking
- Evening blue light reduction: 2 hours pre-bed
- Work boundary: no work email/tasks after 2000
- Bedroom temperature: 65–68°F

2. Do not add supplements. Your system is not depleted. It is strained. Remove the strain before adding support.

3. Re-assess in 30 days. Take the 8-Point Assessment again. If your score increases or stays flat, you are undercounting your symptoms or your compliance is weaker than you think. Be honest.

4. Bookmark this guide. Return to it when your life load increases (new project, travel, illness, family stress). Do not wait for symptoms to worsen before acting.

Expected outcome: Prevention. You will not feel dramatically different because you are not dramatically unwell. The goal is to stay that way.

Path B: Moderate Dysfunction (Score 9–16)

Status: You are in active HPA dysfunction. Allostatic load has exceeded recovery capacity. Symptoms are interfering with performance, sleep, mood, and body composition.

The risk: Partial compliance. You will read the protocol, agree with it, implement 60% of it, and wonder why you are not improving. The protocol works only at $\geq 85\%$ compliance. Anything less is placebo.

Your protocol:

1. Begin the full 4-Phase Cortisol Reset Protocol immediately.

- Phase 1 (Stabilize): Weeks 1–2
- Phase 2 (Rebuild): Weeks 3–4
- Phase 3 (Optimize): Weeks 5–8
- Phase 4 (Maintain): Ongoing

2. **Track daily.** Use the Phase 1 checklist and Phase 3 subjective markers. Data is your only objective measure of progress. Memory is unreliable.
3. **Do not modify the protocol for 4 weeks.** No adding your favorite supplement because you read about it online. No skipping the evening wind-down because you have a deadline. The protocol is designed as a system. Removing one component changes the output.
4. **Expect measurable improvement by Week 3.** Most individuals in this bracket report:
 - Improved morning energy
 - Reduced afternoon crash severity
 - More restful sleep (even if duration does not increase)
 - Reduced caffeine dependency

If you do not see improvement by Week 4, audit compliance first. Then consider the adjustment rules in Phase 3.

5. **Download the structured protocol PDF.** The web guide is comprehensive. The PDF is actionable. It includes:
 - Daily checklists for each phase
 - Supplement timing calendar
 - Shopping lists for nutrition and adaptogens
 - Printable tracking sheets
 - Decision trees for common scenarios

Access the full Cortisol Reset Protocol PDF -> [Download the full protocol PDF -> [LINK_TO_LANDING_PAGE](#)]

Expected outcome: Recovery. Not perfection. Recovery. You will not return to your 25-year-old baseline, but you will return to a functional, sustainable state.

Path C: Significant Dysfunction (Score 17–24)

Status: Your HPA axis is operating in a severely dysregulated state. Symptoms are pervasive and likely impacting thyroid function, metabolic regulation, immune competence, and cognitive performance.

The risk: Self-treatment without clinical oversight. The protocol is safe and evidence-based, but at this severity, there may be secondary pathology (autoimmune thyroid, sleep apnea, anemia, B12 deficiency, chronic infection) that requires medical diagnosis and treatment.

Your protocol:

1. **Start the 4-Phase Protocol immediately as a parallel intervention.** Do not wait for clinical clearance. The protocol is low-risk and addresses root mechanisms regardless of secondary causes.
2. **Schedule clinical evaluation within 14 days.**
 - Primary care physician or functional medicine clinician

- Request: complete metabolic panel, thyroid panel (TSH, free T3, free T4, antibodies), iron panel, B12, vitamin D, CBC
 - Optional but recommended: salivary cortisol panel (4-point) or DUTCH Complete test
 - If you have symptoms of sleep apnea (loud snoring, witnessed apneas, morning headaches), request a sleep study
3. **Do not rely on the protocol alone.** The protocol will improve your foundations. It will not treat autoimmune disease, sleep apnea, or severe nutritional deficiency. Use both tracks: self-directed protocol + clinical evaluation.
 4. **Be aggressive with compliance.** At this severity, partial adherence produces partial results, which feel like failure. 90% compliance is the minimum acceptable threshold.
 5. **Download the protocol PDF + testing guide.** The testing guide explains:
 - What each test measures
 - How to interpret results
 - What to ask your clinician
 - Red flags that require immediate attention

Access the full protocol + clinical testing guide -> [Download the full protocol PDF -> [LINK_TO_LANDING_PAGE](#)]

Expected outcome: Stabilization first, then recovery. Improvement may be slower than the moderate-dysfunction group. That is normal. Your allostatic load took months or years to accumulate. Expect weeks, not days, for meaningful reversal.

The Wired-But-Tired Phenotype: Special Note

If you scored ≥ 2 on Items 1, 2, and 3 simultaneously, you fit the **wired-but-tired** profile. This is the most common presentation in high-performers and the most misunderstood.

What you think is wrong: You are not resting enough.

What is actually wrong: You are not recovering during rest because your HPA axis is stuck in activation mode.

The solution is not more rest. The solution is **structured recovery**: the protocol re-entrains your cortisol curve so that activation and quiescence happen at the correct times. A 10-minute walk at 1430 is more restorative than an hour of sitting on the couch if your nervous system is still in fight-or-flight.

If this is you: Pay special attention to Phase 1.3 (Evening Wind-Down) and Phase 2.3 (Movement Prescription). These are the highest-leverage interventions for your phenotype.

Common Objections and Responses

“I don’t have time for all of this.” - Phase 1 requires 20 minutes of behavioral change per day: 10 minutes of morning light + 10 minutes of evening screen reduction. The protein breakfast replaces whatever you are already

eating. The caffeine curfew requires stopping something, not adding something. Time is not the constraint. Priority is.

“I’ve tried everything and nothing works.” - Define “everything.” Most people have tried supplements without changing behavior, or changed one behavior without changing the system. The protocol is a system. It works as a system. Individual components are insufficient.

“I need to see a doctor first.” - If you scored 17+, yes. See a doctor. But start the protocol in parallel. The protocol does not conflict with medical treatment. It supports it. - If you scored 9–16, the protocol is your first-line intervention. Testing is useful for optimization, not for initiation. - If you scored 0–8, you do not need a doctor for this. You need consistency.

“I’ll start next month / after this project / when things calm down.” - They will not calm down. High-performers always have a next project. The question is whether you will address this before or after a forced stop (illness, burnout, collapse). Prevention is cheaper than recovery in every currency: time, money, performance, relationships.

What Success Looks Like

Success is not the absence of stress. Success is the capacity to handle stress without HPA dysregulation.

At 30 days: - You know your caffeine curfew and you honor it - You eat protein within an hour of waking - You get morning light - You have reduced or eliminated the 2pm crash

At 60 days: - Sleep quality is measurably improved - You require less caffeine to function - Exercise recovery is faster - Mood stability is higher

At 90 days: - The protocol is habitual, not effortful - You can handle acute stress (deadline, travel, conflict) without multi-day recovery - Your 8-Point score has decreased by $\geq 30\%$ - You have identified your individual triggers and adjustment rules

At 6 months: - You maintain the core habits without tracking - You cycle adaptogens on and off as needed - You schedule quarterly deload weeks proactively - Stress is a signal, not a threat

Final Authority Statement

The body does not want to be broken. It wants to recover.

HPA dysfunction is not a character flaw. It is a signal state. It means you have been asking your system to perform without providing the conditions for recovery. The protocol provides those conditions.

You do not need to quit your job. You do not need to move to a monastery. You need to align your behaviors with your biology. The protocol tells you exactly how to do that.

The research is clear. The mechanisms are known. The interventions are accessible. The only variable is your decision to act.

Your Immediate Action

Do this now. Not later today. Now.

1. **Calculate your score** from Section 3 if you have not already.
2. **Identify your path** (A, B, or C) above.
3. **Write down one action** from that path that you will complete today.
4. **Set a calendar reminder** for 30 days to re-take the 8-Point Assessment.
5. **Download the structured protocol PDF** to remove decision fatigue and execute without ambiguity.

Access the complete Cortisol Reset Protocol -> [Download the complete protocol -> [LINK_TO_LANDING_PAGE](#)]

The Cortisol Reset Protocol is based on peer-reviewed research in neuroendocrinology, chronobiology, and nutritional science. It is not a substitute for medical diagnosis or treatment. If you have significant symptoms, pre-existing conditions, or are uncertain about your health status, consult a qualified clinician before beginning any intervention.

You have the assessment. You have the protocol. You have the path.
What you do next is up to you.

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For the complete guide, diagnostic tools, and structured implementation resources, access the full protocol above.