Adrenal Health Questionnaire

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructions: The following questionnaire has been adapted from James Wilson’s book *Adrenal Fatigue: the 21st Century Syndrome*. Please enter the appropriate response number to each statement in the columns below, trying to be as accurate and honest as possible. Functional adrenal issues usually develop from cumulative stress, although may results from one specific stressful incident or time period. If you recall such an event, list it below:

I have not felt well since: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ when \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

(day, year, etc.) (describe event, if any)

**0 = Never/rarely**

**1 = Occasionally/slightly**

**2 = Moderate in intensity or frequency**

**3 = Intense/severe/frequent**

# Predisposing Factors

Past Now

1. ­­­\_\_\_\_ \_\_\_\_ I have experienced long periods of stress that have affected my well-being.
2. \_\_\_\_ \_\_\_\_ I have had one or more severely stressful events that have affected my well-being.
3. \_\_\_\_ \_\_\_\_ I have driven myself to exhaustion.
4. \_\_\_\_ \_\_\_\_ I overwork with little play or relaxation for extended periods.
5. \_\_\_\_ \_\_\_\_ I have had extended, severe or recurring respiratory infections.
6. \_\_\_\_ \_\_\_\_ I have taken long term or intense steroid therapy (corticosteroids such as prednisone).
7. \_\_\_\_ \_\_\_\_ I tend to gain weight, especially around the middle (spare tire).
8. \_\_\_\_ \_\_\_\_ I have a history of alcoholism and/or drug use.
9. \_\_\_\_ \_\_\_\_ I have environmental sensitivities.
10. \_\_\_\_ \_\_\_\_ I have diabetes (type II, adult onset, NIDDM)
11. \_\_\_\_ \_\_\_\_ I suffer from post-traumatic stress disorder (PTSD).
12. \_\_\_\_ \_\_\_\_ I suffer from anorexia (ie. a lack of wanting to eat).\*
13. \_\_\_\_ \_\_\_\_ I have one or more other chronic illnesses or diseases.

\_\_\_\_ \_\_\_\_ **Total**

# Key Signs and Symptoms

1. \_\_\_\_ \_\_\_\_ My ability to handle stress and pressure has decreased.
2. \_\_\_\_ \_\_\_\_ I am less productive at work.
3. \_\_\_\_ \_\_\_\_ I seem to have decreased in cognitive ability. I don’t think as clearly as I used to.
4. \_\_\_\_ \_\_\_\_ My thinking is confused when hurried or under pressure.
5. \_\_\_\_ \_\_\_\_ I tend to avoid emotional situations.
6. \_\_\_\_ \_\_\_\_ I tend to shake or am nervous when under pressure.
7. \_\_\_\_ \_\_\_\_ I suffer from nervous stomach indigestion when tense.
8. \_\_\_\_ \_\_\_\_ I have many unexplained fears/anxieties.
9. \_\_\_\_ \_\_\_\_ My sex drive is noticeably less than it used to be.
10. \_\_\_\_ \_\_\_\_ I get lightheaded, faint, or dizzy when rising rapidly from a sitting or lying position.
11. \_\_\_\_ \_\_\_\_ I have feelings of graying or blacking out.
12. \_\_\_\_ \_\_\_\_ I am chronically fatigued; a tiredness that is not usually relieved by sleep.\*
13. \_\_\_\_ \_\_\_\_ I feel unwell much of the time.
14. \_\_\_\_ \_\_\_\_ I notice that my ankles are sometimes swollen – the swelling is worse in the evening.
15. \_\_\_\_ \_\_\_\_ I usually need to lie down or rest after sessions of psychological or emotional

pressure/stress.

1. \_\_\_\_ \_\_\_\_ My muscles sometimes feel weaker than they should.
2. \_\_\_\_ \_\_\_\_ My hands and legs get restless; I experience meaningless body movements.
3. \_\_\_\_ \_\_\_\_ I have become allergic or have increased frequency/severity of allergic reactions.
4. \_\_\_\_ \_\_\_\_ When I scratch a line across my skin, a white line remains for a minute or more.
5. \_\_\_\_ \_\_\_\_ Small irregular dark brown spots have appeared on my forehead, face, neck, and

shoulders.

1. \_\_\_\_ \_\_\_\_ I sometimes feel weak all over.\*
2. \_\_\_\_ \_\_\_\_ I have unexplained and frequent headaches.
3. \_\_\_\_ \_\_\_\_ I am frequently cold.
4. \_\_\_\_ \_\_\_\_ I have decreased tolerance for cold.\*
5. \_\_\_\_ \_\_\_\_ I have low blood pressure.\*
6. \_\_\_\_ \_\_\_\_ I often become hungry, confused, shaky, or somewhat paralyzed under stress.
7. \_\_\_\_ \_\_\_\_ I have lost weight without reason while feeling very tired and listless.
8. \_\_\_\_ \_\_\_\_ I have feelings of hopelessness or despair.
9. \_\_\_\_ \_\_\_\_ I have decreased tolerance. People irritate me more.
10. \_\_\_\_ \_\_\_\_ The lymph nodes (glands) in my neck are frequently swollen.
11. \_\_\_\_ \_\_\_\_ I have times of nausea and vomiting for no apparent reason.\*

\_\_\_\_ \_\_\_\_ **Total**

# Energy Patterns

1. \_\_\_\_ \_\_\_\_ I often have to force myself in order to keep going. Everything seems like a chore.
2. \_\_\_\_ \_\_\_\_ I am easily fatigued.
3. \_\_\_\_ \_\_\_\_ I have difficulty getting up in the morning (don’t really wake up until 10:00 AM).
4. \_\_\_\_ \_\_\_\_ I suddenly run out of energy.
5. \_\_\_\_ \_\_\_\_ I usually feel much better and fully awake after the noon meal.
6. \_\_\_\_ \_\_\_\_ I often have an afternoon low between 2:00 – 4:00 PM.
7. \_\_\_\_ \_\_\_\_ I get low energy, moody, or foggy if I do not eat regularly.
8. \_\_\_\_ \_\_\_\_ I usually feel my best after 6:00 PM.
9. \_\_\_\_ \_\_\_\_ I am often tired at 9:00-10:00 PM, but resist going to bed.
10. \_\_\_\_ \_\_\_\_ I like to sleep late in the morning.
11. \_\_\_\_ \_\_\_\_ My best, most refreshing sleep often comes between 7:00 – 9:00 AM.
12. \_\_\_\_ \_\_\_\_ I often do my best work late at night (or early in the morning).
13. \_\_\_\_ \_\_\_\_ If I don’t go to bed by 11:00 PM, I get a second burst of energy around 11:00 PM, often

lasting until 1:00 – 2:00 AM.

\_\_\_\_ \_\_\_\_ **Total**

# Frequently Observed Events

1. \_\_\_\_ \_\_\_\_ I get coughs/colds that stay around for several weeks.
2. \_\_\_\_ \_\_\_\_ I have frequent or recurring bronchitis, pneumonia, or other respiratory infections.
3. \_\_\_\_ \_\_\_\_ I get asthma, colds and other respiratory involvements two or more times per year.
4. \_\_\_\_ \_\_\_\_ I frequently get rashes, dermatitis (eczema), or other skin conditions.
5. \_\_\_\_ \_\_\_\_ I have rheumatoid arthritis.
6. \_\_\_\_ \_\_\_\_ I have allergies to several things in the environment.
7. \_\_\_\_ \_\_\_\_ I have multiple chemical sensitivities.
8. \_\_\_\_ \_\_\_\_ I have chronic fatigue syndrome.
9. \_\_\_\_ \_\_\_\_ I get pain in the muscles of my upper back and lower neck for no apparent reason.
10. \_\_\_\_ \_\_\_\_ I get pain in the muscles on the sides of my neck.
11. \_\_\_\_ \_\_\_\_ I have insomnia or difficulty sleeping.
12. \_\_\_\_ \_\_\_\_ I have fibromyalgia.
13. \_\_\_\_ \_\_\_\_ I suffer from asthma.
14. \_\_\_\_ \_\_\_\_ I suffer from hay fever.
15. \_\_\_\_ \_\_\_\_ I suffer from nervous breakdowns.
16. \_\_\_\_ \_\_\_\_ My allergies are becoming worse (more severe, frequent, or diverse).
17. \_\_\_\_ \_\_\_\_ The fat pads on palms of my hands and/or tips of my fingers are often red.
18. \_\_\_\_ \_\_\_\_ I bruise more easily than I used to.
19. \_\_\_\_ \_\_\_\_ I have a tenderness in my back near my spine at the bottom of my rib cage when pressed.
20. \_\_\_\_ \_\_\_\_ I have swelling under my eyes upon rising that goes away after I have been up for a

couple hours.

1. \_\_\_\_ \_\_\_\_ (for women only) I have increasing symptoms of premenstrual syndrome (PMS) such as

cramps, bloating, moodiness, irritability, emotional instability, headaches, tiredness, and/or intolerance before my period (only some need to be present).

1. \_\_\_\_ \_\_\_\_ (for women only) My periods are generally heavy but they often stop, or almost stop, on

the fourth day, only to start up profusely on the 5th or 6th day.

\_\_\_\_ \_\_\_\_ **Total**

# Food Patterns

1. \_\_\_\_ \_\_\_\_ I need coffee or some other stimulant to get going in the mornings (sugar, pop,

chocolate).

1. \_\_\_\_ \_\_\_\_ I often crave food high in fat and feel better with high fat foods.
2. \_\_\_\_ \_\_\_\_ I use high fat foods to drive myself.
3. \_\_\_\_ \_\_\_\_ I often use high fat foods and caffeine containing drinks (coffee, colas, chocolate) to

drive myself.

1. \_\_\_\_ \_\_\_\_ I often crave salt and/or foods high in salt. I like salty foods.
2. \_\_\_\_ \_\_\_\_ I feel worse if I eat high potassium foods (like bananas, figs, raw potatoes), especially if I

eat them in the morning.

1. \_\_\_\_ \_\_\_\_ I crave high protein foods (meats, cheeses).
2. \_\_\_\_ \_\_\_\_ I crave sweet foods (pies, cakes, pastries, doughnuts, dried fruits, candies or desserts).
3. \_\_\_\_ \_\_\_\_ I feel worse if I miss or skip a meal.

\_\_\_\_ \_\_\_\_ **Total**

# Aggravating Factors

1. \_\_\_\_ \_\_\_\_ I have constant stress in my life or work.
2. \_\_\_\_ \_\_\_\_ My dietary habits tend to be sporadic and unplanned.
3. \_\_\_\_ \_\_\_\_ My relationships at work and/or home are unhappy.
4. \_\_\_\_ \_\_\_\_ I do not exercise regularly enough.
5. \_\_\_\_ \_\_\_\_ I eat lots of fruit.
6. \_\_\_\_ \_\_\_\_ My life contains insufficient enjoyable activities.
7. \_\_\_\_ \_\_\_\_ I have little control over how I spend my time.
8. \_\_\_\_ \_\_\_\_ I restrict my salt intake.
9. \_\_\_\_ \_\_\_\_ I have gum and/or tooth infections of abscesses.
10. \_\_\_\_ \_\_\_\_ I have meals at irregular times.

\_\_\_\_ \_\_\_\_ **Total**

# Relieving Factors

1. \_\_\_\_ \_\_\_\_ I feel better almost right away once a stressful situation is resolved.
2. \_\_\_\_ \_\_\_\_ Regular meals decrease the severity of my symptoms.
3. \_\_\_\_ \_\_\_\_ I often feel better after spending a night out with friends.
4. \_\_\_\_ \_\_\_\_ I often feel better if I lie down.
5. \_\_\_\_ \_\_\_\_ Other relieving factors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_ \_\_\_\_ **Total**

Scoring

Interpretation: the questionnaire is a valuable tool for determining *if* you have adrenal fatigue and, if you do, the *severity* of your syndrome. Because there is such diversity in how individuals experience adrenal fatigue, a wide variety of signs and symptoms have been included. Some people have only the minimal number of symptoms, but the symptoms they do have are severe. Others experience a great number of symptoms, but most of their symptoms are relatively mild. That is why there are two kinds of scores to indicate adrenal fatigue.

1. Count the total number of questions in each section that you answered with any number other than zero (note that there are no entries for the first section entitled “Predisposing Factors”. This section is dealt with separately and is not included below). For example, in the Key Signs and Symptoms section, count the number of responses that are scored with a 1, 2, or 3 and enter the number below in the “Past” and “Now” columns.
2. Sum all the numbers for each column into the bottom row entitled “Total Responses”.
3. From this information, you will get a general “yes” or “no” answer to the question “Do I have adrenal fatigue?” Look at your scores in the Total Responses box in the “Past” and “Now” columns. The greater the number of questions you responded to, the greater your degree of adrenal fatigue.
   * Some degree of adrenal fatigue: **> 26** (men) **> 32** (women)
   * Unlikely adrenal fatigue is a problem: **< 20**

|  |  |  |
| --- | --- | --- |
| **Name of Section** | **Total Responses** | |
| **Past** | **Now** |
| **Key Signs & Symptoms**  Number of questions – 31 |  |  |
| **Energy Patterns**  Number of questions – 13 |  |  |
| **Frequently Observed Events**  Number of questions – 20 (men), 22 (women) |  |  |
| **Food Patterns**  Number of questions – 9 |  |  |
| **Aggravating Factors**  Number of questions – 10 |  |  |
| **Relieving Factors**  Number of questions – 4 |  |  |
| **Total Responses** |  |  |

1. Next, transfer the total points from each questionnaire section into the boxes below.
2. Sum each column to get the Total Points of the “Past” and “Now”.
3. The total points are used to determine the degree of severity of your adrenal fatigue. If you ranked every question as 3 (the worst) your total points would be 261 for men or 267 for women.
   * If you scored **less than 40** = slight or no adrenal fatigue
   * If you scored between **44 – 87 (men)** or **45 – 88 (women)** = mild degree of adrenal fatigue
   * If you scored between **88 – 130 (men)** or **89 – 132 (women)** = moderate degree of adrenal fatigue
   * If you scored **above 130 (men)** or **above 132 (women)** = severe degree of adrenal fatigue
4. Now compare the total points of the different sections with each other. This allows you to see if 1 or 2 sections stand out as having more signs and symptoms than the others. If you have predominating groups of symptoms, they will be the most useful ones for you to watch as indicators as you improve.
5. Lastly, calculate the severity index by dividing the total points by the total responses for the “Past” and “Now” columns. For example, if your total points for the “Past” (below) was 68 and your total responses for the “Past” (above) was 44, your severity index would be 1.54.
   * Index of **1.0 – 1.6** = mild adrenal fatigue
   * Index of **1.7 – 2.3** = moderate adrenal fatigue
   * Index of **2.4 and greater** = severe adrenal fatigue

|  |  |  |
| --- | --- | --- |
| **Name of Section** | **Total Points** | |
| **Past** | **Now** |
| **Key Signs & Symptoms**  Total points possible - 93 |  |  |
| **Energy Patterns**  Total points possible - 39 |  |  |
| **Frequently Observed Events**  Total points possible - 60 (men), 66 (women) |  |  |
| **Food Patterns**  Total points possible - 27 |  |  |
| **Aggravating Factors**  Total points possible - 30 |  |  |
| **Relieving Factors**  Total points possible - 12 |  |  |
| **Total Points** |  |  |
| **Severity Index** |  |  |

1. Now compared the total points in the “Past” versus the “Now” columns. The difference indicates the direction your adrenal health is taking. If the number in the “Past” column is greater than the number in the “Now” column, then your adrenal health is improving. If the reverse is true, your adrenal glands are on a downhill course and you will want to take steps to halt this process and protect and support your adrenal glands.
2. Asterisk Total: finally, add the actual numbers you put beside the questions marked by asterisks (\*) in the “Now” column. If this total is greater than **9**, you are likely suffering from a relatively severe form of adrenal fatigue. If this total is more than **12**, and you answer **yes** to **more than 2 questions** below, you have many of the indications of Addison’s disease, a serious condition of adrenal insufficiency.
   * Answer the following questions only if you scored greater than 12 on the questions marked with an asterisk:
     1. The areas of my body listed below have become bluish-black in color:
        1. \_\_\_\_\_\_ Inside of lips, mouth
        2. \_\_\_\_\_\_ Vagina
        3. \_\_\_\_\_\_ Around nipples
     2. \_\_\_\_\_\_ I have *frequent* unexplained diarrhea
     3. \_\_\_\_\_\_ I have increased darkening around the bony areas, at folds in my skin, scars and the

creases in my joints

* + 1. \_\_\_\_\_\_ I have light colored patches on my skin where the skin has lost its natural color
    2. \_\_\_\_\_\_ I easily become dehydrated
    3. \_\_\_\_\_\_ I have fainting spells

**I appreciate you taking the time to fill this out. Please bring this with you to your next visit as it will help give me a complete picture of adrenal health in relation to your chief complaints.**