**Adrenal Questionnaire**

Name: ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructions: Please enter the appropriate response number to each statement in the columns below.

**0= Never/ Rarely 2= Moderate in Intensity or Frequency**

**1= Occasionally/ Slightly 3= Intense/ Sever or Frequent**

I have not felt well since: (date) \_\_\_\_\_\_\_\_\_\_\_ when: (describe event)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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). |
| **7** |  |  | I tend to gain weight, especially around the middle (spare tire). |
| **8** |  |  | I have history of alcoholism &/ or drug abuse |
| **9** |  |  | I have environmental sensitivities. |
| **10** |  |  | I have diabetes (type II, adult onset, NIDDM). |
| **11** |  |  | I suffer from post-traumatic distress syndrome |
| **12** |  |  | I suffer from anorexia\* |
| **13** |  |  | I have one or more other chronic illnesses or diseases |
|  |  |  | **TOTAL** |

**Key Signs & Symptoms**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Past** | **Now** |  |
| **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 noticeable less than it used to be |
| **10** |  |  | I get lightheaded or dizzy when rising rapidly from a sitting or lying position. |
| **11** |  |  | I have feelings of greying out 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 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 |
| **16** |  |  | My muscles sometimes feel weaker than they should |
| **17** |  |  | My hands and legs get restless- experience meaningless body movements |
| **18** |  |  | I have become allergic or increased frequency/ severity of reactions |
| **19** |  |  | When I scratch my skin, a white line remains for a minute or more |
| **20** |  |  | Small irregular dark brown spots have appeared on my forehead, face, neck and shoulders |
| **21** |  |  | I sometimes feel weak all over\* |
| **22** |  |  | I have unexplained and frequent headaches |
| **23** |  |  | I am frequently cold |
| **24** |  |  | I have decreased tolerance for cold\* |
| **25** |  |  | I have low blood pressure\* |
| **26** |  |  | I have often become hungry, confused, shaky or somewhat paralyzed under stress. |
| **27** |  |  | I have lost weight without reason while feeling very tired and listless |
| **28** |  |  | I have feelings of hopelessness or despair |
| **29** |  |  | I have decreased tolerance. People irritate me more |
| **30** |  |  | The lymph nodes in my neck are frequently swollen (I get swollen glands in my neck). |
| **31** |  |  | I have times of nausea and vomiting for no apparent reason\* |
|  |  |  | **TOTAL** |

**Energy Patterns**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Past** | **Now** |  |
| **1** |  |  | I often have to force myself in order to keep going. Everything feels like a chore. |
| **2** |  |  | I am easily fatigued |
| **3** |  |  | I have difficulty getting up in the morning (don’t really wake up till 10am) |
| **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 energy low between 3-5 pm |
| **7** |  |  | I get low energy, moody, or foggy if I do not eat regularly |
| **8** |  |  | I usually feel my best after 6pm |
| **9** |  |  | I am often tired at 9-10pm, but resist going to bed |
| **10** |  |  | I like to sleep late in the morning |
| **11** |  |  | My best, most refreshing sleep often comes between 7- 9 am |
| **12** |  |  | I often do my best work late at night ( early in the morning). |
| **13** |  |  | If I don’t go to bed at 11pm, I get a second burst of energy around 11pm, often lasting until 1-2am |
|  |  |  | **TOTAL** |

**Frequently Observed Events**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Past** | **Now** |  |
| **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 (2 or more times per year) |
| **4** |  |  | I frequently get rashes, dermatitis, 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 muscles of my upper back and lower neck for no apparent reason |
| **10** |  |  | I get pain in the muscles on the side 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 the 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 the tenderness in my back near my spine at the bottom of my rib cage when pressed. |
| **20** |  |  | I have selling under my eyes upon rising that goes away after I have been up for a couple of hours. |
| **THE NEXT TWO QUESTIONS ARE FOR WOMEN ONLY** | | | |
| **21** |  |  | I have increasing symptoms on premenstrual syndrome (PMS) such as cramps, bloating, moodiness, irritability, emotional instability, headaches, tiredness, and/or intolerance before my period (only some of these need to be present) |
| **22** |  |  | My periods are generally heavy but they often stop, or almost stop, on the fourth day, only to start profusely again on the 5th or 6th day. |
|  |  |  | **TOTAL** |

**Food Patterns**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Past** | **Now** |  |
| **1** |  |  | I need coffee or some other stimulant to get going in the morning |
| **2** |  |  | I often crave food high in fat and feel better with high fat foods |
| **3** |  |  | I use high fat foods to drive myself |
| **4** |  |  | I often us high fat foods and caffeine containing drinks (coffee, colas, chocolate) to drive myself |
| **5** |  |  | I often crave salt and/ or foods high in salt. I like salty foods |
| **6** |  |  | I feel worse if I eat potassium foods (like bananas, figs, raw potatoes), especially if I eat them in the mornings |
| **7** |  |  | I crave protein foods (meats, cheeses). |
| **8** |  |  | I crave sweet foods (pies, cakes, pastries, doughnuts, dried fruits, candies or desserts |
| **9** |  |  | I feel worse if I miss or skip a meal |
|  |  |  | **TOTAL** |

**Aggravating Factors**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Past** | **Now** |  |
| **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 at home are unhappy |
| **4** |  |  | I do not exercise regularly |
| **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 or abscesses |
| **10** |  |  | I have meals at irregular times |
|  |  |  | **TOTAL** |

**Relieving Factors**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Past** | **Now** |  |
| **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** |

*This form comes from the book ‘Adrenal Fatigue The 21st Century Stress Syndrome’- Dr. James Wilson*

*If you want to know more about the subject, I recommend the read.*