

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 swelling 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 5 th or 6 th 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 use 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.