

# Adrenal Questionnaire

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

- 0 = Never/Rarely
- 1 = Occasionally
- 2 = Moderate in intensity or frequency
- 3 = Almost always or extremely intense

## Chronic Stress & Stressors

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 have a history of alcoholism and/or drug abuse.
8. _____	_____	I suffer from post traumatic stress syndrome.
9. _____	_____	I have one or more other chronic illnesses or diseases.
_____	_____	<b>Total</b>

## Signs & 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 get lightheaded or dizzy when rising rapidly from a sitting or lying position.
9. _____	_____	I have feelings of graying out or blacking out.
10. _____	_____	I am chronically fatigued; a tiredness that is not usually relived by sleep.
11. _____	_____	I notice that my ankles are sometimes swollen – the swelling is worse in the evening.

12. \_\_\_\_ \_\_\_\_ I usually need to lie down or rest after sessions of psychological or emotional pressure/stress.
13. \_\_\_\_ \_\_\_\_ My muscles sometimes feel weaker than they should.
14. \_\_\_\_ \_\_\_\_ I feel restless, always finding something to do and find it hard to rest.
15. \_\_\_\_ \_\_\_\_ Small irregular dark brown spots have appeared on my forehead, face, neck and shoulders.
16. \_\_\_\_ \_\_\_\_ I sometimes feel weak all over.
17. \_\_\_\_ \_\_\_\_ I have decreased tolerance for cold.
18. \_\_\_\_ \_\_\_\_ I have low blood pressure.
19. \_\_\_\_ \_\_\_\_ I often become angry, confused, shaky or somewhat paralyzed under stress.
20. \_\_\_\_ \_\_\_\_ I have lost weight without reason while feeling very tired and listless.
21. \_\_\_\_ \_\_\_\_ I have decreased tolerance. People irritate me more.
22. \_\_\_\_ \_\_\_\_ The lymph nodes in my neck are frequently swollen.
23. \_\_\_\_ \_\_\_\_ I have gained weight for no apparent reason.

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

### **Circadian Rhythm & Energy**

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 about 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 or crash between 3:00 – 5:00 PM.
7. \_\_\_\_ \_\_\_\_ I get low energy, moody or foggy if I do not eat regularly.
8. \_\_\_\_ \_\_\_\_ I am often tired at 9:00 – 10:00 PM, but resist going to bed.
9. \_\_\_\_ \_\_\_\_ I like to sleep late in the morning.
10. \_\_\_\_ \_\_\_\_ My most refreshing sleep often comes between 7:00 – 9:00 AM.
11. \_\_\_\_ \_\_\_\_ I usually feel my best after 6 PM.
12. \_\_\_\_ \_\_\_\_ I often do my best work late at night (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.
14. \_\_\_\_ \_\_\_\_ I often wake up during the night.
15. \_\_\_\_ \_\_\_\_ I have a difficult time falling asleep.
16. \_\_\_\_ \_\_\_\_ I often use caffeine containing drinks to drive myself such as coffee, teas, colas, sodas and chocolate.
17. \_\_\_\_ \_\_\_\_ Feel fatigued and tired by mid-morning.
18. \_\_\_\_ \_\_\_\_ Pain during sleep.
19. \_\_\_\_ \_\_\_\_ Don't feel rested even after 6 or more hours of sleep.

20. \_\_\_\_\_ Don't feel like eating first AM.  
 21. \_\_\_\_\_ Need caffeine to get going in AM.  
 22. \_\_\_\_\_ Hard time falling asleep.

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

### Health Consequences

1. \_\_\_\_\_ I have multiple chemical sensitivities.  
 2. \_\_\_\_\_ I get asthma, colds and other respiratory issues two or more times per year.  
 3. \_\_\_\_\_ I have allergies to several things in the environment.  
 4. \_\_\_\_\_ I have or have had chronic fatigue syndrome.  
 5. \_\_\_\_\_ I suffer from asthma.  
 7. \_\_\_\_\_ I suffer from hay fever.  
 9. \_\_\_\_\_ My allergies are becoming worse (more severe, frequent or diverse).  
 10. \_\_\_\_\_ I have a chronic inflammatory condition such as an autoimmune condition, arthritis, diabetes, osteoporosis, heart issues, or chronic pain.  
 11. \_\_\_\_\_ I have chronic gastrointestinal and digestive issues such as gas, bloating and/or heartburn.  
 12. \_\_\_\_\_ I have food intolerances.  
 13. \_\_\_\_\_ Weight gain  
 14. \_\_\_\_\_ Gastric ulcer  
 15. \_\_\_\_\_ Memory issues  
 16. \_\_\_\_\_ I have been diagnosed with post traumatic stress disorder.  
 17. \_\_\_\_\_ I have high or low blood pressure.  
 18. \_\_\_\_\_ I have sensitivity to light and/or sound.  
 19. \_\_\_\_\_ I have diabetes (type II, adult onset, NKDDM)  
 20. \_\_\_\_\_ I suffer from anorexia  
 21. \_\_\_\_\_ I tend to gain weight, especially around the middle.

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

### Lifestyle and Dietary 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.  
 5. \_\_\_\_\_ My life contains insufficient enjoyable activities.  
 6. \_\_\_\_\_ I have little control over how I spend my time.  
 8. \_\_\_\_\_ I have meals at irregular times.  
 9. \_\_\_\_\_ I have increasing symptoms of premenstrual syndrome (cramps, bloating,  
 10. \_\_\_\_\_ I often crave food high in fat and feel better with high fat foods.

11. \_\_\_\_\_ I use fatty foods to motivate myself.
12. \_\_\_\_\_ I crave sweet foods (pies, cakes, pastries, doughnuts, dried fruits, candy or desserts).
13. \_\_\_\_\_ I feel worse if I skip a meal.
14. \_\_\_\_\_ I eat lots of fruit.
15. \_\_\_\_\_ I feel sleepy after meals, especially a high starch meal.
- \_\_\_\_\_ **Total**

The greater the number of questions that you responded to, the greater your adrenal fatigue. A score of 30, you may have slight adrenal fatigue or none at all. Between 31 – 65, you have a mild degree of adrenal fatigue. Between 66 – 85, your adrenal fatigue is moderate. Above 130, then consider yourself to be suffering from adrenal fatigue. Now, compare the total points for each section. Watch for the predominating symptoms and in which areas they predominate. This will assist you in developing your own recovery program.

\*\*\*Please note that by the time you experience sound and light sensitivity, an inability to handle the least amount of stress, your body is experiencing a chronic inflammatory state of stress – no matter what other symptoms you have.