

ADRENAL QUESTIONNAIRE

Date: _____

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

0 = Never / Rarely

1 = Occasionally / Slightly

2 = Moderate in Severity or Frequency

3 = Intense / Severe or Frequent

I have not felt well since _____ when _____
(date) (event, if any)

Predisposing Factors

Past Now

1. _____ I have experienced long periods of stress that have affected my wellbeing.
2. _____ I have had one or more severely stressful events that have affected my wellbeing.
3. _____ I have driven myself to exhaustion.
4. _____ I overwork with little play or relaxation for extended periods of time.
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 a history of alcoholism and/or drug abuse.
9. _____ I have environmental sensitivities.
10. _____ I have diabetes (type II, adult onset, NIDDM).
11. _____ I suffer from post traumatic stress 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 and/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 or dizzy when rising rapidly from a sitting or lying position.

11. _____ I have feelings of graying 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 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 and/or stress.
16. _____ My muscles sometimes feel weaker than they should.
17. _____ My hands and legs get restless. I experience meaningless body movements.
18. _____ I have become allergic or have increased frequency and/or severity of allergic reactions.
19. _____ When I scratch my skin, a white line remains for a minute or more.
20. _____ Small, irregular brown spots have appeared on my forehead, face, neck and/or 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 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 on my neck).
31. _____ I have times of nausea and/or vomiting for no apparent reason.*
- _____ TOTAL

Energy Patterns

- | | Past | Now | |
|-----|-------|-------|---|
| 1. | _____ | _____ | I often have to force myself 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 usually have an afternoon low between 3:00 PM – 5:00 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 (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

- | Past | Now | |
|-----------|-------|---|
| 1. _____ | _____ | I get coughs and/or 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, 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 breakdown. |
| 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 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. |
| 21. _____ | _____ | 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 one of these symptoms need to be present.) |
| 22. _____ | _____ | My periods are generally heavy, but they often stop or almost stop on the 4th day, only to start up profusely 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 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 high potassium foods (like bananas, figs, raw potatoes), especially if I eat them in the morning. |
| 7. _____ | _____ | I crave high protein foods (meats, cheeses). |
| 8. _____ | _____ | I crave sweet foods (pies, cakes, pastries, doughnuts, dried fruits, candies and/or desserts). |
| 9. _____ | _____ | I feel worse if I skip a meal. |
| _____ | _____ | Total |

Aggravating Factors

- | | Past | Now | |
|-----|-------|-------|--|
| 1. | _____ | _____ | I have constant stress in my life and/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. | _____ | _____ | 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 regular 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