

# ADRENAL STRESS ASSESSMENT

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

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Instructions: Please enter the appropriate response number to each of the following statements.

- Indicate "0" = never
- Indicate "1" = seldom
- Indicate "2" = occasionally
- Indicate "3" = frequently

Score **A. Causative Dynamics:**

	I have environmental/food allergies or reactions.
	I have experienced extended periods of stress that have affected my health.
	I have had extended, severe or recurring respiratory infections (asthma).
	I have had one or more severely stressful events that have affected by health.
	I have one or more chronic illnesses or diseases.
	I have taken long term or intense steroid therapy (corticosteroids).
	I overwork with little play or rest for extended periods of time.
	I have a history of alcoholism and/or other drug usage.
	I have diabetes (Type II, adult onset).
	I push myself to exhaustion.
	I suffer from anorexia.
	I suffer from post traumatic stress syndrome.
	I have or am currently taking prescription medication.
	I tend to gain weight, especially around the middle (spare tire).
	<b>TOTAL NUMBER OF QUESTIONS ANSWERED WITH "1", "2" or "3"</b>
	<b>TOTAL POINTS</b>

Score **B. Dietary Considerations:**

	High potassium foods (like bananas, figs or potatoes), make me feel worse, especially if I eat them in the morning.
	I crave high protein foods (meats, cheeses).
	I crave sweets (pie, cake, pastry, doughnuts, dried fruit, candy or dessert).
	I feel worse if I miss or skip a meal.
	I like salty foods and often crave salt and/or foods high in salt.
	I need stimulants, such as coffee or tea, to get started in the morning.
	I often crave food high in fat and feel better having eaten them.
	I often use high fat foods and caffeine containing drinks (coffee, colas, chocolate) to drive myself.
	I use high fat foods to give me energy so that I can continue intense activities.
	<b>TOTAL NUMBER OF QUESTIONS ANSWERED WITH "1", "2" or "3"</b>
	<b>TOTAL POINTS</b>

Score **C. General Symptomatology:**

	A white line remains for a minute or more when I scratch my skin.
	For no apparent reason, I sometimes have periods of nausea and vomiting.
	My ability to tolerate cold has decreased.
	I am chronically tired and fatigued and the tiredness is not usually relieved by sleep.
	I am less productive at work.
	I am nervous and shake when under pressure.
	I am often cold.
	I don't think as clearly as I used to.
	I feel depressed and hopeless.
	I frequently have swollen lymph nodes in my neck.
	I get lightheaded or dizzy when rising rapidly from a sitting or lying position.
	I have become allergic or have increased frequency or the severity of allergic reactions.
	I have felt very tired and listless and have lost weight without reason.
	I have less ability to handle stress and pressure.
	I have low blood pressure.
	I have many unexplained fears and anxieties.
	I have often had headaches of unknown origin.
	I often become hungry, confused, shaky or somewhat paralyzed under stress.
	I often feel unwell.
	I sometimes feel as if I gray-out or black-out.
	I sometimes feel weak all over.
	I suffer from nervous stomach, indigestion, irritable bowel in a tense situation.
	I tend to avoid emotional encounters or situations.
	My ankles are sometimes swollen. The swelling is worse in the evening.
	My hands and legs get restless with meaningless body movements.
	My muscles sometimes feel weaker than they should.
	My sex drive has decreased.
	My thinking is confused when hurried or under pressure.
	People irritate me more than before; my tolerance has decreased.
	Small dark brown spots have appeared on my forehead, face, neck and shoulders.
	<b>TOTAL NUMBER OF QUESTIONS ANSWERED WITH "1", "2" or "3"</b>
	<b>TOTAL POINTS</b>

Score **D. Vitality and Energy:**

	Although tired between 9:00-10:00 PM, I resist going to bed.
	Between 2:00-4:00PM, I often have an afternoon energy or emotional low.
	Everything seems like a chore.
	Getting up in the morning is difficult. I don't really wake up until 10:00AM.
	I tire easily.
	I get a "second wind" around 11:00 PM, often lasting until 1:00-2:00 AM.
	I like to sleep late in the morning.
	I often have to force myself in order to keep going.
	I suddenly run out of energy.
	I usually feel much better and fully awake after lunch.
	I usually feel my best after 6:00 PM.
	I work best late at night (early in the morning.)
	If I don't eat regularly, I experience low energy, moodiness, impatience or foginess.
	I wake up tired.
	My best, most refreshing sleep often comes between 7:00-9:00 AM.
	<b>TOTAL NUMBER OF QUESTIONS ANSWERED WITH "1", "2" or "3"</b>
	<b>TOTAL POINTS</b>

Score **E. Aggravating Aspects:**

	I feel that my life contains insufficient enjoyable activities.
	I crave and eat a considerable amount of fruit.
	I do not exercise on a regular basis.
	I have gum and/or tooth infections or abscesses.
	I have little control over how I spend my time.
	I have meals at irregular times.
	My life or work are continually stressful.
	I restrict my salt intake.
	My eating habits tend to be sporadic and unplanned.
	My relationships at work and/or home are unhappy.
	<b>TOTAL NUMBER OF QUESTIONS ANSWERED WITH "1", "2" or "3"</b>
	<b>TOTAL POINTS</b>

Score **F. Alleviating Aspects:**

	I often feel better after spending a night out with friends.
	I often feel better if I lie down.
	My symptoms decrease in severity when I eat regularly.
	Once a stressful situation is resolved, I feel better almost immediately.
	Other alleviating factors: (List for example: Cold air)
	<b>TOTAL NUMBER OF QUESTIONS ANSWERED WITH "1", "2" or "3"</b>
	<b>TOTAL POINTS</b>

Score **G. General Observations:**

	I bruise more easily than I used to.
	I frequently catch colds that last more than 7 days.
	I frequently get rashes, dermatitis, or other skin irritations.
	I frequently have bronchitis, pneumonia or other respiratory infections.
	I get asthma, colds and other respiratory problems two or more times per year.
	I get pain in the muscles of my upper back and lower neck for no apparent reason.
	When pressed, I have a tenderness near my spine at the bottom of my rib cage.
	I have allergies to several things in the environment.
	I have asthma.
	I have chronic fatigue syndrome.
	I have fibromyalgia.
	I have had nervous breakdowns.
	I have insomnia or difficulty sleeping.
	I have multiple chemical sensitivities.
	I have rheumatoid arthritis.
	I have swelling under my eyes in the mornings that goes away after a couple hours.
	The muscles on the sides of my neck frequently are painful.
	I suffer have hay fever.
	My allergies are becoming more severe and/or frequent.
	I have muscle cramping in legs or feet.
	The fat pads on palms of my hands and/or tips of my fingers are often red.

**FOR WOMEN ONLY:**

	I have increasing cramps, bloating, moodiness, irritability, emotional instability, headaches, tiredness, and/or intolerance before my period (only some of these need be present.)
	My periods are generally heavy but they often stop, or almost stop, on the fourth day, only to start up profusely on the 5th and 6th days.
	<b>TOTAL NUMBER OF QUESTIONS ANSWERED WITH "1", "2" or "3"</b>
	<b>TOTAL POINTS</b>

Score **H. Adrenal Distress:**

	I feel fatigued rather than energetic.
	People annoy me by telling me, "You don't look so good lately."
	I am experiencing increased physical aches, pains, headaches and colds.
	I am increasingly cynical and disillusioned.
	I am more irritable.
	I am more short-tempered.
	I am seeing family members and friends less frequently.
	I am too busy to do routine things like make phone calls or send cards to friends.
	I am unable to laugh at jokes about myself.
	I am working harder but accomplishing less.
	I feel disoriented at the end of the day.
	I forget appointments, deadlines or personal possessions more often than before.
	I frequently experience unexplained sadness.
	I have very little to say to people.
	Joy seems just out of reach.
	People increasingly disappoint me.
	Sex seems like more trouble that it is worth.
	<b>TOTAL NUMBER OF QUESTIONS ANSWERED WITH "1", "2" or "3"</b>
	<b>TOTAL POINTS</b>

Score **I. Candidiasis Symptoms:**

<input type="checkbox"/>	I have taken antibiotics repeatedly in the past.
<input type="checkbox"/>	I crave carbohydrates (sweets, starches, alcohol and bread.)
<input type="checkbox"/>	I crave corn chips and related products.
<input type="checkbox"/>	I crave peanut butter.
<input type="checkbox"/>	I experience digestive disturbances not relieved by digestive aids.
<input type="checkbox"/>	I experience rectal itching.
<input type="checkbox"/>	I experience unexplained depression.
<input type="checkbox"/>	I experience unexplained joint or muscle pain.
<input type="checkbox"/>	I feel bad all over for no apparent reason.
<input type="checkbox"/>	I crave food late at night.
<input type="checkbox"/>	I have vague abdominal or digestive complaints.
<input type="checkbox"/>	My bowel movements sometimes have moldy smell.
<input type="checkbox"/>	My current symptoms began after taking antibiotics.
<input type="checkbox"/>	My symptoms are made worse by drinking beer.
<input type="checkbox"/>	My symptoms are made worse by eating high carbohydrate foods.
<input type="checkbox"/>	My symptoms are made worse if I am exposed to molds in the environment.
<input type="checkbox"/>	My symptoms are worse in damp or wet weather.
<input type="checkbox"/>	There is a greenish coating at the back of my tongue in the morning.

**FOR WOMEN ONLY:**

<input type="checkbox"/>	I wear nylon or synthetic pantyhose or underwear.
<input type="checkbox"/>	I have in the past or am currently taking birth control pills.
<input type="checkbox"/>	I have a vaginal discharge that smells like cheese.
<input type="checkbox"/>	I experience vaginal itching.
<input type="checkbox"/>	
<input type="checkbox"/>	<b>TOTAL NUMBER OF QUESTIONS ANSWERED WITH "1", "2" or "3"</b>
<input type="checkbox"/>	<b>TOTAL POINTS</b>

Score **J. Psychological Indications of Food and Environmental Sensitivities:**

I experience the following psychological symptoms:

<input type="checkbox"/>	Aggressive behavior
<input type="checkbox"/>	Anxiety attacks
<input type="checkbox"/>	Black-outs
<input type="checkbox"/>	Confusion
<input type="checkbox"/>	Cravings
<input type="checkbox"/>	Depression
<input type="checkbox"/>	Excessive daydreaming
<input type="checkbox"/>	Hyperactivity
<input type="checkbox"/>	Inability to concentrate
<input type="checkbox"/>	Indifference
<input type="checkbox"/>	Irritability
<input type="checkbox"/>	Learning disabilities
<input type="checkbox"/>	Mental dullness
<input type="checkbox"/>	Mental lethargy
<input type="checkbox"/>	Poor work habits
<input type="checkbox"/>	Restlessness
<input type="checkbox"/>	Slurred speech
<input type="checkbox"/>	Stuttering
<input type="checkbox"/>	Cloudy or foggy thinking
<input type="checkbox"/>	
<input type="checkbox"/>	<b>TOTAL NUMBER OF QUESTIONS ANSWERED WITH "1", "2" or "3"</b>
<input type="checkbox"/>	<b>TOTAL POINTS</b>

Score **K. Physical Indications of Food and Environmental Sensitivities:**

I experience the following physical symptoms:

<input type="checkbox"/>	Abdominal pains or cramps
<input type="checkbox"/>	Asthma
<input type="checkbox"/>	Belching
<input type="checkbox"/>	Bloating after meals
<input type="checkbox"/>	Blurring of vision
<input type="checkbox"/>	Canker sores
<input type="checkbox"/>	Chest congestion
<input type="checkbox"/>	Chronic cough
<input type="checkbox"/>	Chronically fatigued
<input type="checkbox"/>	Colitis
<input type="checkbox"/>	Constipation
<input type="checkbox"/>	Darkness under eyes
<input type="checkbox"/>	Dermatitis
<input type="checkbox"/>	Diarrhea
<input type="checkbox"/>	Earaches or ringing in ears
<input type="checkbox"/>	Eczema
<input type="checkbox"/>	Excessive drowsiness or sleepiness soon after eating
<input type="checkbox"/>	Binge eating
<input type="checkbox"/>	Excessive mucus formation
<input type="checkbox"/>	Faintness or dizziness
<input type="checkbox"/>	Feeling of fullness in stomach long after finishing a meal
<input type="checkbox"/>	Flatulence (passing gas)
<input type="checkbox"/>	Frequent or unexplained hoarseness
<input type="checkbox"/>	Headaches
<input type="checkbox"/>	Hearing loss
<input type="checkbox"/>	Heart palpitations
<input type="checkbox"/>	Hives
<input type="checkbox"/>	Insomnia
<input type="checkbox"/>	Joint aches and pains
<input type="checkbox"/>	Muscle aches and pains
<input type="checkbox"/>	Muscle weakness
<input type="checkbox"/>	Nausea
<input type="checkbox"/>	Rapid heart beat
<input type="checkbox"/>	Rashes
<input type="checkbox"/>	Recurrent ear infections
<input type="checkbox"/>	Recurrent sinusitis
<input type="checkbox"/>	Repeated itching without apparent reason
<input type="checkbox"/>	Runny, stuffy nose
<input type="checkbox"/>	Sore throat
<input type="checkbox"/>	Sudden drops in blood sugar (shakes, sweats, excessive hunger)
<input type="checkbox"/>	Swelling of hands, feet or ankles
<input type="checkbox"/>	Urinary tract symptoms (frequency, urgency)
<input type="checkbox"/>	Vagina discharge
<input type="checkbox"/>	Vaginal itching
<input type="checkbox"/>	Vomiting
<input type="checkbox"/>	Watery eyes
<input type="checkbox"/>	
<input type="checkbox"/>	<b>TOTAL NUMBER OF QUESTIONS ANSWERED WITH "1", "2" or "3"</b>
<input type="checkbox"/>	<b>TOTAL POINTS</b>

Score **L. Exacerbating Stressors**

	I am or have been diagnosed as having anorexia
	I feel weak throughout my body
	I have been diagnosed with low blood pressure
	I have periods of unexplained nausea and vomiting
	It is difficult for me to handle cold
	Sleep does not relieve my fatigue
	<b>TOTAL NUMBER OF QUESTIONS ANSWERED WITH "1", "2" or "3"</b>
	<b>TOTAL POINTS</b>

Score **M. Contributing Factors**

I experience the following physical symptoms:

	Leg or foot cramps
	Physical aches & pain
	Frequent bruising
	Unexplained swelling
	Gastro-intestinal difficulties
	Glycemic management difficulties
	4:00 AM wake-up
	Insomnia
	Exhaustion
	Changes in Libido
	Menstrual imbalances
	Emotional or psychological imbalances
	Depression
	Antibiotic use