

Adrenal Fatigue Questionnaire

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

0=Never/Rarely

1=Occasionally/Slightly

2=Moderate in Intensity or Frequency

3= Intense/Severe or Frequent

Predisposing Factors

Past Now

1. ___ ___ I have experienced long periods of stress that have affected my well being
 2. ___ ___ I have had one 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 a history of alcoholism and or drug abuse.
 9. ___ ___ I have environmental sensitivities.
 10. ___ ___ I have diabetes.
 11. ___ ___ I suffer from post traumatic distress syndrome.
 12. ___ ___ I suffer from anorexia.
 13. ___ ___ I have one ore 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 do not 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 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 sometime 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 have increased frequency/ severity of allergic 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 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 vomiting for no apparent reason.
- ___ ___ **Total**

Energy Patterns

Past Now

1. ___ ___ I often have to force myself in order to keep going.
 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 between 3:00-5:00 PM.
 7. ___ ___ I get low energy, moody or foggy if I do not eat regularly.
 8. ___ ___ I usually fee my best after 6:00 PM.
 9. ___ ___ I am often tired at 9:00-10z;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/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 breakdowns.
 16. ___ ___ My allergies are becoming worse (more severe, frequent or diverse).
 17. ___ ___ The fat pads on palms on of my hands and/or tips of my fingers are often red.
 18. ___ ___ I bruise more easily than I used to.
 19. ___ ___ I have a 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 2 questions are for women only.**
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 some of the these need be present).
 22. ___ ___ My periods are generally heavy but they often stop, or almost stop, on the fourth 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 used 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 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 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**

Scoring and Interpretation of the Questionnaire

1. Total Points
 - a. Sum all the number of questions answered in both columns for each section under total.
2. Interpreting the Questionnaire
3. Total Number of questions Answered
 - a. There are a total of 87 questions for men and 89 questions for women in the questionnaire. If you responded to more than 26 (men) or 32 (women) of the questions, regardless of which severity response number you have for the question, you have some degree of adrenal fatigue. The greater the number of questions that you responded to, the greater your adrenal fatigue. If you responded affirmatively to less than 20 of the questions, it is unlikely adrenal fatigue is your problem. People who do not have adrenal fatigue may still experience a few of these indicators in their lives, but not many of them.
4. Total Points

- a. If you scored under 40, you either have only slight adrenal fatigue or none at all.
 - b. If you scored between 44-87 for men or 45-88 for women, then overall you have a mild degree of adrenal fatigue. This does not mean that some individual symptoms are not severe, but overall your symptoms picture reflects mildly fatigued adrenals.
 - c. If you scored between 88-130 for men or 89-132 for women, your adrenal fatigue is moderate.
 - d. If you scored above 130 for men or 132 for women, then consider yourself to be suffering from severe adrenal fatigue.
5. Past vs Now
- a. Now compare the total points in the “past” column to the total points in the “now” column. The difference indicated the direction your adrenal health is taking. If the number in the “past” column is greater than the number in the “now” column, then you are slowly healing from hypoadrenia.
6. Scheduling an appointment
- a. If you have any form of adrenal fatigue or hypoadrenia, you will want to schedule an appointment to discuss further evaluation, testing, and treatment plan. Please schedule an appointment.