



Adrenal Questionnaire

Today's Date: _____

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

Enter the appropriate response number to each statement below:

0= Never / Rarely

1= Occasionally / Slightly

2= Moderate in Intensity or Frequency

3= Intense / Severe or Frequent

Predisposing Factors:

Now	Past	
		I have experienced long periods of stress that have affected my well being
		I have had one or more severely stressful events that have affected my well being
		I have driven myself to exhaustion
		I overwork with little play or relaxation for extended periods
		I have had extended, severe or recurring respiratory infections
		I have taken long term or intense steroid therapy (corticosteroids)
		I tend to gain weight, especially around the middle (spare tire)
		I have history of alcoholism and/or drug abuse
		I have environmental sensitivities
		I have diabetes (type II, adult onset, NIDDM)
		I suffer from post traumatic distress syndrome
		I have one or more other chronic illnesses or diseases
		Total

Key Signs and Symptoms:

Now	Past	
		My ability to handle stress and pressure has decreased
		I am less productive at work
		I seem to have decreased in cognitive ability. I don't think as clearly as I used to
		My thinking is confused when hurried or under pressure
		I tend to avoid emotional situations
		I tend to shake or am nervous when under pressure
		I suffer from nervous stomach indigestion when tense
		I have many unexplained fears / anxieties
		My sex drive is noticeably less than it used to be
		I get lightheaded or dizzy when rising rapidly from a sitting or lying position
		I have feelings of graying out or blacking out
		I am chronically fatigued; a tiredness that is not usually relieved by sleep *
		I feel unwell most of the time
		I notice that my ankles are sometimes swollen - the swelling is worse in the evening
		I usually need to lie down or rest after sessions of psychological or emotional pressure/ stress
		My muscles sometimes feel weaker than they should
		My hands and legs get restless - experience meaningless body movements

		I have become allergic or have increased frequency / severity of allergic reactions
		When I scratch my skin, a white line remains for a minute or more
		Small irregular dark brown spots have appeared on my forehead, face, neck and shoulders
		I sometimes feel weak all over *
		I have unexplained and frequent headaches
		I am frequently cold
		I have decreased tolerance for cold *
		I have low blood pressure *
		I often become hungry, confused, shaky or somewhat paralyzed under stress
		I have lost weight without reason while feeling very tired and listless
		I have feelings of hopelessness or despair
		I have decreased tolerance. People irritate me more
		The lymph nodes in my neck are frequently swollen
		I have times of nausea and vomiting for no apparent reason *
		Total

Energy Patterns:

Now	Past	
		I often have to force myself in order to keep going. Everything seems like a chore
		I am easily fatigued
		I have difficulty getting up in the morning (don't really wake up until about 10 AM)
		I suddenly run out of energy
		I usually feel much better and fully awake after the noon meal
		I often have an afternoon low between 3-5 PM
		I get low energy, moody or foggy if I do not eat regularly
		I usually feel my best after 6 PM
		I am often tired at 9-10 PM, but resist going to bed
		I like to sleep late in the morning
		My best, most refreshing sleep often comes between 7-9 AM
		I often do my best work late at night
		If I don't go to bed by 11 PM, I get a second burst of energy around 11 PM, often lasting until 1-2 AM
		Total

Frequently Observed Events:

Now	Past	
		I get coughs / colds that stay around for several weeks
		I have frequent or recurring bronchitis, pneumonia or other respiratory infections
		I get asthma, colds and other respiratory involvements two or more times per year
		I frequently get rashes, dermatitis, or other skin conditions
		I have rheumatoid arthritis
		I have allergies to several things in the environment
		I have multiple chemical sensitivities
		I have chronic fatigue syndrome
		I get pain in the muscles of my upper back and lower neck for no apparent reason
		I get pain in the muscles on the sides of my neck
		I have insomnia or difficulty sleeping
		I have fibromyalgia
		I suffer from asthma
		I suffer from hay fever
		I suffer from nervous breakdowns

		My allergies are becoming worse (more severe, frequent, or diverse)
		The fat pads on palms of my hands and / or tips of my fingers are often red
		I bruise more easily than I used to
		I have a tenderness in my back near my spine at the bottom of my rib cage when pressed
		I have swelling under my eyes upon rising that goes away after I have been up a couple of hours
		The next 2 questions are for women only 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 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 fifth or sixth day
		Total

Food Patterns:

Now	Past	
		I need coffee or some other stimulant to get going in the morning
		I often crave food high in fat and feel better with high fat foods
		I use high fat foods to drive myself
		I often use high fat foods and caffeine containing drinks (coffee, colas, chocolate) to drive myself
		I often crave salt and / or foods high in salt.
		I feel worse if I eat high potassium foods (like bananas, figs, raw potatoes), especially if I eat them in the morning
		I crave high protein foods (meats, cheeses)
		I crave sweet foods (pies, cakes, pastries, doughnuts, dried fruits, candies or desserts)
		I feel worse if I miss or skip a meal
		Total

Aggravating Factors:

Now	Past	
		I have constant stress in my life or work
		My dietary habits tend to be sporadic and unplanned
		My relationships at work and / or home are unhappy
		I do not exercise regularly
		I eat lots of fruit
		My life contains insufficient enjoyable activities
		I have little control over how I spend my time
		I restrict my salt intake
		I have gum and / or tooth infections or abscesses
		I have meals at irregular times
		Total

Relieving Factors:

Now	Past	
		I feel better almost right away once a stressful situation is resolved
		Regular meals decrease the severity of my symptoms
		I often feel better after spending a night out with friends
		I often feel better if I lie down
		Other relieving factors are:
		Total

Scoring and Interpretation of the Adrenal Questionnaire

Total number of questions answered

Name of Section	Total Responses	
	Now	Past
Key signs and symptoms /31		
Energy Patterns /13		
Frequently Observed Events /20 for men /22 for women		
Food Patterns /9		
Aggravating Factors /10		
Relieving Factors /4		
Grand Total		

Total Points

Name of Section	Total Responses	
	Now	Past
Key signs and symptoms /93		
Energy Patterns /39		
Frequently Observed Events /60 for men /66 for women		
Food Patterns /27		
Aggravating Factors /30		
Relieving Factors /12		
Grand Total		

Total Responses = Severity _____
 Asterisk Total = _____

