

Adrenal Health Questionnaire



Glenda Johnson

Naturopath

Your Wellness Centre - Naturopaths



ADRENAL HEALTH QUESTIONNAIRE

Name: _____

Date: _____

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

Questionnaire Instructions

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

0 = never/rarely
 1 = occasionally/slightly
 2 = moderate intensity or frequency
 3 = intense/severe or frequent

Predisposing factors

Past	Now	
		I have experienced long periods of stress that have affected my wellbeing.
		I have had one or more severely stressful events that have affected my wellbeing.
		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 tyre).
		I have a history of alcoholism and/or drug abuse.
		I have environmental sensitivities.
		I have diabetes (type II, adult onset, non-insulin dependent).
		I suffer from post-traumatic distress syndrome.
		I suffer from anorexia.*
		I have one or more other chronic illness or diseases.
		TOTAL SCORE

This section helps to determine which factors may have led to the development of your adrenal fatigue and in turn help determine _____



ADRENAL HEALTH QUESTIONNAIRE

Symptoms

Past	Now	
		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 greying or blacking out.
		I am chronically fatigued; a tiredness that is not usually relieved by sleep.*
		I feel unwell much 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.
		Sometimes my muscles feel weaker than they should.
		My hands and legs get restless – I 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 paralysed 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.
		I get swollen glands in my neck.
		I have times of nausea and vomiting for no apparent reason.*
		TOTAL SCORE



ADRENAL HEALTH QUESTIONNAIRE

Energy patterns

Past	Now	
		I have often to force myself in order to keep going; everything seems like a chore.
		I am easily fatigued.
		I have difficulty in getting up in the morning; I don't really wake up until about 10am.
		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 3-5pm.
		I get low energy, moody or foggy if I do not eat regularly.
		I usually feel my best after 6pm.
		I am often tired at 9-10pm, but resist going to bed.
		I like to sleep late in the morning.
		My best, most refreshing sleep often comes between 7-9am.
		I often do my best work late at night (early in the morning).
		If I don't go to bed by 11pm, I get a second burst of energy around 11pm, often lasting until 1-2am.
		TOTAL SCORE

Frequently observed events

Past	Now	
		I get coughs/colds that hang around for several weeks.
		I have frequent or recurring bronchitis, pneumonia or other respiratory infections.
		I get asthmas, colds and other respiratory issues two or more times a 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 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 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 for a couple of hours.
		TOTAL SCORE



ADRENAL HEALTH QUESTIONNAIRE

Aggravating factors

Past	Now	
		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 SCORE

Relieving factors

Past	Now	
		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: _____ _____ _____
		TOTAL SCORE



ADRENAL HEALTH QUESTIONNAIRE

Female-specific questions

Past	Now	
		I have increasing symptoms of PMS (premenstrual syndrome) such as cramps, bloating, moodiness, irritability, emotional instability, headaches and/or tiredness before my period (only some of these need to be present).
		My periods are generally heavy but they often stop, or almost stop, on the fourth day only to start up profusely again on the 5 th or 6 th day.
		TOTAL SCORE

Food patterns

Past	Now	
		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 caffeine containing drinks (coffee, soft drinks, energy drinks and/or chocolate) to drive myself.
		I often crave high protein foods (meats, cheeses).
		I crave sweet foods (cakes, pastries doughnuts, biscuits, dried fruits, lollies or desserts).
		I feel worse if I miss or skip a meal.
		TOTAL SCORE



ADRENAL HEALTH QUESTIONNAIRE

Aggravating factors

Past	Now	
		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 SCORE

Relieving factors

Past	Now	
		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: _____ _____ _____
		TOTAL SCORE



ADRENAL HEALTH QUESTIONNAIRE

Scoring and Interpretation

Scoring

--- exception of the first section. ----- factors, tally up the number of questions you answered in each section and the actual ----- you gave for each question, and ----- them in the following table.

Section	Number of questions answered		Total scores	
	Past	Now	Past	Now
Key signs and symptoms				
Energy patterns				
Frequently observed events				
Food patterns				
Aggravating factors				
Relieving factors				
GRAND TOTAL				

Interpretation

Number of questions answered. This gives you a general indication as to whether you're suffering adrenal fatigue (and to what degree). This is confirmed by a score of:

- more than 26 for men
- more than 32 for women

If you responded affirmatively to less than 20 of the questions, it is unlikely adrenal fatigue is your issue.

Total scores. This determines the degree of sev----- of your adrenal fatigue:

- < 40 = ----- adrenal fatigue
- men 44-87 and women 45-(the rest of the words here are unclear)
- men 88-130 and women 89-132 = moderate adrenal fatigue
- men 130+ and women 132+ = severe adrenal fatigue

Severity index. Calculated by dividing the total points by the total number of questions answered and this gives an indication of how severely you experienced adrenal fatigue:

- 1.0-1.6 = mild
- 1.7-2.3 = moderate
- 2.4+ = severe



Past vs now. Comparing the difference in scores from the past to the present highlights the direction your adrenal health is taking.

- If the number in the Past column is greater than the number in the Now column you are likely healing from adrenal fatigue.
- If the number in the Now column is greater than the number in the Past column it appears your adrenal fatigue may be getting worse.

Asterisk (*) total. Add up the numbers you put beside the questions marked by asterisks (*) in the Now column:

- 9+ = you are likely suffering from a relatively severe form of adrenal fatigue.
- 12+ = you could possibly have Addison's disease and, if you answer yes to more than two of the questions below, please see your doctor immediately.
 - Inside of my lips/mouth, vagina, around nipples have become bluish-black colour.
 - I have frequent, unexplained diarrhea.
 - I have increased darkening around the bony areas, at folds of my skin, scars and the creases in my joints.
 - I have light-coloured patches on my skin where the skin has lost its usual colour.
 - I easily become dehydrated.
 - I have fainting spells.

History of stressful life events

Major life events, both physical and psychological, can have an impact on the health of our adrenals – in particular, _____ the two years prior to feeling unwell. Consider the following, and list any and all possible incidences and _____

- **Surgeries**
- **Hospital visits**
- **Illnesses, including:**
 - severe colds, flu, bronchitis, pneumonia, severe sore throat and other infections
 - accidents, injuries or incidences of severe pain
 - long term disorders, i.e. degenerative, chronic or autoimmune
- **Dental work, including:**
 - root canals
 - dental implants
 - gum disease
 - extensive amalgam restorations or removal



- **Emotional events, including:**
 - losing or changing jobs
 - moving
 - death of a close friend, relative, loved one
 - separation, divorce
 - financial difficulties
 - shocks, traumas
 - abortion or miscarriage

- **Prescription, OTC or recreational drugs, including:**
 - adverse reaction
 - unpleasant side effects
 - chronic intake

- **Other incidents**

DATE _____
INCIDENT _____

DATE _____
INCIDENT _____

DATE _____
INCIDENT _____

DATE _____
INCIDENT _____

