

Adrenal Questionnaire

Taken from Adrenal Fatigue: The 21st Century Stress Syndrome
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Instructions:

The questionnaire is easy to take. Simply read each statement, decide its degree of severity, and then place the appropriate number beside each statement. Note that 0 stands for never or rarely, 1 is occasionally or slightly, 2 is moderate in frequency and intensity, and 3 is severe, constant, and/or interferes with your daily living. There may be some statements you feel like putting a 5 beside. However, resist this temptation and only put 3 as the maximum value. Otherwise it confuses the final scoring. Try to be as objective as possible; mark a symptom how it really is rather than worse or better than it is. The more objective you can be about yourself, the more realistic will be your outcome. Do not labor over any one statement as the cumulative score is what is most important.

One column in the questionnaire is titled “Past” and one “Now.” The past refers to your life before the date you enter under “I have not felt well since...” If you cannot determine a specific date, then pick a relative time after which your symptoms seemed to noticeably worsen. Write this date at the top of the “Past” column so that you do not forget it. All your responses in the “Past” column should be about how you felt before that date. The “Now” column is not necessarily about today, but about how you feel generally now, in this present time frame or since the date that you entered at the top of the “Past” column.

After you have completed the questionnaire, you will add the numbers in each column, as directed, to find your total scores. Then you will go on to the “Interpreting the Questionnaire” section to determine the state of your adrenal health.

You might find that you have some symptoms not mentioned in this questionnaire. It is not meant to be exhaustive but it adequately covers enough symptoms and signs to accurately determine the presence and the degree of adrenal fatigue. This questionnaire has proven itself extremely useful clinically over the past 20 years. Remember that this questionnaire is for your benefit. The more accurate and objective you can be, the more valuable will be your results. If you answer the questionnaire honestly, your answers will not only help you to determine your degree of adrenal fatigue, but will also give you useful information and insight into your present condition.

Today's Date: _____

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

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

Predisposing Factors

Past	Now	
1. _____	_____	I have experienced long periods of stress that have affected my well being.
2. _____	_____	I have had one or 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 (type II, adult onset, NIDDM)
11. _____	_____	I suffer from post traumatic distress syndrome.
12. _____	_____	I suffer from anorexia.*
13. _____	_____	I have one or more other chronic illnesses or diseases.
_____	_____	Total

Key Signs and 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 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 indigestions 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 most 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/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 and 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. 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 after 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, 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, 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/diverse)
17.	_____	_____	The fat pads on 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 a tenderness in my back near my spine at the bottom of my rib cage when pressed.
20. _____ I have a 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 PMS such as cramps, bloating, moodiness, irritability, emotional instability, headaches, tiredness and/or intolerance before my period (only some of 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 use high fat foods and caffeine containing drinks (coffees, 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 and 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 my friends.
4.			I often feel better if I lie down.
5.			Other relieving factors _____
			Total

Scoring and Interpretation of the Questionnaire

A lot of information can be obtained from this questionnaire. Follow the instructions carefully to score your questionnaire correctly. Then proceed to the interpretation section.

Total Number of Questions Answered

First count the total number of questions in each section that you answered with any number other than zero. Enter the “Past” and “Now” totals separately, entering each in the appropriate boxes for each section of the “Total number of questions answered” scoring chart below. Note that there are no entries for the first section of the questionnaire entitled “**Predisposing Factors.**” This section is dealt with separately and is not included in the summary below. Therefore, your first entry into the summary boxes will be for the “**Key signs and symptoms**” section. After you have finished entering the number of questions answered in both columns for each section, sum all the numbers for each column and enter the total in the “**Grand Total (Total Responses)**” boxes on the bottom row of the scoring chart.

Total Number of Questions Answered

Name of Section	Total Responses	
	Past	Now
Key Signs and Symptoms 31 Questions		
Energy Patterns 13 Questions		
Frequently Observed Events 20 for Men/22 for Women		
Food Patterns 9 Questions		
Aggravating Factors 10 Questions		
Relieving Factors 4 Questions		
Grand Total (Total Responses)		

Total Points

This part of the scoring adds up the actual numbers (0,1,2 or 3) you put beside the questions when you were answering the questionnaire. Add these numbers for each column in each section and enter them into the appropriate boxes in the chart below. Then, sum each column to get the “**Grand Total (Total Points)**” Past and Now scores. Enter these totals in the bottom 2 boxes to complete this part of the scoring.

Total Points

Name of Section	Total Points	
	Past	Now
Key Signs & Symptoms 93 points possible		
Energy Patterns 39 points possible		
Frequently Observed Events 60 points possible (men) – 66 (women)		
Food Patters 27 points possible		
Aggravating Factors 30 points possible		
Relieving Factors 12 points possible		
Grand Total (Total Points)		
Total Responses = Severity		

Interpreting the Questionnaire

The questionnaire is a valuable tool for determining **if** you have adrenal fatigue and, if you do, the **severity** of your syndrome. Of course, the accuracy of its interpretation depends on you completing every section as accurately and honestly as possible. Because there is such a diversity in how individuals experience adrenal fatigue, a wide variety of signs and symptoms have been included. Some people have only the minimal number of symptoms, but the symptoms they do have are severe. Others experience a great number of symptoms, but most of their symptoms are relatively mild. That is why there are two kinds of scores to indicate adrenal fatigue.

Total Number of Questions Answered: This gives you a general “Yes or No” answer to the question “Do I have adrenal fatigue?” Look at your “**Grand Total (Total Responses)**” scores in the first scoring chart. The purpose of this score is to see the total number of signs and symptoms of adrenal fatigue you have. There are a total of 87 questions for men and 89 for women in the questionnaire. If you responded to more than **26** (men) of **32** (women) of the questions (regardless of which severity response number you gave 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. If your symptoms do not include fatigue or decreased ability to handle stress, then you are probably not suffering from adrenal fatigue.

Total Points: The total points are used to determine the degree of severity of your adrenal fatigue. If you ranked every question as 3 (the worst) your total points would be 261 for men and 267 for women. If you scored under **40**, you either have only slight adrenal fatigue or none at all. 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 symptom picture reflects mildly fatigued adrenals. If you scored between **88-130** for men or **89-132** for women, your adrenal fatigue is moderate. If you scored above **130** for men or **132** for women, then consider yourself to be suffering from severe adrenal fatigue. Now compare the total points of the different sections with each other. This allows you to see if 1 or 2 sections stand out as having more signs and symptoms than the others. If you have a predominating group of symptoms, they will be the most useful ones for you to watch as indicators as you improve. Seeing which sections stand out will also be helpful in developing your recovery program.

Severity Index: The Severity Index is calculated by simply dividing the total points by the total number of questions you answered in the affirmative. It gives an indication of how severely you experience the signs and symptoms, with **1.0 – 1.6** being mild, **1.7 - 2.3** being moderate, and **2.4** on up being severe. This number is especially useful for those who suffer from only a few of these signs and symptoms, but yet are considerably debilitated by them.

Past vs. Now: Now compare the total points in the “Past” column to the total points in the “Now” column. The difference indicates 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. It is a good sign you are healing, but you will still want to read my book to accelerate your improvement. If the number in the “Now” column is greater than the number in the “Past” column, your adrenal glands are on a downhill course and you need to take immediate action to prevent further decline and to recover. Now complete the section below.

Answer the following questions only if you scored more than 12 on the questions marked with an asterisk (*).

Additional Symptoms (ones that are present now)

The areas on my body listed below have become bluish-black in color:

_____ Inside of lips, mouth

_____ Vagina

_____ Around nipples

- _____ I have *frequent* unexplained diarrhea
- _____ I have increased darkening around the bony areas, at folds in my skin, scars and the creases in my joints.
- _____ I have light colored patches on my skin where the skin has lost its usual color.
- _____ I easily become dehydrated.
- _____ I have fainting spells.

Interpretation of the “Predisposing Factors” Section: This section helps determine which factors led to the development of your adrenal fatigue. There may have been only one factor of there may have been several, but the number does not matter. One severely stressful incident can be all it takes for someone to develop adrenal fatigue, although typically it is more. This list is not exhaustive, but the items listed in this section are the most common factors that lead to adrenal fatigue. Use this section to better understand how your adrenal fatigue developed. Seeing how it started often makes clearer what actions you can take to successfully recover from it. This section also leads into a following section that explores more in depth how your adrenal fatigue developed.