

Healthy Living & Longevity Medical Center

Function Higher—Physically, Mentally, Sexually®

Name: _____ Date: _____

Adrenal Fatigue Questionnaire

Directions:

This questionnaire is easy to take. Simply read each statement, decide if the statement applies to you, and if so, rate the degree of severity by placing the correct number in the space provided. These questions refer to *how you feel in general*, not necessarily right at this moment in time.

Severity:

Leave blank for none

1 is mild in frequency and intensity

2 is moderate in frequency and intensity

3 is severe, constant and/or interferes with your daily living

Try to be as objective as possible; mark each symptom *how it really is for you*. The more objective you can be about yourself, the more realistic will be your outcome. 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.

Do not labor over any one statement as the cumulative score is what is most important.

This questionnaire 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.

I have not felt well since _____ (date)

when _____

(Describe event, if any)

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PREDISPOSING FACTORS (RATE ALL THAT APPLY)

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 a history of alcoholism &/or drug use.

I have diabetes (type II, adult onset, NIDDM).

I suffer from posttraumatic stress syndrome.

I suffer from anorexia.

I have one or more other chronic illnesses or diseases.

I have environmental sensitivities.

KEY SIGNS AND SYMPTOMS (RATE ALL THAT APPLY)

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 and/or 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 am chronically fatigued; a tiredness that is not usually relieved by sleep.

I feel unwell much of the time.

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- I notice 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 get swollen glands on my neck).
- I have times of nausea and vomiting for no apparent reason

ENERGY PATTERNS (RATE ALL THAT APPLY)

- 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 10:00 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 3:00-5:00PM.
- I get low energy, moody, or foggy if I do not eat regularly.

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I usually feel my best after 6 PM.

I am often tired at 9:00-10:00 PM, but resist going to bed.

I like to sleep late in the morning.

My best, most refreshing sleep often comes between 7:00- 9:00 AM.

I often do my best work late at night (early in the morning).

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.

FREQUENTLY OBSERVED EVENTS (RATE ALL THAT APPLY)

I get coughs/colds that stay around for several weeks.

I have frequent or recurrent 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 my palms of my hands are /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.

(Women) I have symptoms of premenstrual syndrome (PMS) such as cramping, bloating, moodiness, irritability, emotional instability, headaches, tiredness, and/or intolerance before my period

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(only some of these need to be present).

___ (Women) My periods are generally heavy but they often stop, or almost stop on the fourth day, start up profusely on the 5th or 6th day.

FOOD PATTERNS (RATE ALL THAT APPLY)

___ 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 like salty foods.

___ I feel worse when 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.

AGGRAVATING FACTORS (RATE ALL THAT APPLY)

___ 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

RELIEVING FACTORS (RATE ALL THAT APPLY)

___ I feel better almost right away once a stressful situation is resolved.

___ Regular meals decrease the severity of my symptoms.

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I often feel better after spending a night out with friends.

I often feel better when I lie down.

Other relieving factors :

ADDITIONAL SIGNS AND SYMPTOMS (NOW PRESENT)

These areas on my body listed below have become darker or bluish-black in color. Rate the appropriate box(s).

Inside of lips, mouth

Around nipples

Vagina

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.

SCORING AND INTERPRETATION OF THE QUESTIONNAIRE

Add up and sum each column for Total number checked. Then, add up the actual numbers (1, 2, 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 Grand Total Score. Enter these totals below to complete the scoring.

Adrenal Fatigue Scoring Sheet

| Adrenal Fatigue Factors | Number Checked | Total Score |
|-----------------------------------|----------------|-------------|
| Predisposing Factors | | |
| Key Signs and Symptoms | | |
| Energy Patterns | | |
| Frequently Observed Events | | |
| Food Patterns | | |
| Aggravating Factors | | |
| Relieving Factors | | |
| Grand Totals | | |

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INTERPRETING THE QUESTIONNAIRE

This questionnaire can be helpful *if* you have adrenal fatigue, and if you do, the *severity* of your syndrome. The accuracy of its interpretation depends upon completing each section as accurately and as honestly as possible. This gives you a yes or no answer to the question of, “Do I have adrenal fatigue?”

Look at the total number. If you responded to more than 26 (men) or 32 (women) of the questions, regardless of which severity response number you gave the question), you have some degree of adrenal fatigue. Laboratory testing is then recommended to confirm the results of the questionnaire.

The greater the number of questions you responded to, the greater your adrenal fatigue. If you responded affirmatively to less than 20 questions, it is unlikely that adrenal fatigue is your problem. If your symptoms do not include fatigue or decreased ability to handle stress, then you are probably not suffering from adrenal fatigue.

This is used to determine the degree of severity of your adrenal fatigue.

If you ranked every question as a 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 and 45-88 for women, then overall you have *mild* adrenal fatigue.

If you scored between 88-130 for men, 89-132 for women, your adrenal fatigue *overall* is moderate.

If you scored 130 or more for men and 132 or more for women, consider yourself suffering from *severe* adrenal fatigue.