

Insight Family Health Center
ADRENAL SYMPTOMS QUESTIONNAIRE

Name: _____ **DOB:** _____ **Date:** _____

The following questionnaire is a tool for helping to diagnose adrenal gland dysfunction that you can quickly complete. The answers to the questions help determine whether the adrenal glands are likely implicated as a factor in your health concerns. The results of the questionnaire will create a picture of how the adrenal glands are functioning in terms of their response to stress.

SEVERITY OF SYMPTOMS RANKING

Please read each statement, decide its degree of severity, and then place the appropriate number beside each statement based on the severity ranking below.

Please rank your symptom according to the categories below and enter a number from 0-3 for each question.

0=Never

1=Occasionally (occurs 1-4 times per month)

2=Moderate (occurs 1-4 times per week)

3=Intense (occurs more than 4 times per week)

KEY SIGNS AND SYMPTOMS

1. ___ I get dizzy or see spots when standing up rapidly from a sitting or lying position.
2. ___ I urinate more frequently than others and may need to get up at night.
3. ___ I feel as though I might faint or black out.
4. ___ I get heart palpitations and do not have a heart disorder.
5. ___ I often have to force myself in order to keep going.
6. ___ I have difficulty getting up in the morning despite adequate sleep.
7. ___ I have low energy before the noon meal (approximately 11:00 AM).
8. ___ I have low energy in the late afternoon between 3:00 to 5:00 PM.
9. ___ I usually feel better after 6:00 PM.
10. ___ I often feel the best late at night because I get a "second wind".
11. ___ I have trouble getting to sleep.
12. ___ I tend to wake early (approximately 3:00 to 5:00 AM) and have trouble getting back to sleep.
13. ___ I have vague feelings of being generally unwell for no apparent reason.
14. ___ I get swelling in the extremities, such as the ankles.
15. ___ I need to rest after times of mental, physical, or emotional stress.
16. ___ I feel more tired after exercise or physical exertion, either soon after or the next day.
17. ___ My muscles feel weak and heavy more than I think they should.
18. ___ I have chronic tenderness in my back near the bottom of my rib cage.
19. ___ I have a weak back and/or weak knees.
20. ___ I have restless extremities.
21. ___ My allergies are getting worse.

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22. ___ I get bags or dark circles under my eyes, which may be worse in the morning.
23. ___ I have dermatographism (a white line appears on my skin if I run my fingernail over it and persists for one minute).
24. ___ I have an area of pale skin around my lips.
25. ___ The skin on the palms of my hands and soles of my feet tends to be red/orange in color.
26. ___ I get regular bouts of bronchitis, pneumonia, or other respiratory infections.
27. ___ I tend to have dry skin.
28. ___ I tend to get headaches and a sore neck and shoulders.
29. ___ I am sensitive to bright light.
30. ___ I frequently feel colder than others around me.
31. ___ I have a decreased tolerance for cold.
32. ___ My temperature tends to be below normal when measured with a thermometer.
33. ___ my temperature tends to fluctuate through the day.
34. ___ I have low blood pressure.
35. ___ I become hungry, confused, or shaky if I miss a meal.
36. ___ I crave sugar, sweets, or desserts.
37. ___ I use stimulants, such as tea or coffee, to get started in the morning.
38. ___ I crave food high in fat and feel better with high-fat foods.
39. ___ I feel worse if I eat sweets and no protein for breakfast.
40. ___ I do not eat regular meals.
41. ___ I eat fast food often.
42. ___ I am sensitive to pharmaceutical or nutritional supplements.
43. ___ I have symptoms that improve after I eat.
44. ___ I tend to be thin and find it difficult to put weight on.
45. ___ I have feelings of hopelessness and despair.
46. ___ I lack motivation because I do not feel I have the energy to get things done.
47. ___ I have decreased tolerance towards other people and tend to get irritated by them.
48. ___ I get more than 2 colds or flus per year.
49. ___ It takes me a long time to recover from illness.
50. ___ I get frequent unexplained skin rashes and dermatitis.
51. ___ I do not exercise regularly.
52. ___ I have large amounts of stress in my life.
53. ___ I tend to be a perfectionist.

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54. ___ My health is negatively affected by stress.
55. ___ I tend to avoid stressful situations for the sake of my health.
56. ___ I am less productive at work than I used to be.
57. ___ My ability to focus mentally is generally impaired.
58. ___ Stressful situations hinder my ability to focus.
59. ___ I startle easily.
60. ___ It can take me days or weeks to recover from a stressful event.
61. ___ I tend to get digestive disturbances when tense.
62. ___ I tend to get unexplained fears and phobias.
63. ___ My sex drive is very low or non-existent.
64. ___ My relationships at work and/or home tend to be strained.
65. ___ My life contains insufficient time for fun and enjoyable activities.
66. ___ I have little control over my life and I feel 'stuck'.
67. ___ I tend to get addicted easily to drugs, alcohol, or food.
68. ___ I have gum disease and/or tooth infections or abscesses.

The next 2 questions are for women only:

69. ___ I have symptoms of premenstrual syndrome - PMS.
70. ___ My periods are irregular and/or affected by stress.

_____ **TOTAL SCORE**

EXACERBATING FACTORS:

Check any of the following that apply to you and your health.

1. ___ I have chronic fatigue
2. ___ I am allergic to many things, such as food, animals, and pollens.
3. ___ I have multiple chemical sensitivities.
4. ___ I have asthma and/or COPD.
5. ___ I have Raynaud's syndrome.
6. ___ I have taken steroid medications for a long term or at high doses.
7. ___ I have been diagnosed with depression.
8. ___ I have exzema or psoriasis.
9. ___ I have an autoimmune disease.
10. ___ I have fibromyalgia.
11. ___ I have had mononucleosis or been diagnosed with Epstein Barr virus.
12. ___ I have a history of large amounts of stress in my life.

ADD 1 POINT TO YOUR TOTAL SCORE FOR EACH CHECKED ITEM.

_____ **TOTAL SCORE**

INTERPRETATION

TOTAL SCORE:

Under 27: very slight or no adrenal fatigue

28-67: mild adrenal fatigue

68-107: moderate adrenal fatigue

Above 107: severe adrenal fatigue