

Adrenal Health Questionnaire*

The following questionnaire will help to determine your level of adrenal fatigue.

Instructions: Read each statement and decide its degree of severity based on the ranking system below.

0 = Never

1 = Occasionally (1-4 times per month)

2 = Moderate in severity and occurs moderately frequently (1-4 times per week)

3 = Intense in severity and occurs frequently (more than 4 times per week)

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 have chronic fatigue.
5. I have mitral valve prolapse or get heart palpitations.
6. I often have to force myself in order to keep going.
7. I have difficulty getting up in the morning.
8. I have low energy before the noon meal - approximately 11:00 a.m.
9. I have low energy in the late afternoon between 3:00 p.m. and 5:00 p.m.
10. I usually feel better after 6:00 p.m.
11. I often feel best late at night because I get a "second wind."
12. I have trouble getting to sleep.
13. I tend to wake early (approximately 3:00 a.m. to 5:00 a.m.) and have trouble getting back to sleep.
14. I have vague feelings of being generally unwell for no apparent reason.
15. I get swelling in the extremities such as the ankles.
16. I need to rest after times of mental, physical or emotional stress.
17. I feel more tired after exercise or physical activity either soon after or the next day.
18. My muscles feel weak and heavy more that I think they should.
19. I have chronic tenderness in my back area near the bottom of my rib cage.
20. I have a weak back and/or weak knees.
21. I have restless extremities.
22. I am allergic to many things such as foods, animals and pollens.
23. My allergies are getting worse.
24. I get bags or dark circles under my eyes which may be worse in the morning.
25. I have multiple chemical sensitivities.
26. I have asthma or get regular bouts of bronchitis, pneumonia or other respiratory infections.
27. I have dermatographism (a white line appears on my skin if I run my fingernail over it and the line persists for one minute).
28. I have an area of pale skin around my lips.
29. The skin on the palms of my hands and soles of my feet tend to be red/orange in color.
30. I tend to have dry skin.
31. I tend to get headaches and a sore neck and shoulders.
32. I am sensitive to bright light.
33. I frequently feel colder than others around me.
34. I have decreased tolerance to cold.
35. I have Raynaud's syndrome (extremely cold hands/feet).
36. My temperature tends to be below normal when measured with a thermometer.
37. My temperature tends to fluctuate during the day.
38. I have low blood pressure.
39. I become hungry, confused or shaky if I miss a meal.
40. I crave sugar, sweets or desserts.
41. I use stimulants such as tea or coffee to get started in the morning.

43. I need caffeine (chocolate, tea, coffee, colas) to get me through the day.
44. I often crave salt and/or foods high in salt such as potato chips.
45. I feel worse if I eat sweets and no protein for breakfast.
46. I do not eat regular meals.
47. I eat fast food often.
48. I am sensitive to pharmaceutical or nutritional supplements.
49. I have taken steroid medications for a long term or at a high dose.
50. I have symptoms that improve after I eat.
51. I tend to be thin and find it difficult to put weight on.
52. I have feelings of hopelessness and despair or have been diagnosed with depression.
53. I lack motivation because I do not feel I have the energy to get things done.
54. I have decreased tolerance toward other people and tend to get irritated by them.
55. I get more than two colds per year.
56. It takes me a long time to recover from illness.
57. I get rashes, dermatitis, eczema, psoriasis or other skin conditions.
58. I have an autoimmune disease.
59. I have fibromyalgia.
60. I have had mononucleosis or been diagnosed with Epstein Barr virus.
61. I do not exercise regularly.
62. I have a history of large amounts of stress in my life.
63. I tend to be perfectionist.
64. My health is negatively affected by stress.
65. I tend to avoid stressful situations for the sake of my health.
66. I am less productive at work that I used to be.
67. My ability to focus mentally is generally impaired.
68. Stressful situations hinder my ability to focus.
69. Stress causes me to become overly anxious.
70. I startle easily.
71. It can take me days or weeks to recover from a stressful event.
72. I tend to get digestive disturbances when tense.
73. I tend to get unexplained fears and phobias.
74. My sex drive is very low or non-existent.
75. My relationships at work and or home tend to be strained.
76. My life contains insufficient time for fun and enjoyable activities.
77. I have little control over my life and I feel "stuck."
78. I tend to get addicted easily to drugs, alcohol or foods.
79. I suffer from post-traumatic distress disorder.
80. I have or have had an eating disorder.
81. I have gum disease and/or tooth infections or abscesses.
82. I have symptoms of premenstrual syndrome (PMS).
For women only
83. My periods are irregular and/or affected by stress.
For women only

INTERPRETATION

TOTAL SCORE:

Under 40: very slight or no adrenal fatigue

41-80: mild adrenal fatigue

81-120: moderate adrenal fatigue

Above 120: severe adrenal fatigue