

# Adrenal Symptoms Questionnaire for Patients

If you have read my [article on fatigue](#) and you feel that it described you and your symptoms, you should **FILL OUT the following questionnaire and BRING IT to your first appointment with Dr. Aieta.**

*The following questionnaire is a tool for helping to diagnose adrenal gland dysfunction that patients can quickly complete. The answers to the questions help determine whether the adrenal glands are likely implicated as a factor in a person's 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. This questionnaire will aid me in determining your diagnosis and treatment.*

## **SEVERITY of SYMPTOMS RANKING**

This questionnaire is easy to complete. Simply 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 (1-4 times per month)

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

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

Note: There are 83 questions.

## **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 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 despite adequate sleep.
8. \_\_\_ I have low energy before the noon meal (approximately 11:00 a.m.)
9. \_\_\_ I have low energy in the late afternoon between 3:00-5:00 p.m.
10. \_\_\_ I usually feel better after 6:00 p.m.
11. \_\_\_ I often feel the 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 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 exertion, either soon after or the next day
18. \_\_\_ My muscles feel weak and heavy more than I think they should.
19. \_\_\_ I have chronic tenderness in my back 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 food, 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 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 tends 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 a decreased tolerance for 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 through 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.
42. \_\_\_ I crave food high in fat and feel better with high-fat foods.
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 high doses.
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 towards other people and tend to get irritated by them.

55. \_\_\_ I get more than 2 colds or flus per year.
56. \_\_\_ It takes me a long time to recover from illness.
57. \_\_\_ I get rashes, dermatitis, eczema, psoriasis, or other chronic 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 a 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 than 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 food.

79. \_\_\_\_ I suffer from post-traumatic stress disorder

80. \_\_\_\_ I have or have had an eating disorder

81. \_\_\_\_ I have gum disease and / or tooth infections or abscesses

*The next 2 questions are for women only*

82. \_\_\_\_ I have symptoms of premenstrual syndrome PMS

83. \_\_\_\_ My periods are irregular and / or affected by stress.

\_\_\_\_\_ **total score**

### **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