

# Dr. Frank Aieta

Naturopathic Physician  
Certified Acupuncturist  
Nutritionist

301 North Main Street, West Hartford, Connecticut 06117

**Tel:** 860-232-9662 **Fax:** 860-206-6160

**E-mail:** draieta@aol.com

**www.DrAieta.com**



## 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