

# Adrenal Questionnaire

By Dr. James Wilson (expert in Adrenal Fatigue and Dr. Leggett's teacher)

Today's Date: \_\_\_\_\_

0 = Never / Rarely

1 = Occasionally / Slightly

2 = Moderate in Intensity or Frequency

3 = Intense / Severe or Frequent

I have not felt well since (date) \_\_\_\_\_ when (describe event, if any) \_\_\_\_\_

---

**Instructions:** Please enter the appropriate response number to each statement in the columns below. Be objective about yourself. Don't labor over any one question since the cumulative score is what is most important. One column in the questionnaire is titled "Past" and one "Now." The past refers to your life before the date you entered under "The last time I felt well." If you cannot determine a specific date, then pick a relative time after which your symptoms seemed to noticeably worsen. All of your responses in the "Past" column will be about how you felt before that date. The "Now" column is not necessarily about today, but about how you feel generally now, in this present time frame.

	<b>Past</b>	<b>Now</b>	<b>Predisposing Factors</b>
--	-------------	------------	-----------------------------

- |     |     |     |  |
|-----|-----|-----|--|
| 1.  | ___ | ___ | I have experienced long periods of stress that have affected my well being.        |
| 2.  | ___ | ___ | I have had one or more severely stressful events that have affected my well being. |
| 3.  | ___ | ___ | I have driven myself to exhaustion.  |
| 4.  | ___ | ___ | I overwork with little play or relaxation for extended periods.                    |
| 5.  | ___ | ___ | I have had extended, severe or recurring respiratory infections.                   |
| 6.  | ___ | ___ | I have taken long term or intense steroid therapy (corticosteroids.)               |
| 7.  | ___ | ___ | I tend to gain weight, especially around the middle (spare tire.)                  |
| 8.  | ___ | ___ | I have a history of alcoholism and / or drug abuse.                                |
| 9.  | ___ | ___ | I have environmental sensitivities.  |
| 10. | ___ | ___ | I have diabetes (type II, adult onset)   |
| 11. | ___ | ___ | I suffer from post traumatic distress syndrome.                                    |
| 12. | ___ | ___ | <b>I suffer from anorexia.*</b>  |
| 13. | ___ | ___ | I have one or more other chronic illnesses or diseases.                            |

___	___	<b>Total</b>
-----	-----	--------------

**Past    Now    Key Signs & Symptoms**

1.    \_\_\_    \_\_\_    My ability to handle stress and pressure has decreased.
2.    \_\_\_    \_\_\_    I am less productive at work.
3.    \_\_\_    \_\_\_    I seem to have decreased in cognitive ability. I don't think as clearly as I used to.
4.    \_\_\_    \_\_\_    My thinking is confused when hurried or under pressure.
5.    \_\_\_    \_\_\_    I tend to avoid emotional situations.
6.    \_\_\_    \_\_\_    I tend to shake or am nervous when under pressure.
7.    \_\_\_    \_\_\_    I suffer from nervous stomach indigestion when tense.
8.    \_\_\_    \_\_\_    I have many unexplained fears / anxieties.
9.    \_\_\_    \_\_\_    My sex drive is noticeably less than it used to be.
10.    \_\_\_    \_\_\_    I get lightheaded or dizzy when rising rapidly from a sitting or lying position.
11.    \_\_\_    \_\_\_    I have feelings of graying out or blacking out.
12.    \_\_\_    \_\_\_    **I am chronically fatigued; a tiredness that is not usually relieved by sleep. \***
13.    \_\_\_    \_\_\_    I feel unwell much of the time.
14.    \_\_\_    \_\_\_    I notice that my ankles are sometimes swollen – the swelling is worse in the evening.
15.    \_\_\_    \_\_\_    I usually need to lie down or rest after sessions of psychological or emotional pressure / stress.
16.    \_\_\_    \_\_\_    My muscles sometimes feel weaker than they should.
17.    \_\_\_    \_\_\_    My hands and legs get restless – experience meaningless body movements.
18.    \_\_\_    \_\_\_    I have become allergic or have increased frequency / severity of allergic reactions.
19.    \_\_\_    \_\_\_    When I scratch my skin, a white line remains for a minute or more.
20.    \_\_\_    \_\_\_    Small irregular dark brown spots have appeared on my forehead, face, neck and shoulders.
21.    \_\_\_    \_\_\_    **I sometimes feel weak all over.\***
22.    \_\_\_    \_\_\_    I have unexplained and frequent headaches.
23.    \_\_\_    \_\_\_    I am frequently cold.
24.    \_\_\_    \_\_\_    **I have decreased tolerance for cold.\***

**Past    Now    Key Signs & Symptoms Continued**

25.    \_\_\_    \_\_\_    **I have low blood pressure.\***
26.    \_\_\_    \_\_\_    I often become hungry, confused, shaky or somewhat paralyzed under stress.
27.    \_\_\_    \_\_\_    I have lost weight without reason while feeling very tired and listless.
28.    \_\_\_    \_\_\_    I have decreased tolerance. People irritate me more.
29.    \_\_\_    \_\_\_    The lymph nodes in my neck are frequently swollen (I get swollen glands on my neck).
30.    \_\_\_    \_\_\_    **I have times of nausea and vomiting for no apparent reason.\***
- \_\_\_    \_\_\_    **Total**

**Past    Now    Energy Patterns**

1.    \_\_\_    \_\_\_    I often have to force myself in order to keep going. Everything seems like a chore.
2.    \_\_\_    \_\_\_    I am easily fatigued.
3.    \_\_\_    \_\_\_    I have difficulty getting up in the morning (don't really wake up until about 10:00 a.m.).
4.    \_\_\_    \_\_\_    I suddenly run out of energy.
5.    \_\_\_    \_\_\_    I usually feel much better and fully awake after the noon meal.
6.    \_\_\_    \_\_\_    I often have an afternoon low between 3:00 – 5:00 p.m.
7.    \_\_\_    \_\_\_    I get low energy, moody or foggy if I do not eat regularly.
8.    \_\_\_    \_\_\_    I usually feel my best after 6:00 p.m.
9.    \_\_\_    \_\_\_    I am often tired at 9:00 – 10:00 p.m. but resist going to bed.
10.    \_\_\_    \_\_\_    I like to sleep late in the morning.
11.    \_\_\_    \_\_\_    My best, most refreshing sleep often comes between 7:00 – 9:00 a.m.
12.    \_\_\_    \_\_\_    I often do my best work late at night (early in the morning.)
13.    \_\_\_    \_\_\_    If I don't go to bed by 11:00 p.m., I get a second burst of energy around 11:00p.m. often lasting until 1:00 – 2:00 a.m.
- \_\_\_    \_\_\_    **Total**

**Past    Now    Frequently Observed Events**

1.    \_\_\_    \_\_\_    I get coughs / colds that stay around for several weeks.
2.    \_\_\_    \_\_\_    I have frequent or recurring bronchitis, pneumonia or other respiratory infections.
3.    \_\_\_    \_\_\_    I get asthma, colds and other respiratory involvements two or more times per year.
4.    \_\_\_    \_\_\_    I frequently get rashes, dermatitis, or other skin conditions.
5.    \_\_\_    \_\_\_    I have rheumatoid arthritis.
6.    \_\_\_    \_\_\_    I have allergies to several things in the environment.
7.    \_\_\_    \_\_\_    I have multiple chemical sensitivities.
8.    \_\_\_    \_\_\_    I have chronic fatigue syndrome.
9.    \_\_\_    \_\_\_    I get pain in the muscles of my upper back and lower neck for no apparent reason.
10.   \_\_\_    \_\_\_    I get pain in the muscles on the sides of my neck.
11.   \_\_\_    \_\_\_    I have insomnia or difficulty sleeping.
12.   \_\_\_    \_\_\_    I have fibromyalgia.
13.   \_\_\_    \_\_\_    I suffer from asthma.
14.   \_\_\_    \_\_\_    I suffer from hay fever.
15.   \_\_\_    \_\_\_    I suffer from nervous breakdowns.
16.   \_\_\_    \_\_\_    My allergies are becoming worse (more severe, frequent or diverse.)
17.   \_\_\_    \_\_\_    The fat pads on palms of my hands and / or tips of my fingers are often red.
18.   \_\_\_    \_\_\_    I bruise more easily than I used to.
19.   \_\_\_    \_\_\_    I have tenderness in my back near my spine at the bottom of my rib cage when pressed.
20.   \_\_\_    \_\_\_    I have swelling under my eyes upon rising that goes away after I have been up for a couple of hours.
21.   \_\_\_    \_\_\_    I have increasing symptoms of premenstrual syndrome (PMS) such as cramps, bloating, moodiness, irritability, emotional instability, headaches, tiredness, and / or intolerance before my period (only some of these need be present.)
22.   \_\_\_    \_\_\_    My periods are generally heavy but they often stop, or almost stop, on the fourth day, only to start up profusely on the 5<sup>th</sup> or 6<sup>th</sup> day.

\_\_\_    \_\_\_    **Total**

**Past    Now    Food Patterns**

- 1.    \_\_\_    \_\_\_    I need coffee or some other stimulant to get going in the morning.
- 2.    \_\_\_    \_\_\_    I often crave food high in fat and feel better with high fat foods.
- 3.    \_\_\_    \_\_\_    I use high fat foods to drive myself.
- 4.    \_\_\_    \_\_\_    I often use high fat foods and caffeine-containing drinks (coffee, colas, chocolate) to drive myself.
- 5.    \_\_\_    \_\_\_    I often crave salt and / or foods high in salt. I like salty foods.
- 6.    \_\_\_    \_\_\_    I feel worse if I eat high potassium foods (like bananas, figs, raw potatoes), especially if I eat them in the morning.
- 7.    \_\_\_    \_\_\_    I crave high protein foods (meats, cheeses.)
- 8.    \_\_\_    \_\_\_    I crave sweet foods (pies, cakes, pastries, doughnuts, dried fruits, candies or desserts.)
- 9.    \_\_\_    \_\_\_    I feel worse if I miss or skip a meal.
- \_\_\_    \_\_\_    **Total**

**Past    Now    Aggravating Factors**

- 1.    \_\_\_    \_\_\_    I have constant stress in my life or work.
- 2.    \_\_\_    \_\_\_    My dietary habits tend to be sporadic and unplanned.
- 3.    \_\_\_    \_\_\_    My relationships at work and / or home are unhappy.
- 4.    \_\_\_    \_\_\_    I do not exercise regularly.
- 5.    \_\_\_    \_\_\_    I eat lots of fruit.
- 6.    \_\_\_    \_\_\_    My life contains insufficient enjoyable activities.
- 7.    \_\_\_    \_\_\_    I have little control over how I spend my time.
- 8.    \_\_\_    \_\_\_    I restrict my salt intake.
- 9.    \_\_\_    \_\_\_    I have gum and / or tooth infections or abscesses.
- 10    \_\_\_    \_\_\_    I have meals at irregular times.
- \_\_\_    \_\_\_    **Total**

**Past    Now    Relieving Factors**

- 1.    \_\_\_    \_\_\_    I feel better almost right away once a stressful situation is resolved.
- 2.    \_\_\_    \_\_\_    Regular meals decrease the severity of my symptoms.
- 3.    \_\_\_    \_\_\_    I often feel better after spending a night out with friends.
- 4.    \_\_\_    \_\_\_    I often feel better if I lie down.
- \_\_\_    \_\_\_    **Total**

## Scoring and Interpretation of the Questionnaire

### Total Number of Questions Answered

1. First count the total number of questions in each section that you answered with any number other than zero. Enter the “Past” and “Now” totals separately, entering each in the appropriate boxes for each section of the “Total number of questions answered” scoring chart below. For example, if you answered a total of 21 questions in the “Past” column and 27 questions in the “Now” column of the **“Key Signs and Symptoms”** with a 1,2, or 3, your total number of questions answered score for the “Past column in that section would be “21” and for the “Now” column would be “27.” Note that there are no entries for the first section of the questionnaire entitled **“Predisposing Factors.”** This section is dealt with separately and is not included in the summary below. Therefore, your first entry into the summary boxes will be for the **“Key Sign and Symptoms”** section.
2. After you have finished entering the number of questions answered in both columns for each section, sum all the numbers for each column and the total in the “Grand Total – Total Responses” boxes on the bottom row of the scoring chart.
3. All the boxes in the **“Total Number of Questions Answered”** chart should now be filled.

Then go on to the next part of the scoring.

### Total Number of Questions Answered

Name of Section	Total Responses	
	Past	Now
<b>Key Signs &amp; Symptoms</b> Number of questions – 30		
<b>Energy Patterns</b> Number of questions – 13		
<b>Frequently Observed Events</b> Number of questions – 22		
<b>Food Patterns</b> Number of questions – 9		
<b>Aggravating Factors</b> Number of questions – 10		
<b>Relieving Factors</b> Number of questions – 4		
<b>Grand Total – Total Responses</b>		

## Total Points:

This part of the scoring adds up the actual numbers (0,1,2,3) 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 appropriate boxes in the chart below. Then, sum each column to get the Total – Points – Past and Total – Points – Now scores. Enter these totals in the bottom 2 boxes to complete this part of the scoring.

## Total Points

Name of Section	Total Points	
	Past	Now
<b>Key Signs &amp; Symptoms</b> Total points possible – 93		
Energy Patterns Total points possible – 39		
Frequently Observed Events Total points possible – 66		
Food Patterns Total points possible – 27		
Aggravating Factors Total points possible – 30		
Relieving Factors Total points possible – 12		
Grand Total – Total Points		
Total Responses = Severity		



## Interpreting the Questionnaire

The questionnaire is a valuable tool for determining **if** you have adrenal fatigue and, if you do, the **severity** of your syndrome. Of course, the accuracy of its interpretation depends upon you completing every section as accurately and honestly as possible. Because there is such diversity in how individuals experience adrenal fatigue, a wide variety of signs and symptoms have been included. Some people have only the minimal number of symptoms, but the symptoms they do have are severe. Others experience a great number of symptoms, but most of their symptoms are relatively mild. That is why there are two kinds of scores to indicate adrenal fatigue.

### **Total Number of Questions Answered:**

This gives you a general “Yes or No” answer to the question, “Do I have adrenal fatigue?” Look at your “Grand Total – Total Responses” scores in the first scoring chart (Total Number of Questions Answered.) The purpose of this score is to see the total number of signs and symptoms of adrenal fatigue you have.

There are a total of 89 questions for women in the questionnaire. If you responded to more than 32 of the questions, (regardless of which severity response number you gave the questions, you have some degree of adrenal fatigue. The greater the number of questions that you responded to, the greater your adrenal fatigue. If you responded affirmatively to less than 20 of the questions, it is unlikely adrenal fatigue is your problem. People who do not have adrenal fatigue may still experience a few of these indicators in their lives, but not many of them. If your symptoms do not include fatigue or decreased ability to handle stress, then you are probably not suffering from adrenal fatigue.

**YES / NO    Do your symptoms include fatigue or decreased ability to handle stress?  
(If no, then you are probably not suffering from adrenal fatigue.)**

\_\_\_\_\_ **Total Number of Questions Answered**

**< 20            Unlikely adrenal fatigue is your problem.**

**> 32            Some degree of adrenal fatigue**

## Total Points:

The total points are used to determine the degree of severity of your adrenal fatigue. If you ranked every question as 3 (the worst) your total points would be 267 for women. **If you scored under 40, you either have only slight adrenal fatigue or none at all. If you scored between 45 – 88 for women, then overall you have a mild degree of adrenal fatigue.** This does not mean that some individual symptoms are not severe, but overall your symptom picture reflects mildly fatigued adrenals. **If you scored between 89 – 132, your adrenal fatigue is moderate. If you scored above 132, then consider yourself to be suffering from severe adrenal fatigue.**

Total Points: \_\_\_\_\_

\_\_\_\_\_ Under 40 = no adrenal fatigue or slight adrenal fatigue

\_\_\_\_\_ 45 - 88 = mild degree of adrenal fatigue

\_\_\_\_\_ 89 – 132 = moderate degree of adrenal fatigue

\_\_\_\_\_ Above 132 = severe adrenal fatigue

Now compare the total points of the different sections with each other. This allows you to see if 1 or 2 sections stand out as having more signs and symptoms than the others. If you have a predominating group of symptoms, they will be the most useful ones for you to watch as indicators as you improve. Seeing which sections stand out will also be helpful in developing your own recovery program.

## Severity Index:

The Severity Index is calculated by simply **dividing the total points by the total number of questions you answered in the affirmative.** It gives an indication of how severely you experience the signs and symptoms, with **1.0 – 1.6 being mild, 1.7 – 2.3 being moderate and 2.4 on up being severe.** This number is especially useful for those who suffer from only a few of these signs and symptoms, but yet are considerably debilitated by them.

**Total points divided by Total number of questions you answered in the affirmative = Severity Index**

Severity Index: \_\_\_\_\_

## Past vs. Now:

Now compare the total points in the “Past” column to the total points in the “Now” column. The difference indicates the direction your adrenal health is taking. If the number in the “Past” column is greater than the number in the “Now” column, then you are slowly healing from adrenal fatigue. If the “Now” column is greater than the number in the “Past” column, your adrenal glands are on a downhill course.

\_\_\_\_\_ “Past” column is greater than your “Now” column = uphill course , (good sign: your adrenal glands are slowly healing.

\_\_\_\_\_ “Now” column is greater than your “Past” column = downhill course, (you need to take action to prevent further decline and to recover.)

## Asterisk Total:

Finally, add the actual numbers you put beside the questions marked by asterisks (\*) for the “Now” column. (There are 6 of these questions, and I have also placed these questions in bold so you can find them easily.) If this total is more than **9**, you are likely suffering from a relatively severe form of adrenal fatigue. If this total is more than **12**, and you answer yes to more than **2** of the questions below, you have many of the indications of true Addison’s disease.

**Answer the following questions only if you scored more than 12 on the questions marked with an asterisk \***

## Additional Symptoms (ones that are present now)

The areas on my body listed below have become bluish-black in color.

\_\_\_\_\_ Inside the lips, mouth

\_\_\_\_\_ Vagina

\_\_\_\_\_ Around nipples

\_\_\_\_\_ 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.

If you scored more than **12** on the questions marked with an asterisk \* AND you answered yes to more than **2** of the Additional Symptom questions above, you have many of the indications of true Addison’s disease, and should consult an endocrinologist in addition to completing the ABCS for WOMEN.

## **Interpretation of the “Predisposing Factors” Section:**

This section helps determine which factors led to the development of your adrenal fatigue. There may have been only one factor or there may have been several, but the number does not matter. One severely stressful incident can be all it takes for someone to develop adrenal fatigue, although typically it is more.

This list is not exhaustive, but the items listed in this section are the most common factors that lead to adrenal fatigue. Use this section to better understand how your adrenal fatigue developed. Seeing how it started often makes clearer what actions you can take to successfully recover from it.