

Adrenal Health Questionnaire

Name _____

Date _____

Please enter the appropriate response to each statement in the columns below:

0 = Never/Rarely

1 = Occasionally

2 = Moderate in intensity or frequency

3 = Almost always or extremely intense

I have not felt well since _____ when I _____

(describe event, if any)

Triggers of Adrenal Imbalance

Past	Now	
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.
8. _____	_____	I have a history of alcoholism and/or drug abuse.
9. _____	_____	I have environmental sensitivities.
10. _____	_____	I have diabetes (type II, adult onset, NKDDM)
11. _____	_____	I suffer from post traumatic stress syndrome.
12. _____	_____	I suffer from anorexia.
13. _____	_____	I have one or more other chronic illnesses or diseases.
_____	_____	Total

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.
Past	Now	
8. _____	_____	I have many unexplained fears/anxieties.