

A New Health

Health ~ Strength ~ Vitality

DR. WILSON'S ADRENAL FATIGUE QUESTIONNAIRE

This questionnaire was developed by Dr. James L Wilson and Dr. Leo Roy and was used in Dr. Wilson's practice to help determine a patient's level of adrenal fatigue. Dr. Wilson's permission has been given to health care professionals to use this questionnaire in their private practices. Please take your time and be as accurate as possible with your answers. This questionnaire is used in conjunction with a Comprehensive Health History and indicated laboratory tests. Thank you. Tricia, FNP

Name _____ Date _____

Instructions:

Please enter the appropriate response by the numbers below to each statement in the columns below.

0 = Never/Rarely

1 = Occasionally/Slightly

2 = Moderate in Intensity or Frequency

3 = Intense/Severe or Frequent

I have not felt well since _____ when _____
date describe event, if any

SECTION 1: PREDISPOSING FACTORS:

- | 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 (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, NIDDM). |
| 11. _____ | _____ | I suffer from post traumatic stress syndrome (PTSD). |
| 12. _____ | _____ | I suffer from anorexia. * |
| 13. _____ | _____ | I have one or more other chronic illnesses or diseases. |

_____ _____ **Section 1 Total**

- 0 = Never/Rarely**
- 1 = Occasionally/Slightly**
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- 3 = Intense/Severe or Frequent**

SECTION 2: KEY SIGNS AND SYMPTOMS:

Past	Now	
1. _____	_____	My ability to handle stress and pressure has decreased.
2. _____	_____	I am less productive at work.
3. _____	_____	I seem to have decreased 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 most of the time.
14. _____	_____	I notice that my ankles are sometimes swollen; the swelling is worse at night.
15. _____	_____	I usually need to lie down or rest after sessions of psychological or emotional pressure or stress.
16. _____	_____	My muscles sometimes feel weaker than they should.
17. _____	_____	My hands and legs get restless; I 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. **
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 feelings of hopelessness and despair.
29. _____	_____	I have decreased tolerance. People irritate me more.
30. _____	_____	The lymph nodes in my neck are frequently swollen (I get swollen glands in my neck).
31. _____	_____	I have times of nausea and vomiting for no apparent reason. **

_____ _____ **Section 2 Total**

- 0 = Never/Rarely**
- 1 = Occasionally/Slightly**
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- 3 = Intense/Severe or Frequent**

SECTION 3: ENERGY PATTERNS:

- | Past | Now | |
|-----------|-------|---|
| 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 . I don't really wake up till after 10 AM. |
| 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 PM. |
| 7. _____ | _____ | I get low energy, moody, foggy if I do not eat regularly. |
| 8. _____ | _____ | I usually feel my best after 6:00 PM. |
| 9. _____ | _____ | I am often tired at 9:00-10:00 PM, 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 AM. |
| 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 PM, I get a second burst of energy, often lasting until 1:00-2:00 AM. |

_____ _____ **Section 3 Total**

SECTION 4: FREQUENTLY OBSERVED EVENTS:

- | Past | Now | |
|-----------|-------|---|
| 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/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/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 a tenderness in my back near my spine at the bottom of my rib cage when pressed. |
| 20. _____ | _____ | I have a swelling under my eyes upon rising that goes away after I am up for a couple of hours. |

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The next two questions are for women only:

21. _____ I have increased symptoms of PMS such as cramps, bloating, moodiness, irritability, emotional instability, headaches, tiredness and/or intolerance before my period (only some of these need to 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 fifth or sixth day.

_____ **Section 4 Total**

SECTION 5: FOOD PATTERNS:

- | Past | Now | |
|----------|-------|--|
| 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 (coffees, colas chocolate). |
| 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 (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. |

_____ **Section 5 Total**

SECTION 6: AGGRAVATING FACTORS:

- | Past | Now | |
|-----------|-------|--|
| 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 and abscesses. |
| 10. _____ | _____ | I have meals at irregular times. |

_____ **Section 6 Total**

- 0 = Never/Rarely**
- 1 = Occasionally/Slightly**
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SECTION 7: RELIEVING FACTORS:

Past	Now	
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 my friends.
4. _____	_____	I often feel better if I lie down.
5. _____	_____	Other relieving factors are: _____
_____	_____	Section 7 Total

SECTION 8: SCORING OF QUESTIONNAIRE, PART 1:

Please follow the instructions carefully to score your questionnaire correctly.

Total Number of Questions Answered:

1. Count the **total number of questions** in **Each Section** that you answered with a number other than zero.
2. Enter the **Past** and **Now** totals separately, entered into the appropriate boxes for each section below.
3. You will notice that there are no entries for Section 1: Predisposing Factors. This section is dealt with separately and is not included in the scoring chart below.
4. After you have finished entering the number of questions answered in **Past** and **Now**, please sum all the numbers for each column and enter in the **Grand Total** on the bottom row of the scoring chart.

Section 8 Part 1: Total Number of Questions Answered for Sections 2-7 (do not count 0)

	<u>Past</u>	<u>Now</u>
Section 2: Key Signs & Symptoms (31 questions)	_____	_____
Section 3: Energy Patterns (13 Questions)	_____	_____
Section 4: Frequently Observed Events (20 for Men/22 for Women)	_____	_____
Section 5: Food Patterns (9 Questions)	_____	_____
Section 6: Aggravating Factors (10 Questions)	_____	_____
Section 7: Relieving Factors (4 Questions)	_____	_____
<hr/>		
Grand Total of Questions Answered:	_____	_____

SECTION 8: SCORING OF QUESTIONNAIRE, PART 2:

This part of the scoring adds up the actual numbers (0, 1, 2, or 3) you put beside the questions when you were answering this questionnaire. Add these numbers for each column in each Section (section 2-7) and enter them into the appropriate places in the chart below. Now total each column to get the "Grand Total" for the **Past** and **Now** scores.

Section 8 Part 2: Total Points for Sections 2-7:

	<u>Past</u>	<u>Now</u>
Section 2: Key Signs & Symptoms (93 Points Possible)	_____	_____
Section 3: Energy Patterns (39 Points Possible)	_____	_____
Section 4: Frequently Observed Events (60 Points Possible-men 66-women)	_____	_____
Section 5: Food Patterns (27 Points Possible)	_____	_____
Section 6: Aggravating Factors (30 Points Possible)	_____	_____
Section 7: Relieving Factors (12 Points Possible)	_____	_____
<hr/>		
Grand Total of Total Points:	_____	_____
Grand Total of Questions Answered:	_____	_____

Answer the following questions only if you scored more than 12 on the questions marked with an asterisk (). Number of questions you answered with asterisk (**): #_____**

SECTION 9: ADDITIONAL SYMPTOMS-ONES THAT ARE PRESENT NOW:

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

- _____ Inside of 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 creases in joints.
- _____ I have light colored patches on my skin where the skin has lost its usual color.
- _____ I have fainting spells.

_____ **Section 9 Total**

INTERPRETATION OF QUESTIONNAIRE BY JAMES WILSON:

The questionnaire is a valuable tool for helping to determine if you have adrenal fatigue and, if you do, the severity of it. The accuracy of its interpretation depends on 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 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 of Questions Answered**" scores in the first scoring chart. The purpose of this score is to see the total number of signs and symptoms of adrenal fatigue that you have. There are a total of 87 questions for men and 89 for women.

If you responded to more than 26 (men) or 32 (women), of the questions, regardless of which severity response number you gave the question, 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.

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 261 (men) and 267 (women).

- If you scored under 40, you either have only slight adrenal fatigue or none at all.
- If you scored 44-87 (men) or 45-88 (women), then overall, you have a mild degree of adrenal fatigue.
- If you scored 88-130 (men) or 89-132 (women), your adrenal fatigue is in the moderate range.
- If you scored above 130 (men) or 132 (women), then you have 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 one's for you to watch as indicators as you improve. Seeing which sections stand out will also be helpful in developing your recovery program.

Severity Index: The Severity Index is calculated by simply dividing the total points by the total number of questions you answered yes to. It gives an indication of how severely you experience the signs and symptoms with:

- 1.0-1.6 is mild
- 2. 1.7-2.3 is moderate
- 2.4 on up is severe

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 recovering from adrenal fatigue. It is a good sign you are healing but you will want to have assistance to accelerate your improvement. If the number in the "Now" column is greater than the number in the "Past" column, your adrenal glands are on a downhill course and you need to take immediate action to prevent further decline and to recover.

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.

