



Adrenal Fatigue

What is Adrenal Fatigue?

Adrenal Fatigue is known as a syndrome that results when the adrenal glands function at a suboptimal level. The paramount symptom is fatigue not relieved by sleep.

Adrenal Fatigue can affect people of all ages, occupations, races, social and economic groups. It affects older persons and contributes to combined processes of aging.

Adrenal Fatigue, though common, is routinely not looked for if recognized it is seldom addressed.

If you experience any of the following symptoms consider filling out the following comprehensive questionnaire on adrenal fatigue.

- ◆ Do you tire easily?
- ◆ Do you feel fatigued rather than energetic?
- ◆ Are people annoying you by telling you "you don't look so good lately?"
- ◆ Are you working harder and harder but accomplishing less?
- ◆ Do you often experience unexplained sadness?
- ◆ Are you forgetting appointments, deadlines, or personal possessions more frequently?
- ◆ Have you become more irritable?
- ◆ Are you more short-tempered?
- ◆ Are you more disappointed with people around you?
- ◆ Do you see family members and close friends less frequently?
- ◆ Are you too busy to do even routine things like make phone calls, read, etc?
- ◆ Do you feel disoriented when the activity of the day comes to a halt?
- ◆ Are you unable to laugh at a joke about yourself?

Scripts Pharmacy's Consulting Services

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Email: info@scriptsparmacyonline.com

Adrenal Fatigue Questionnaire

Name: _____

Date of Birth: _____

Date: _____

How were you referred to Scripts Pharmacy's Consulting services? _____

Instructions: Please enter the appropriate numeric response to each statement in the columns below. When done correctly you will have 2 answers for each question. **The response to how you felt in the past**, should be a time period in which you felt well. Think back to the time you did feel well and respond accordingly. **The response to how you feel now** should be right now and in general how you feel on a day to day basis. If a statement does not apply to you, enter 0.

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) _____.

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 &/or drug abuse.
9	-	—	-	—	I have environmental sensitivities.
10	-	—	-	—	I have diabetes (type II, adult onset, NIDDM).
11	-	—	-	—	I suffer from posttraumatic distress syndrome.
12	-	—	-	—	I suffer from anorexia. *
13	-	—	-	—	I have one or more other chronic illnesses or diseases.
	-	—	-	—	Total

Key Signs & 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 in cognitive ability. I do not 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 or 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 or experience meaningless body movements.
18	-	—	-	—	I have become allergic or have increased frequency/severity of allergies.

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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 or despair.
29	-	-	-	-	I have decreased tolerance. People irritate me more.
30	-	-	-	-	The lymph nodes in my neck are frequently swollen (I get swollen glands on my neck).
31	-	-	-	-	I have times of nausea and vomiting for no apparent reason. *
	-	-	-	-	Total

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 (do not really wake up until about 10:00am).
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 3:00-5:00pm.
7	-	-	-	-	I get low energy, moody or foggy if I do not eat regularly.
8	-	-	-	-	I usually feel my best after 6:00pm.
9	-	-	-	-	I am often tired at 9-10:00pm, but resist going to bed.
10	-	-	-	-	I like to sleep late in the morning.
11	-	-	-	-	My best, most refreshing sleep often comes between 7:00-9:00am.
12	-	-	-	-	I often do my best work late at night (early in the morning).
13	-	-	-	-	If I do not go to bed by 11:00pm, I get a second burst of energy around 11:00pm, often lasting until 1:00-2:00am.
	-	-	-	-	Total

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 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 pains 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.

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- | | | | | | |
|----|---|---|---|---|--|
| 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. |

The next 2 questions are for women only

- | | | | | | |
|----|---|---|---|---|---|
| 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 th or 6 th day. |
| | - | - | - | - | Total |

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 (coffee, colas, and 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 |

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 or abscesses. |
| 10 | - | - | - | - | I have meals at irregular times. |
| | - | - | - | - | Total |

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. |
| 5 | - | - | - | - | Other relieving factors_____. |
| | - | - | - | - | Total |

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ADDITIONAL QUESTIONS: (Please answer, even if repetitive. Thank you).

1. Are you currently taking any medications? If so, please list them: _____.
2. Are you currently taking any supplements? If so, please list them: _____.
3. Do you currently have any existing medical conditions? If so, please list: _____.
4. Are you allergic to any medications? If so, which one: _____.
5. Do you have environmental allergies (dust, mold, chemicals, etc.)? If so, to what: _____.
6. Do you have a history of thyroid disease? _____.