

Adrenal Fatigue Questionnaire© Dr. James L. Wilson*

This questionnaire was originally created and used by Dr. James L. Wilson in his practice and later published on page 61 in his book, *Adrenal Fatigue: The 21st Century Stress Syndrome*. The author's permission has been given to healthcare professionals to use this questionnaire in their practices. It is designed as an aid to determining a patient's level of adrenal fatigue. Although Dr. Wilson and many other physicians have found the questionnaire extremely helpful, no formal reliability or validity tests have been completed to confirm its accuracy, and the author assumes no responsibility for its use or accuracy. No commercial use of this questionnaire is permitted without prior written consent by the author.

Instructions: Please enter the appropriate response number to each statement 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)

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 2, adult onset, NIDDM)
- 11 _____ I suffer from post traumatic distress syndrome.
- 12 _____ I suffer from anorexia.*
- 13 _____ I have one or more other chronic illnesses or diseases.

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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 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 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.*
- 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 (swollen glands).
 31 _____ I have times of nausea and vomiting for no apparent reason.*

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

_____ **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 on the sides of my neck.
 10 _____ I have insomnia or difficulty sleeping.
 11 _____ I have fibromyalgia.
 12 _____ I suffer from asthma.
 13 _____ I suffer from hay fever.
 14 _____ I suffer from nervous breakdowns.
 15 _____ I get pain in the muscles of my upper back and lower neck for no apparent reason.
 16 _____ My allergies are becoming worse (more severe, frequent, or diverse). **Adrenal Fatigue Questionnaire© Dr. James**

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- 17 _____ The fat pads on the 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 swelling under my eyes upon rising that goes away after I have been up for a couple of hours.

The next two 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 5th or 6th day.

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 drink (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**

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 _____ I do not exercise regularly.
- 4 _____ My relationships at work and/or home are unhappy.
- 5 _____ My life contains insufficient enjoyable activities.
- 6 _____ I have little control over how I spend my time.
- 7 _____ I restrict my salt intake.
- 8 _____ I have gum and/or tooth infections or abscesses.
- 9 _____ I have meals at irregular times
- 10 _____ I eat lots of fruit

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_____ **Total**

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 friends.
- 4 _____ I often feel better if I lie down.
- 5 _____ Other relieving factors _____

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Scoring and Interpretation of the Questionnaire

A lot of information can be obtained from this questionnaire. Follow the instructions below carefully to score your questionnaire correctly. Then proceed to the interpretation section.

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 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 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 Signs 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 Number of Questions Answered” 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 with Above 0	Total Answered
Section	

Past	Now
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Key Signs & Symptoms

Number of questions =31

Energy Patterns

Number of questions =13

Frequently Observed Events

Number of questions =
20 for men, 22 for women

Food Patterns

Number of questions =9

Aggravating Factors

Number of questions =10

Relieving Factors

Number of questions =4

**Grand Total – Total Number
of Questions Answered with Above 0**