

ADRENAL STRESS ASSESSMENT



Patient: _____ DOB: _____ M/F _____ Date _____

Instructions: Please enter the appropriate response number to each of the following statements.

- Indicate "0" = never
- Indicate "1" = seldom
- Indicate "2" = occasionally
- Indicate "3" = frequently

Score **A. Causative Dynamics:**

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| | I have environmental/food allergies or reactions. |
| | I have experienced extended periods of stress that have affected my health. |
| | I have had extended, severe or recurring respiratory infections (asthma). |
| | I have had one or more severely stressful events that have affected by health. |
| | I have one or more chronic illnesses or diseases. |
| | I have taken long term or intense steroid therapy (corticosteroids). |
| | I overwork with little play or rest for extended periods of time. |
| | I have a history of alcoholism and/or other drug usage. |
| | I have diabetes (Type II, adult onset). |
| | I push myself to exhaustion. |
| | I suffer from anorexia. |
| | I suffer from post traumatic stress syndrome. |
| | I have or am currently taking prescription medication. |
| | I tend to gain weight, especially around the middle (spare tire). |
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| | TOTAL NUMBER OF QUESTIONS ANSWERED WITH "1", "2" or "3" |
| | TOTAL POINTS |

Score **B. Dietary Considerations:**

| | |
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| | High potassium foods (like bananas, figs or potatoes), make me feel worse, especially if I eat them in the morning. |
| | I crave high protein foods (meats, cheeses). |
| | I crave sweets (pie, cake, pastry, doughnuts, dried fruit, candy or dessert). |
| | I feel worse if I miss or skip a meal. |
| | I like salty foods and often crave salt and/or foods high in salt. |
| | I need stimulants, such as coffee or tea, to get started in the morning. |
| | I often crave food high in fat and feel better having eaten them. |
| | I often use high fat foods and caffeine containing drinks (coffee, colas, chocolate) to drive myself. |
| | I use high fat foods to give me energy so that I can continue intense activities. |
| | |
| | TOTAL NUMBER OF QUESTIONS ANSWERED WITH "1", "2" or "3" |
| | TOTAL POINTS |

Score **C. General Symptomatology:**

| | |
|--|---|
| | A white line remains for a minute or more when I scratch my skin. |
| | For no apparent reason, I sometimes have periods of nausea and vomiting. |
| | My ability to tolerate cold has decreased. |
| | I am chronically tired and fatigued and the tiredness is not usually relieved by sleep. |
| | I am less productive at work. |
| | I am nervous and shake when under pressure. |
| | I am often cold. |
| | I don't think as clearly as I used to. |
| | I feel depressed and hopeless. |
| | I frequently have swollen lymph nodes in my neck. |
| | I get lightheaded or dizzy when rising rapidly from a sitting or lying position. |
| | I have become allergic or have increased frequency or the severity of allergic reactions. |
| | I have felt very tired and listless and have lost weight without reason. |
| | I have less ability to handle stress and pressure. |
| | I have low blood pressure. |
| | I have many unexplained fears and anxieties. |
| | I have often had headaches of unknown origin. |
| | I often become hungry, confused, shaky or somewhat paralyzed under stress. |
| | I often feel unwell. |
| | I sometimes feel as if I gray-out or black-out. |
| | I sometimes feel weak all over. |
| | I suffer from nervous stomach, indigestion, irritable bowel in a tense situation. |
| | I tend to avoid emotional encounters or situations. |
| | My ankles are sometimes swollen. The swelling is worse in the evening. |
| | My hands and legs get restless with meaningless body movements. |
| | My muscles sometimes feel weaker than they should. |
| | My sex drive has decreased. |
| | My thinking is confused when hurried or under pressure. |
| | People irritate me more than before; my tolerance has decreased. |
| | Small dark brown spots have appeared on my forehead, face, neck and shoulders. |
| | |
| | TOTAL NUMBER OF QUESTIONS ANSWERED WITH "1", "2" or "3" |
| | TOTAL POINTS |

Score **D. Vitality and Energy:**

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| | Although tired between 9:00-10:00 PM, I resist going to bed. |
| | Between 2:00-4:00PM, I often have an afternoon energy or emotional low. |
| | Everything seems like a chore. |
| | Getting up in the morning is difficult. I don't really wake up until 10:00AM. |
| | I tire easily. |
| | I get a "second wind" around 11:00 PM, often lasting until 1:00-2:00 AM. |
| | I like to sleep late in the morning. |
| | I often have to force myself in order to keep going. |
| | I suddenly run out of energy. |
| | I usually feel much better and fully awake after lunch. |
| | I usually feel my best after 6:00 PM. |
| | I work best late at night (early in the morning.) |
| | If I don't eat regularly, I experience low energy, moodiness, impatience or fogginess. |
| | I wake up tired. |
| | My best, most refreshing sleep often comes between 7:00-9:00 AM. |
| | |
| | TOTAL NUMBER OF QUESTIONS ANSWERED WITH "1", "2" or "3" |
| | TOTAL POINTS |

Score **E. Aggravating Aspects:**

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| | I feel that my life contains insufficient enjoyable activities. |
| | I crave and eat a considerable amount of fruit. |
| | I do not exercise on a regular basis. |
| | I have gum and/or tooth infections or abscesses. |
| | I have little control over how I spend my time. |
| | I have meals at irregular times. |
| | My life or work are continually stressful. |
| | I restrict my salt intake. |
| | My eating habits tend to be sporadic and unplanned. |
| | My relationships at work and/or home are unhappy. |
| | |
| | TOTAL NUMBER OF QUESTIONS ANSWERED WITH "1", "2" or "3" |
| | TOTAL POINTS |

Score **F. Alleviating Aspects:**

| | |
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| | I often feel better after spending a night out with friends. |
| | I often feel better if I lie down. |
| | My symptoms decrease in severity when I eat regularly. |
| | Once a stressful situation is resolved, I feel better almost immediately. |
| | Other alleviating factors: (List for example: Cold air) |
| | |
| | TOTAL NUMBER OF QUESTIONS ANSWERED WITH "1", "2" or "3" |
| | TOTAL POINTS |

Score **G. General Observations:**

| | |
|--|--|
| | I bruise more easily than I used to. |
| | I frequently catch colds that last more than 7 days. |
| | I frequently get rashes, dermatitis, or other skin irritations. |
| | I frequently have bronchitis, pneumonia or other respiratory infections. |
| | I get asthma, colds and other respiratory problems two or more times per year. |
| | I get pain in the muscles of my upper back and lower neck for no apparent reason. |
| | When pressed, I have a tenderness near my spine at the bottom of my rib cage. |
| | I have allergies to several things in the environment. |
| | I have asthma. |
| | I have chronic fatigue syndrome. |
| | I have fibromyalgia. |
| | I have had nervous breakdowns. |
| | I have insomnia or difficulty sleeping. |
| | I have multiple chemical sensitivities. |
| | I have rheumatoid arthritis. |
| | I have swelling under my eyes in the mornings that goes away after a couple hours. |
| | The muscles on the sides of my neck frequently are painful. |
| | I suffer have hay fever. |
| | My allergies are becoming more severe and/or frequent. |
| | I have muscle cramping in legs or feet. |
| | The fat pads on palms of my hands and/or tips of my fingers are often red. |

FOR WOMEN ONLY:

| | |
|--|---|
| | I have increasing cramps, bloating, moodiness, irritability, emotional instability, headaches, tiredness, and/or intolerance before my period (only some of these need be present.) |
| | My periods are generally heavy but they often stop, or almost stop, on the fourth day, only to start up profusely on the 5th and 6th days. |
| | |
| | TOTAL NUMBER OF QUESTIONS ANSWERED WITH "1", "2" or "3" |
| | TOTAL POINTS |

Score **H. Adrenal Distress:**

| | |
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| | I feel fatigued rather than energetic. |
| | People annoy me by telling me, "You don't look so good lately." |
| | I am experiencing increased physical aches, pains, headaches and colds. |
| | I am increasingly cynical and disillusioned. |
| | I am more irritable. |
| | I am more short-tempered. |
| | I am seeing family members and friends less frequently. |
| | I am too busy to do routine things like make phone calls or send cards to friends. |
| | I am unable to laugh at jokes about myself. |
| | I am working harder but accomplishing less. |
| | I feel disoriented at the end of the day. |
| | I forget appointments, deadlines or personal possessions more often than before. |
| | I frequently experience unexplained sadness. |
| | I have very little to say to people. |
| | Joy seems just out of reach. |
| | People increasingly disappoint me. |
| | Sex seems like more trouble that it is worth. |
| | |
| | TOTAL NUMBER OF QUESTIONS ANSWERED WITH "1", "2" or "3" |
| | TOTAL POINTS |

Score **I. Candidiasis Symptoms:**

| | |
|--|---|
| | I have taken antibiotics repeatedly in the past. |
| | I crave carbohydrates (sweets, starches, alcohol and bread.) |
| | I crave corn chips and related products. |
| | I crave peanut butter. |
| | I experience digestive disturbances not relieved by digestive aids. |
| | I experience rectal itching. |
| | I experience unexplained depression. |
| | I experience unexplained joint or muscle pain. |
| | I feel bad all over for no apparent reason. |
| | I crave food late at night. |
| | I have vague abdominal or digestive complaints. |
| | My bowel movements sometimes have moldy smell. |
| | My current symptoms began after taking antibiotics. |
| | My symptoms are made worse by drinking beer. |
| | My symptoms are made worse by eating high carbohydrate foods. |
| | My symptoms are made worse if I am exposed to molds in the environment. |
| | My symptoms are worse in damp or wet weather. |
| | There is a greenish coating at the back of my tongue in the morning. |

FOR WOMEN ONLY:

| | |
|--|--|
| | I wear nylon or synthetic pantyhose or underwear. |
| | I have in the past or am currently taking birth control pills. |
| | I have a vaginal discharge that smells like cheese. |
| | I experience vaginal itching. |
| | |
| | TOTAL NUMBER OF QUESTIONS ANSWERED WITH "1", "2" or "3" |
| | TOTAL POINTS |

Score **J. Psychological Indications of Food and Environmental Sensitivities:**

I experience the following psychological symptoms:

| | |
|--|--|
| | Aggressive behavior |
| | Anxiety attacks |
| | Black-outs |
| | Confusion |
| | Cravings |
| | Depression |
| | Excessive daydreaming |
| | Hyperactivity |
| | Inability to concentrate |
| | Indifference |
| | Irritability |
| | Learning disabilities |
| | Mental dullness |
| | Mental lethargy |
| | Poor work habits |
| | Restlessness |
| | Slurred speech |
| | Stuttering |
| | Cloudy or foggy thinking |
| | |
| | TOTAL NUMBER OF QUESTIONS ANSWERED WITH "1", "2" or "3" |
| | TOTAL POINTS |

Score **K. Physical Indications of Food and Environmental Sensitivities:**

I experience the following physical symptoms:

| | |
|--|--|
| | Abdominal pains or cramps |
| | Asthma |
| | Belching |
| | Bloating after meals |
| | Blurring of vision |
| | Canker sores |
| | Chest congestion |
| | Chronic cough |
| | Chronically fatigued |
| | Colitis |
| | Constipation |
| | Darkness under eyes |
| | Dermatitis |
| | Diarrhea |
| | Earaches or ringing in ears |
| | Eczema |
| | Excessive drowsiness or sleepiness soon after eating |
| | Binge eating |
| | Excessive mucus formation |
| | Faintness or dizziness |
| | Feeling of fullness in stomach long after finishing a meal |
| | Flatulence (passing gas) |
| | Frequent or unexplained hoarseness |
| | Headaches |
| | Hearing loss |
| | Heart palpitations |
| | Hives |
| | Insomnia |
| | Joint aches and pains |
| | Muscle aches and pains |
| | Muscle weakness |
| | Nausea |
| | Rapid heart beat |
| | Rashes |
| | Recurrent ear infections |
| | Recurrent sinusitis |
| | Repeated itching without apparent reason |
| | Runny, stuffy nose |
| | Sore throat |
| | Sudden drops in blood sugar (shakes, sweats, excessive hunger) |
| | Swelling of hands, feet or ankles |
| | Urinary tract symptoms (frequency, urgency) |
| | Vagina discharge |
| | Vaginal itching |
| | Vomiting |
| | Watery eyes |
| | |
| | TOTAL NUMBER OF QUESTIONS ANSWERED WITH "1", "2" or "3" |
| | TOTAL POINTS |

Score **L. Exacerbating Stressors**

| | |
|--|--|
| | I am or have been diagnosed as having anorexia |
| | I feel weak throughout my body |
| | I have been diagnosed with low blood pressure |
| | I have periods of unexplained nausea and vomiting |
| | It is difficult for me to handle cold |
| | Sleep does not relieve my fatigue |
| | |
| | TOTAL NUMBER OF QUESTIONS ANSWERED WITH "1", "2" or "3" |
| | TOTAL POINTS |

Score **M. Contributing Factors**

I experience the following physical symptoms:

| | |
|--|---------------------------------------|
| | Leg or foot cramps |
| | Physical aches & pain |
| | Frequent bruising |
| | Unexplained swelling |
| | Gastro-intestinal difficulties |
| | Glycemic management difficulties |
| | 4:00 AM wake-up |
| | Insomnia |
| | Exhaustion |
| | Changes in Libido |
| | Menstrual imbalances |
| | Emotional or psychological imbalances |
| | Depression |
| | Antibiotic use |