Adrenal Stress Questionnaire

Please note that the following information will be kept confidential and is not required, but will help us to help you become healthier.

Name: _____ Practitioner: _____ Date: _____

- ☐ Symptoms present since stressful event (e.g., divorce)
- ☐ Blurred vision
- ☐ History of asthma /bronchitis
- ☐ Prolonged exposure to stress
- ☐ Headaches
- ☐ Environmental sensitivities
- ☐ Hypoglycemia
- ☐ Food allergies
- ☐ Poor concentration
- ☐ Low energy, excessive fatigue
- ☐ Hemorrhoids
- ☐ Post-exertion fatigue
- ☐ Varicose veins
- ☐ Dizziness upon rising
- ☐ Arthritis, bursitis
- ☐ Irritability
- ☐ Increase/loss of skin pigment
- ☐ Nervousness/anxiety
- ☐ Aching muscles/calves
- ☐ Shortness of breath
- ☐ Tired feet/weak ankles
- ☐ Cold extremities
- ☐ Low back pain/flat feet
- ☐ Insomnia
- ☐ Knee problems
- ☐ Depression

Please indicate in the left-hand space below, the following indicators:

1 = Symptoms you've had in the past
2 = Symptoms that occur *occasionally*
3 = Symptoms that occur often
4 = Symptoms that occur **frequently**

_____ Ulcers

_____ Excessive urination

_____ Excessive perspiration

_____ Muscle twitches

_____ Heart palpitations

_____ Edema of extremities

_____ Eyes light-sensitive/photophobia

_____ Crave salt

_____ Crave sugar/junk food

_____ Crave coffee/tobacco

_____ Alcohol intolerance

_____ Recurrent infections

_____ Digestive problems

0_____ **TOTAL SCORE**

Score Interpretation:

Between 30 and 50: This score provides an early-warning that your adrenal glands may be stressed.
Between 50 and 70: This score indicates you may be in need of adrenal gland support.
Between 70 and 90: This score indicates your adrenal glands may be at their maximum capacity.
Over 90: This score indicates you are likely suffering from adrenal exhaustion.

Thyroid Stress Questionnaire

*****_Please note that the following information will be kept confidential and is not required, but will help us to help you become healthier._

Name: _____ Practitioner: _____ Date: _____

Category 1 – Symptoms

Check off the symptoms you have:

- ☐ **Signficant fatigue, lethargy, sluggishness**
- ☐ Hoarseness for no particular reason
- ☐ Chronic recurrent infection(s)
- ☐ Decreased sweating even with mild exertion
- ☐ Depression, to the point of being bothersome
- ☐ Tendency to warm up slowly
- ☐ Constipation, despite adequate fiber and liquids
- ☐ Brittle nails that crack or peel easily
- ☐ High cholesterol despite good diet
- ☐ Frequent headaches, or migraines
- ☐ Irregular menstruation, severe PMS, ovarian cysts, or endometriosis
- ☐ Unusually low sex drive (libido)
- ☐ Red face with exercise
- ☐ Accelerated worsening of eyesight or hearing
- ☐ Palpitations or uncomfortably noticeable heartbeat
- ☐ Difficulty in drawing a full breath, for no apparent reason
- ☐ Mood swings, especially panic, anxiety or phobia
- ☐ Gum problems
- ☐ Mild choking sensation or difficulty swallowing
- ☐ Excessive menopause symptoms, not well relieved with estrogen
- ☐ Major weight gain
- ☐ Aches and pains of limbs, unrelated to exertion
- ☐ Skin problems of adult acne, eczema, or severe dry skin
- ☐ Vague and mildly annoying chest discomfort
- ☐ Feeling off balance
- ☐ Infertility
- ☐ Annoying burning or tingling sensations that come and go
- ☐ Colder than people around you
- ☐ Difficulty in maintaining standard weight with a sensible food intake
- ☐ Problems with memory, focus, or concentration
- ☐ More than usual hair loss
- ☐ Difficulty in maintaining stamina throughout the day

Scoring for Category 1: Give yourself 5 points for "Significant Fatigue" and one point for each additional "Yes"

Score for Category 1: _____

Category 2 – Related Conditions

Have you ever had:

- ☐ **Any of the following auto-immune disorders: diabetes, rheumatoid arthritis, lupus, sarcoidosis, scleroderma, Sjogren's syndrome, biliary cirrhosis, myasthenia gravis, MS, Crohn's, ulcerative colitis, thrombocytopenia (decreased blood platelets).**
- ☐ Prematurely grey hair
- ☐ Anemia, especially of the B12 deficiency type
- ☐ Dyslexia
- ☐ Persistent unusual visual changes
- ☐ Rapid cycle bipolar disorder
- ☐ Raynaud's syndrome (white or blue discoloration of fingers or toes when cold)
- ☐ Mitral valve prolapse
- ☐ Carpal tunnel syndrome
- ☐ Persistent tendonitis or bursitis
- ☐ Atrial fibrillation
- ☐ Alopecia (losing hair, especially in discrete patches)
- ☐ Calcium deficiency
- ☐ ADD
- ☐ Vitligo (persistent large white patches on skin)
- ☐ Neck injury, such as whiplash or blunt trauma

Scoring for Category 2: Give yourself 5 points for autoimmune illness and one point for each additional "yes" answer.

Score for Category 2: _____

Category 3 – Family History

Have any of your blood relatives ever had:

- ☐ **High or low thyroid, or thyroid goiter**
- ☐ Prematurely grey hair
- ☐ Complete or partial left-handedness
- ☐ Diabetes
- ☐ Rheumatoid arthritis
- ☐ Lupus
- ☐ Sarcoidosis
- ☐ Scleroderma,
- ☐ Sjogren's syndrome
- ☐ Biliary cirrhosis
- ☐ Myasthenia gravis
- ☐ MS
- ☐ Crohn's
- ☐ Ulcerative colitis
- ☐ Thrombocytopenia (decreased blood platelets)

Scoring for Category 3: Give yourself 5 points for a thyroid problem in the family and one point for each "yes" answer.

Score for Category 3: _____

Category 4 – Physical Signs

Have you or your doctor observed any of the following:

- ☐ **Low underarm (basal) temperature in early morning (average of less than 97.8 degrees Fahrenheit over 7 days or oral temperature between 10AM-3PM less than 98.6)**
- ☐ Slow movements, slow speech, slow reaction time
- ☐ Muscle weakness
- ☐ Thick tongue (seemingly too big for mouth)
- ☐ Swelling of feet
- ☐ Swelling of eyelids or bags under eyes
- ☐ Decreased color of lips or yellowing of skin
- ☐ Swelling at base of neck (enlarge thyroid gland)
- ☐ Asymmetry, lumpiness, or other irregularity of thyroid gland
- ☐ Swelling of face
- ☐ Excess earwax
- ☐ Dry mouth and/or eyes
- ☐ Noticeably cool skin
- ☐ Excessively dry or coarse skin
- ☐ Especially low blood pressure
- ☐ Decreased ankle reflexes or normal reflexes with slow recovery phase
- ☐ Noticeably slow pulse rate without having exercise regularly
- ☐ Loss of outer one-third of eyebrows

Scoring for Category 4: Give yourself 5 points for low basal temperature and one point for each additional "yes" answer.

Score for Category 4: _____

Total Score for All Four Categories: 0_____

Score Interpretation
15 points – very suspicious for low thyroid **20 points** – likely to indicate low thyroid **25 or more** – very likely to indicate low thyroid