



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.

One column in the questionnaire below is titled "Past" and one "Now". The past refers to your life before the date you entered under "The Last Time I Felt Well". If you cannot determine a specific date, then pick a relative time after which your symptoms seemed to noticeably worsen. Write this date at the top of the "Past" column so you do not forget it. All responses in the "Past" column will be about how you felt before that date. The "Now" column is not necessarily about today, but about how you feel generally now, in this present time frame or since the date you entered at the top of the "Past" column.

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 of diseases. |
| | _____ | _____ | Total |

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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.*
	_____	_____	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.

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- 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).
- 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).

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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
_____ **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 _____
_____ **Total**

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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

Name of Section	Total Answered	
	Past	Now
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		

Total Points:

This part of the scoring adds up the actual numbers (0, 1, 2, or 3) you put beside the questions when you were answering the questionnaire. Add these numbers for each column in each section and enter them

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into the appropriate boxes in the chart below. Then, sum each column to get the Total-Points – Now scores. Enter these totals in the bottom 2 boxes to complete this part of the scoring.

Total Points

Name of Section	Total Points	
	Past	Now
Key Signs & Symptoms Total Points possible = 93		
Energy Patterns Total Points possible = 39		
Frequently Observed Events Total Points possible = 60 for men, 66 for women		
Food Patterns Total Points possible =27		
Aggravating Factors Total Points possible = 30		
Relieving Factors Total Points possible = 12		
Total Points = SEVERITY		
Grand Total – Total Number of Questions Answered with Above 0		
SEVERITY INDEX = Total Points Divided by Total Questions Answered Above 0		
Asterisk Total – Total Points Questions Marked with *		

Interpreting the Questionnaire

The questionnaire is a valuable tool for determining IF you have adrenal fatigue and, if you do, the SEVERITY of your syndrome. Of course, the accuracy of its interpretation depends upon 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 do have are severe. Others experience a great number of symptoms, but most of their symptoms are relatively mild. This is why there are two kinds of scores to indicate adrenal fatigue.

Total Number of Questions Answered with a Number Above 0: This gives you a general “Yes or No” answer to the question, “Do I have adrenal fatigue?” First look at your “Grand Total – Total Number of Questions Answered Above 0” scores in the first scoring chart. The purpose of this score is to see the total number of signs and symptoms of adrenal fatigue you have. There are a total of 87 questions for men and 89 questions for women in the questionnaire. If you responded with a number above “0” 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 have responded affirmatively 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

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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 for men and 267 for women. If you scored under **40**, you either have only slight adrenal fatigue or none at all. If you scored between **44-87** for men or **45-88** for women, then overall you have a mild degree of adrenal fatigue. This does not mean that some individual symptoms are not severe, but overall your symptom picture reflects mildly fatigued adrenals. If you scored between **88-130** for men or **89-132** for women, your adrenal fatigue is moderate. If you scored above **130** for men or **132** for women, then consider yourself to be suffering from 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 ones for you to watch as indicators as you improve. Seeing which sections stand out will also be helpful in developing your own recovery program.

Severity Index: The Severity Index is calculated by simply dividing the total points by the total number of questions you answered in the affirmative. It gives an indication of how severely you experience the signs and symptoms, with **1.0-1.6** being mild, **1.7-2.3** being moderate, and **2.4** on up being severe. This number is especially useful for those who suffer from only a few of these signs and symptoms, but yet are considerably debilitated by them.

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 hypoadrenia. It is a good sign you are recovering, but you will still want to read the following chapters 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. Now complete the section below before you finish reading the rest of the book.

Asterisk Total:

Finally, add the actual numbers you put beside the questions marked by asterisks (*) for the “Now” column. If this total is more than **9**, you are likely suffering from a relatively severe form of adrenal fatigue. If this total is more than **12**, and you answer **yes** to more than **2** of the questions below, you have many of the indications of true Addison’s disease and should consult a physician in addition to doing the things in this book.

Answer the following questions only if you scored more than 12 on the questions marked with an asterisk (*).

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

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- _____ I have frequent unexplained diarrhea.
- _____ I have increased darkening around the bony areas, at folds in my skin, scars, and the creases in my joints.
- _____ I have light colored patches on my skin where the skin has lost its usual color.
- _____ I easily become dehydrated.
- _____ I have fainting spells.

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. This section also leads into a following section that explores in more depth how your adrenal fatigue developed.

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