

A pre-determinate prior to addressing any other health condition.

Mail back a \$35.00 Payment for result to your test.

Adrenal Questionnaire by Dr. James L. Wilson, N.D., D.C., PH.D.

Name: _____ Age: _____ M / F Today's Date: _____

Number each statement in the columns below:

0 = Never/Rarely 1 = Occasionally/Slightly 2 = Moderate in Intensity or Frequency 3 = Intense/Sever or Frequent

I have not felt well since _____ when _____

(date) (describe event , if any)

I have not felt well since _____ when _____

(date) (describe event , if any)

I have not felt well since _____ when _____

(date) (describe event , if any)

I have not felt well since _____ when _____

(date) (describe event , if any)

I have not felt well since _____ when _____

(date) (describe event , if any)

I have not felt well since _____ when _____

(date) (describe event , if any)

I have not felt well since _____ when _____

(date) (describe event , if any)

Predisposing Factors

Past Present

- 1. _____ _____ I have experience long periods of stress that have affected my well-being.
- 2. _____ _____ have had one or more severely stressful events that have affected by 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 post-traumatic distress syndrome.
- 12. _____ _____ I suffer from anorexia.*
- 13. _____ _____ I have one or more chronic illnesses disease.

Total

Number each statement in the columns below:

0 = Never/Rarely

2 = Moderate in Intensity or Frequency

1 = Occasionally/Slightly

3 = Intense/Sever or Frequent

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 light headed 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 slepp.*
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 (I get swollen glands on my neck.)
31. _____	_____	I Have times of nausea and vomiting for no apparent reason.*
_____	_____	Total

Adrenal Questionnaire by Dr. James L. Wilson, N.D., D.C., PH.D.

Name: _____ Age: _____ M / F Today's Date: _____

Number each statement in the columns below:

0 = Never/Rarely 1 = Occasionally/Slightly 2 = Moderate in Intensity or Frequency 3 = Intense/Sever or Frequent

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 10:00 AM).
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 3:00-5:00 PM.
7. _____	_____	I get low energy, moody or foggy if I do not eat regularly.
8. _____	_____	I usually feel best after 6:00 PM.
9. _____	_____	I am often tired at 9:00-10:00 PM, but resist going to bed.
10. _____	_____	I like to sleep late in the morning.
11. _____	_____	My best, most refreshing sleep often comes between 7:00-9:00 AM.
12. _____	_____	I often do my best work late at night (early in the morning.).
13. _____	_____	If I don't go to bed by 11:00 PM, I get a second burst of energy around 11:00 PM, often lasting until 1:00-2:00 AM.
. _____	_____	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 pain in the muscles on the sides of my neck.
11. _____	_____	I have insomnia or difficult sleeping.
12. _____	_____	I have fibromyalgia.
13. _____	_____	I suffer from asthma.
14. _____	_____	I suffer from hay fever.
15. _____	_____	I suffer from nervous breakdowns.
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.

Number each statement in the columns below:

0 = Never/Rarely 1 = Occasionally/Slightly 2 = Moderate in Intensity or Frequency 3 = Intense/Sever or Frequent

Frequently Observed Events ...continued

- | Past | Now | |
|-------------|------------|--|
| 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 2 question are for women only

- | Past | Now | |
|-------------|------------|---|
| 21. _____ | _____ | I have increasing symptoms of premenstrual syndrome (PMS) such as cramping, 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 startup 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, 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 |

Aggravation 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 regular times. |
| _____ | _____ | Total |

Adrenal Questionnaire by Dr. James L. Wilson, N.D., D.C., PH.D.

Name: _____ Age: _____ M / F Today's Date: _____

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

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

_____ Genitals

_____ Around nipples

_____ 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.

Ask to See the second section:

Ask to See the third section:

Ask to See the fourth & final section:

Scoring and Interpretation of Questions

Health History Timeline

Helping Yourself Back to health.

Available @: "Joni Lund – Trading Post", "Northern Plains Health Institute" 1295 1st ST S, Carrington, ND 58421-1905

Self-help observations to see if you suspect Your thyroid function may be low. **(Hypothyroidism ?).**

-
1. Your Basal body temperature, taken before rising in the morning, is below 98.2F (oral) or 97.2F (underarm).
 2. Your stamina or capacity does not improve with increased exercise. Typically with repeated exercise your stamina and strength increase., **even if you have adrenal fatigue.**
 3. At 9:30 PM you hit a wall and are ready for bed but there is no 11:00 PM second wind (as is often the case with pure adrenal fatigue).
 4. Reaction time is slightly slower than you know it should be when you drive a car, engaging in sports or operation equipment.
 5. You gain weight easily, especially around your hips and thighs, even when eating the right foods in normal portions.
 6. The outside of your eyebrows are much thinner than normal. Disappearing.
 7. You feel sluggish and not fully awake much of the day. (Those with pure adrenal fatigue usually feel awake by 10:00 AM, or if not by 10:00 Am, after the noon meal.)
 8. Your energy does not noticeably improve after your evening meal or after 6:00 PM.
-

If you approximately half of the indicators, then you may have a low thyroid component to your adrenal fatigue.

-
1. Check the relationship between your thyroid and hypothalamus/pituitary/adrenal system.
 2. 2. Nutritional supplements.
 3. 3. Limit your body burdens. Stress is #1, Poor nutrition, Sleep & work habits, physical exertions,
 4. Ankle swelling is not a deceasationary factor by itself.
-

Low Adrenal cortisol levels:

1. Possible low blood pressure
2. Excess white blood cells esp. lymphocytes.
3. Excessive inflammation or redness
4. Hypoglycemia – low blood sugar Often at these times: 10:00AM, 2:00 PM, between 3-4:00 PM. 60% staggering from low blood sugar go on to become diabetics.
5. Often sugar cravings.
6. Can have salt cravings (low aldosterone)

By the end of the day the person can feel nearly exhausted without having done anything. Might take an entire evening or weekend to recover from this daily/weekly roller coaster ride. Like driving with brakes and accelerator pushed to the floor at the same time.
