

ADRENAL STRESS ASSESSMENT

Date:

Patient Name:

Date of Birth:

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:

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

 Score **B.** Dietary Considerations:

	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.
	am chronically tired and fatigued and the tiredness is not usually relieved by sleep.
	am less productive at work.
	am nervous and shake when under pressure.
	am often cold.
	don't think as clearly as I used to.
	feel depressed and hopeless.
	frequently have swollen lymph nodes in my neck.
	get lightheaded or dizzy when rising rapidly from a sitting or lying position.
	have become allergic or have increased frequency or the severity of allergic reactions.
	have felt very tired and listless and have lost weight without reason.
	have less ability to handle stress and pressure.
	have low blood pressure.
	have many unexplained fears and anxieties.
	have often had headaches of unknown origin.
	often become hungry, confused, shaky or somewhat paralyzed under stress.
	often feel unwell.
	sometimes feel as if I gray-out or black-out.
	sometimes feel weak all over.
	suffer from nervous stomach, indigestion, irritable bowel in a tense situation.
	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"
y	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:

I feel fatigued rather than energetic.
People annoy me by telling me, "You don't look so good lately."
am experiencing increased physical aches, pains, headaches and colds.
am increasingly cynical and disillusioned.
am more irritable.
am more short-tempered.
am seeing family members and friends less frequently.
am too busy to do routine things like make phone calls or send cards to friends.
am unable to laugh at jokes about myself.
am working harder but accomplishing less.
feel disoriented at the end of the day.
forget appointments, deadlines or personal possessions more often than before.
frequently experience unexplained sadness.
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

	Aggressive behavior
	Anxiety attacks
	Black-outs
	Confusion
	Cravings
	Depression
	Excessive day dreaming
	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

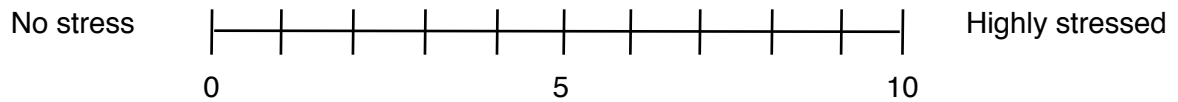
Score **K**. Physical Indications of Food and Environmental Sensitivities: I experience the following physical symptoms

	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
	sweating
	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

Grade how well you sleep



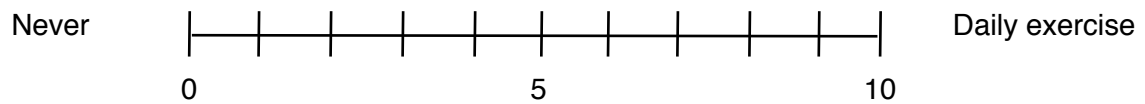
Grade your stress levels at work



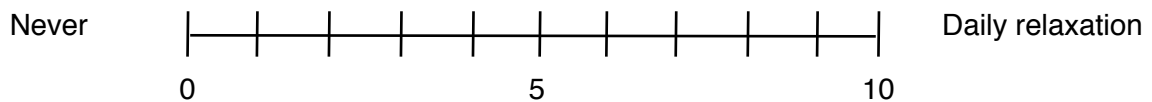
Grade your stress levels outside of work



How much do you exercise?



Do you relax, meditate, visualise quietly?



On average how many times do you eat / drink the following:

Glasses of water Per day:

Coffee / tea Per day:

Red meat Per week:

Fruit and veg Per day:

Chicken Per week:

Oily fish Per week:

Milk Per day:

Wheat bread / pasta Per day:

Sugar, cakes, fizzy drinks Per day: