

ADRENAL STRESS QUESTIONNAIRE

Patient Name _____	Phone _____
DOB _____ Age _____ Weight _____	Work Phone _____
Address _____	Physician _____
City, State, Zip _____	Physician Phone _____

Pharmacy Name _____ Life-Span Counselor _____

These questions focus on adrenal related problems. It is advised to take the stress questionnaire for a full evaluation of stress.

INSTRUCTIONS: To obtain score, multiply points in column 1 by duration in column 2. Multiply by .5 if less than 1 year and by 2 if more than one year.

Indicator	Points	Duration		Score
		Less than 1 year	1 year or longer	
Alcohol intolerance	6			
Allergies and sensitivities	7			
Chronic pain	10			
Chronic inflammation	10			
Crave sweets	7			
Dry, thin skin	10			
Excessive fatigue	10			
Food allergies and sensitivities	7			
Headaches	6			
Heart palpitations	5			
Mental depression	8			
Nervousness/irritability	9			
Poor concentration	8			
Poor memory	5			
Premenstrual tension/syndrome	8			
Total Score:				

SCORE KEY:

<i>Total Points</i>	<i>Indication</i>
40 or less:	Adrenal Stress related problem is a minimal probability
41-60:	Adrenal Stress related problem is moderate probability
61 and above:	Adrenal Stress related problem is a high probability