

Portage Pharmacy Consulting Services

7966 Lovers Lane • Portage, MI 49002 • Phone (269)492-7157 • Fax (269)492-9669 • consulting@portagepharmacy.com

Adrenal Fatigue

What is Adrenal Fatigue?

Adrenal Fatigue is known as a syndrome that results when the adrenal glands function at a suboptimal level. It can affect people of all ages, occupations, races, and social and economic groups. It may also contribute to various aspects of aging.

Adrenal Fatigue, though common, is routinely overlooked and if recognized, is seldom addressed.

If you experience any of the following symptoms, you may be suffering from adrenal fatigue.

- ◆ Do you tire easily?
- ◆ Do you feel fatigued rather than energetic?
- ◆ Are people telling you "you don't look so good lately?"
- ◆ Do you feel like you are working harder but accomplishing less?
- ◆ Do you often experience unexplained sadness?
- ◆ Are you forgetting appointments, deadlines, or personal possessions more frequently?
- ◆ Have you become more irritable?
- ◆ Are you more short-tempered?
- ◆ Are you more disappointed with people around you?
- ◆ Do you see family members and close friends less frequently?
- ◆ Are you too busy to do even routine things like make phone calls, read, etc?
- ◆ Do you feel disoriented when the activity of the day comes to a halt?
- ◆ Are you unable to laugh at a joke about yourself?

Please complete the following comprehensive questionnaire to allow us to do a preliminary assessment on the potential state of your adrenal system. Further evaluation may be recommended on an individual basis if needed.

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Adrenal Fatigue Questionnaire

Name:

Date of Birth:

Date:

How were you referred to Portage Pharmacy's Consulting Services?

Instructions: Please enter the appropriate numeric response to each statement in the columns below. When done correctly, you will have 2 answers for each question. The response in the past column should be based on a time period in which you last remembering feeling well. Think back to the last time you felt well and respond accordingly. The response in the now column should be based on how you feel now on a day to day basis. If a statement does not apply to you, enter 0 or leave blank.

0 = Never/Rarely

1 = Occasionally/Slightly

2 = Moderate in Intensity or Frequency

3 = Intense/Severe or Frequent

I have not felt well since (date) _____ when (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 and/or drug abuse.
9	_____	_____	I have environmental sensitivities.
10	_____	_____	I have diabetes.
11	_____	_____	I suffer from posttraumatic distress syndrome.
12	_____	_____	I suffer from anorexia. *
13	_____	_____	I have one or more other chronic illnesses or diseases.
	_____	_____	Total

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 do not 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 or 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 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, and 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.

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- | | | | |
|----|-------|-------|---|
| 17 | _____ | _____ | My hands and legs get restless or 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. |
| 28 | _____ | _____ | I have feelings of hopelessness or despair. |
| 29 | _____ | _____ | I have decreased tolerance and I am more irritable. |
| 30 | _____ | _____ | The lymph nodes in my neck are frequently swollen (I get swollen glands in my neck). |
| 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. |
| 2 | _____ | _____ | I am easily fatigued. |
| 3 | _____ | _____ | I have difficulty getting up in the morning. |
| 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 3:00-5:00pm. |
| 7 | _____ | _____ | I get low energy, moody or foggy if I do not eat regularly. |
| 8 | _____ | _____ | I usually feel my best after 6:00pm. |
| 9 | _____ | _____ | I am often tired at 9-10:00pm, but resist going to bed. |
| 10 | _____ | _____ | I like to sleep late in the morning. |
| 11 | _____ | _____ | My best, most refreshing sleep often comes between 7:00-9:00am. |
| 12 | _____ | _____ | I often do my best work late at night (early in the morning). |
| 13 | _____ | _____ | If I do not go to bed by 11:00pm, I get a second burst of energy around 11:00pm, often lasting until 1:00-2:00am. |
| | _____ | _____ | 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 pains in the muscles on the sides of my neck. |
| 11 | _____ | _____ | I have insomnia or difficulty sleeping. |
| 12 | _____ | _____ | I have been diagnosed with 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 and/or frequent or diverse). |

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- 17 _____ The fat pads on 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 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 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).
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.
_____ 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, and chocolate) to drive myself. |
| 5 | _____ | _____ | I often crave salt and/or foods high in salt. |
| 6 | _____ | _____ | I feel worse if I eat high potassium foods (bananas, figs, and 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 | _____ | _____ | 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 irregular times. |
| | _____ | _____ | Total |

Relieving Factors

- 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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ADDITIONAL QUESTIONS: (Please answer, even if repetitive. Thank you).

1. Are you currently taking any medications? If yes, please list:
2. Are you currently taking any supplements? If yes, please list:
3. Do you currently have any existing medical conditions? If yes, please list:
4. Are you allergic to any medications? If yes, please list:
5. Do you have environmental allergies (dust, mold, chemicals, etc.)? If yes, please list:
6. Do you have a history of thyroid disease?