

Dr. Wilson's Adrenal Fatigue Questionnaire

This questionnaire was developed by Dr. James L. Wilson and Dr. Leo Roy, and was used in Dr. Wilson's practice for over two decades to help determine a patient's level of adrenal fatigue. Although Dr. Wilson found this questionnaire extremely useful, it has not been formally tested for reliability and validity, and the author assumes no responsibility for its use or accuracy. Dr. Wilson's permission has been given to health care professionals to use this questionnaire in their private practices.

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)

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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

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#### 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 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 sever, frequent, or diverse).
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- 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).
- 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