

Adrenal Questionnaire

Today's Date: _____ Name: _____

Instructions: Please enter the appropriate number for each question:

0 = Never / Rarely; 1 = Occasionally/Slightly;

2 = Moderate in Intensity or Frequently; 3 = Intense / Severe or Frequent

I have not felt well since _____ when _____
(date) (describe event, if any)

Predisposing Factors

Past Now

- ____ ____ I have experienced long periods of stress that have affected my well being.
- ____ ____ I have had one or more severely stressful events that have affected my well being.
- ____ ____ I have driven myself to exhaustion.
- ____ ____ I overwork with little play or relaxation for extended periods.
- ____ ____ I have had extended, severe or recurring respiratory infections.
- ____ ____ I have taken long term or intense steroid therapy.
- ____ ____ I tend to gain weight, especially around the middle (spare tire).
- ____ ____ I have a history of alcoholism and/or drug abuse.
- ____ ____ I have environmental sensitivities.
- ____ ____ I have diabetes (type II, adult onset, NIDDM).
- ____ ____ I suffer from post – traumatic distress syndrome.
- ____ ____ I suffer from anorexia.
- ____ ____ I have one or more other chronic illnesses or diseases.

Energy Patters

Past Now

- ____ ____ I often have to force myself in order to keep going. Everything seems like a chore.
- ____ ____ I am easily fatigued.
- ____ ____ I have difficulty getting up in the morning (don't really wake up until 10am).
- ____ ____ I suddenly run out of energy.
- ____ ____ I usually feel much better and fully awake after the noon meal.
- ____ ____ I often have an afternoon low between 3:00-5:00 PM.
- ____ ____ I get low energy, moody or foggy if I do not eat regularly.
- ____ ____ I usually feel my best after 6:00 PM.
- ____ ____ I am often tired at 9:00-10:00 PM, but resist going to bed.
- ____ ____ I like to sleep late in the morning.
- ____ ____ My best, most refreshing sleep often comes between 7:00-9:00 AM.
- ____ ____ I often do my best work late at night (early in the morning).
- ____ ____ 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.

Patient Name: _____

Thyroid Questionnaire

Today's Date _____ **Name:** _____

Please check which box most correctly describes your symptoms.

SYMPTOMS	ABSENT	MILD	MODERATE	SEVERE
Depression				
Weight Gain				
Cold Extremities				
Cold Intolerance				
Feet Chilly				
Dry Hair				
Brittle Hair				
Dry Skin				
Eczema				
Acne				
Puffy Eyelids/Face				
Brittle Nails				
Menorrhagia				
Constipation				
Mentally Sluggish				
Headache				
Insomnia				
Early Morning Fatigue				
Late Morning Fatigue				
Evening Fatigue				
Muscle Cramps				
Low Sex Drive				

When did symptoms start?

Any family history of any thyroid disease? Please list whom and what type (goiter, hypothyroidism, Graves Disease, Hashimoto's Disease).
