



ADRENAL QUESTIONNAIRE

Patient Name: _____ Date: _____

Address: _____ Date of Birth: _____

City, State, Zip: _____ Home#: _____

Gender (circle one): MALE FEMALE Work#: _____

Primary Care Physician: _____ Referring Physician: _____

Although your history and symptoms are very important in our analysis of your condition, it is also important for us that you understand:

- We do not treat symptoms, illness, conditions or diseases.
- This is not a treatment for allergies, this does not diagnose allergies or relieve allergies
- A symptom is an attempt by your body to tell you something.
- We identify substances that may cause stress on the body and work to reduce substance specific stress using a combination of Low Level Light Therapy, Acupoint Stimulation, Homeopathy, Nutrition and Energetic Information to help bring the body back into balance
- We do not use drugs in this program.
- There is no single method that will work for everyone but this integrative approach can help increase your core level energy, boost your immune system and help your body better deal with substance stressors leading to a higher quality of life
- Just because certain substances are considered "healthy" or "safe", this does not mean they are appropriate, "healthy" or "safe" for you.
- Your diet and environment consists of everything you eat, drink, rub on your skin, or inhale
- Our procedures are safe, non-invasive and painless.
- If you suffer from anaphylaxis, we recommended you consult your primary care physician for medical treatment appropriate for you.
- If you believe you suffer from allergies, we recommend you consult with your general practitioner, immunologist or board certified allergist before seeking alternative care.

Adrenal Questionnaire

You regularly eat a nutritious breakfast?	
You regularly get 8 hours sleep and get to sleep before 11:00 p.m.?	
Feeling Fatigue in the morning despite sufficient hours of sleep - difficult to get up in the morning like normal - even when you are a "morning person" ...	
Feeling Fatigue in the afternoons between 3-5 p.m.	



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Feeling more energetic in the late afternoon and early evening.	
Insomnia/Irregular sleep - Fatigued at night but still waking up often.	
Weight gain and can't lose it, especially around the waist.	
Depression for not particular reason as well as for particular reasons.	
Hair Loss	
Acne	
Reliance on stimulants like caffeine & cookies	
Cravings for carbohydrates or sugars	
Poor immune function	
Inlerance to cold	
Hypersensitivity to light/sound/touch/odors (for example the sound of the bathroom fan just drives me nuts - the car radio may sound generally annoying when it used to be enjoyable.)	
Poor Memory/Fog/Memory lapses/Difficulty Concentrating.	
Reduced sex drive	
Constipated	
Feel easily - often overwhelmed	
Recurrent Candida infections	
Increased frequency of urination	
High frequency of getting the flu and other respiratory diseases and these symptoms tend to last longer than usual.	
Tendency to tremble when under pressure	
Crave for salty, fatty, and high protein food such as meat and cheese.	
Increase symptoms of PMS for women; period are heavy and then stop, or almost stopped on the 4th day, only to start flow again on the 5th or 6th day.	
Pain in the upper back or neck with no apparent reasons.	
Feels better when stress is relieved, such as on a vacation.	
Cold Extremities	
Poor Digestion/Gas/Heartburn	
Panic Attacks	
Impotency & Erectile Dysfunction	
Bed Wetting	



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Rheumatoid Arthritis	
Post-nasal drip	
Thymus gland dysfunction	
Heart Palpitations	
Hepatitis C	
Lupus	

Adrenal Score Card

Give each question a numerical value of 0-4

0 never, 1 rarely, 2 sometimes, 3 often and 4 always, Add 1 additional point if condition is severe

1. I feel fatigued even after a good night's sleep _____
 2. I have low tolerance to cold _____
 3. My body temperature is below 98.6 _____
 4. I have poor circulation _____
 5. I have low blood sugar (hypoglycemia) _____
 6. I have food and/or inhalant allergies _____
 7. I suffer from depression and/or apathy _____
 8. I have low stamina and/or endurance _____
 9. I have low resistance to infections _____
 10. My self esteem is low due to low energy _____
 11. I have joint and muscle aches and pains _____
 12. I have poor digestion _____
 13. I have a tendency toward constipation _____
 14. I need more than eight hours of sleep to feel rested _____
- Total points _____



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Answer Key:

Less than 10 points indicates the adrenals are not overly stressed or the individual handles stress well

10-15 points indicates the adrenals are moderately stressed and the patient may benefit from an adrenal regeneration program

16-20 points indicates the adrenals are being pushed too hard and the patient would benefit from an adrenal regeneration program

Over 21 points indicates the patient is probably in adrenal fatigue and the patient's health is at risk if you do not implement a stress reduction and adrenal regeneration program