

## ADRENAL STRESS QUESTIONNAIRE

Patient Name			Phone	
DOB	Age	Weight	Work Phone	
Address			Physician	
City, State, Zip			Physician Phone	
Pharmacy Name		Li	fe-Span Counselor	

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

IINSTRUCTIONS: 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.

		Duration		
Indicator	Points	Less than 1 year	1 year or longer	Score
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:**

Total Points	Indication
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

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