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DO YOU HAVE ADRENAL FATIGUE?

A complete list of your current symptoms is necessary for your doctor to accurately diagnose and treat adrenal fatigue. You probably haven't gone to the same doctor your whole life, so you're the only person who has all the necessary historical information. Doctors generally have to try to piece together what's going on, and they're only as good as the information you give them. Take the information you compile in this evaluation with you when you go for your appointment.

The following questionnaire will help you determine whether you may be suffering from low adrenal hormone production and adrenal fatigue. You'll notice that a few of the symptoms of adrenal fatigue are similar to those of elevated levels of stress hormones. This is because many of the symptoms of excess cortisol remain even after your adrenals are making too little cortisol. With some symptoms, like inflammatory bowel disease, the inflammatory process, which began when the immune system was suppressed, can't be turned off because of insufficient levels of cortisol. Or with weight gain, for example, weight loss can't occur when cortisol levels are too low.

If you've checked off a number of symptoms on both questionnaires, you may wonder if there's any way to use this information to determine which is more likely to be your problem: too many adrenal hormones or too few. There is. Compare the number of symptoms you checked in each assessment. If most of your symptoms are on the list below, you probably had a period of adrenal hormone overproduction that led to adrenal fatigue and insufficient levels of these hormones.

Read the statements below, decide on the level of severity or frequency of each sign or symptom, and circle the number that most accurately reflects how that statement applies to you. Notice that the last ten symptoms have higher point values, as they're more significant. It's useful to fill out the questionnaire periodically so that you can assess your improvement, so you may want to make copies and leave this version blank.

0 = None or never

1 = Mild or occasionally

2 = Moderate or often

3 = Severe or always

At the bottom of each page, total up the points circled, then carry these totals forward to the end of the evaluation to get a total score.

- 0 1 2 3 I feel tired or fatigued.
- 0 1 2 3 My lips and face are pale.
- 0 1 2 3 I have cold sweats.
- 0 1 2 3 I tend to get anxious.
- 0 1 2 3 I get pain in my muscles and/or joints, including my neck, back, or groin.
- 0 1 2 3 I'm sensitive to heat.
- 0 1 2 3 I have dark circles under my eyes.
- 0 1 2 3 I drink more alcohol than I used to.
- 0 1 2 3 The lymph glands in my neck are swollen, painful, or tender.
- 0 1 2 3 I feel like I'm shivering or shaking inside.
- 0 1 2 3 I get moody and irritable.
- 0 1 2 3 I feel tired in the morning. I don't feel refreshed no matter how much sleep I've had.
- 0 1 2 3 I'm sensitive to environmental scents like perfume, chemicals, or air pollution.
- 0 1 2 3 I get respiratory infections that are hard to get rid of.
- 0 1 2 3 I have thin or scaly skin.
- 0 1 2 3 I seem to get sick more than other people and have a hard time bouncing back.
- 0 1 2 3 My cheeks or eyes look sunken.
- 0 1 2 3 I have the most energy after dinner and in the evening.
- 0 1 2 3 I have to drink coffee or other caffeinated beverages to keep going.
- 0 1 2 3 I feel like I'm going to faint.
- 0 1 2 3 I have abdominal pain, gas, or an upset stomach.
- 0 1 2 3 I panic and forget people's names.
- 0 1 2 3 I feel isolated and avoid social engagements.
- 0 1 2 3 Light bothers my eyes, and I'm uncomfortable when I don't wear sunglasses.
- 0 1 2 3 I can't take deep breaths.
- 0 1 2 3 My palms are cold and clammy.

Page total: _____

- 0 1 2 3 I crave sweets and chocolate.
- 0 1 2 3 I crave salty foods.
- 0 1 2 3 I'm sensitive to color, sound, and smells.
- 0 1 2 3 I smoke cigarettes more than I used to.
- 0 1 2 3 I get hissing sounds in my ears.
- 0 1 2 3 I get angry easily, and it takes me a long time to recover afterward.
- 0 1 2 3 I have brain fog and can't concentrate.
- 0 1 2 3 I don't like to talk to people or do any of the things I used to enjoy.
- 0 1 2 3 I have signs of dehydration, such as sharp wrinkles, and my skin forms stiff folds when I pinch it.
- 0 1 2 3 I have a hard time making sense out of things and feel like I'm not as smart as I used to be.
- 0 1 2 3 I have very little body hair.
- 0 1 2 3 I'm losing weight in my face; it's gotten thin.
- 0 1 2 3 I wake up at night and have a hard time breathing.
- 0 1 2 3 I have heart palpitations, particularly when I lie down at night.
- 0 1 2 3 My muscles are weak and stiff.
- 0 1 2 3 I have darker pigmentation at my temples, and I have red palms or fingertips.
- 0 1 2 3 I can't lose the weight I've gained around my waist.
- 0 1 2 3 I feel better when I'm lying down.
- 0 1 2 3 I have thin muscles no matter how much exercise I get.
- 0 1 2 3 I have crowded lower teeth and a high palatal arch (the roof of the mouth).
- 0 1 2 3 I have pain and tenderness in my mid back area when pressure is applied.
- 0 1 2 3 I have either very frequent urination in small amounts or infrequent in large amounts.
- 0 1 2 3 I can't fall asleep; I lie awake for hours.
- 0 1 2 3 I have a weak or slow pulse.
- 0 1 2 3 I crave refined carbohydrates, like white bread and pasta.
- 0 1 2 3 My memory is getting bad.

- 0 1 2 3 I don't sweat much.
- 0 1 2 3 My ankles and/or fingers swell.
- 0 1 2 3 I don't have much of an appetite anymore.
- 0 1 2 3 I tend to get respiratory infections.
- 0 1 2 3 I get PMS (premenstrual syndrome).
- 0 1 2 3 I startle easily at loud sounds.
- 0 1 2 3 Eating sweets makes me feel better.
- 0 1 2 3 I take things too seriously and get defensive easily.
- 0 1 2 3 When standing from sitting or from lying down, I feel light-headed or dizzy.
- 0 1 2 3 I have chronic infections like urinary tract infections or frequent colds, and have a hard time getting over them.

For the rest of the questions, circle 0 for no or the number on the right for yes.

- 0 5 When standing from sitting or from lying down, I feel light-headed or dizzy.
- 0 5 I feel ill or shaken after stressful events; I feel like I can't handle stress.
- 0 10 I have low blood pressure, and it drops further when I go from sitting to standing.
- 0 10 I have hypoglycemia.
- 0 20 I have asthma.
- 0 20 I have arthritis.
- 0 20 My skin has gotten darker as if I have a tan, but I haven't been in the sun.
- 0 20 I have low thyroid function, but when I tried thyroid medication it didn't work or I felt worse.
- 0 20 I have an autoimmune disease.
- 0 20 I have fibromyalgia.

Total Score: _____

Interpreting Your Results

If your total score is between 10 and 19, you may be in the early stage of adrenal fatigue.

If your score is between 20 and 30, you're probably suffering from adrenal fatigue, which may be starting to affect the function of other hormones as well.

If you scored over 30, your adrenal fatigue is potentially severe.

If your score is 10 or higher, schedule an appointment with your doctor for a thorough adrenal evaluation, including testing blood levels of adrenal hormones.