

# GENERAL INFORMATION

## STRESS EVALUATION QUESTIONNAIRE

Name \_\_\_\_\_ Age \_\_\_\_\_  Male  Female Date \_\_\_\_\_

**The Adrenal Stress Index test (ASI)** will help differentiate and identify the nature of the specific Adrenal dysfunction.

- 1 This questionnaire is a subjective assessment of stressors and related symptoms and complaints. The questions have assigned scores/point values. Add the scores of each section and return this paper to your doctor for evaluation.
- 2 If you score Moderate to High on Part A, answer yes once in Part B, and score 151 or more on Part C, Adrenal Stress Index test may be required.

### PART A

To obtain score, multiply points (column 1) by duration (column 2).

Adrenal Related Problems		Duration (years)	Score
<input type="checkbox"/> Excessive Fatigue	10	<input type="checkbox"/> 1/2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	_____
<input type="checkbox"/> Dry & thin skin	10	<input type="checkbox"/> 1/2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	_____
<input type="checkbox"/> Nervous / Irritability	9	<input type="checkbox"/> 1/2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	_____
<input type="checkbox"/> Low body temperature	8	<input type="checkbox"/> 1/2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	_____
<input type="checkbox"/> Premenstrual tension	8	<input type="checkbox"/> 1/2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	_____
<input type="checkbox"/> Inability to concentrate	8	<input type="checkbox"/> 1/2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	_____
<input type="checkbox"/> Mental depression	8	<input type="checkbox"/> 1/2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	_____
<input type="checkbox"/> Food allergies & sensitivities	7	<input type="checkbox"/> 1/2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	_____
<input type="checkbox"/> Craving for sweets	7	<input type="checkbox"/> 1/2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	_____
<input type="checkbox"/> Headaches	6	<input type="checkbox"/> 1/2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	_____
<input type="checkbox"/> Alcohol intolerance	6	<input type="checkbox"/> 1/2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	_____
<input type="checkbox"/> Poor memory	5	<input type="checkbox"/> 1/2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	_____
<input type="checkbox"/> Heart palpitations	5	<input type="checkbox"/> 1/2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	_____
Total Score			_____

- 30 or less: Minimal probability of Adrenal Axis-Stress related problem.
- 31 to 50: Moderate probability of Adrenal Axis-Stress related problem.  
ASI Test worth consideration.
- 51 and above: High probability of Adrenal Axis-Stress related problem.  
ASI Test recommended.

### PART B

- Do you have chronic pain:  Yes  No
- Do you have chronic inflammation:  Yes  No

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## STRESS EVALUATION QUESTIONNAIRE

### PART C

#### Social Readjustment Rating Scale\*

Circle YES or NO to each life event in this list that happened in the last twelve months. Upon completion, total the score and enter in box below.

LIFE EVENT	ANSWER		POINTS
Death of spouse	YES	NO	100
Divorce	YES	NO	73
Marital separation	YES	NO	65
Jail term	YES	NO	63
Death of close family member	YES	NO	63
Personal injury or illness	YES	NO	53
Marriage	YES	NO	50
Fired from work	YES	NO	47
Marital reconciliation	YES	NO	45
Retirement	YES	NO	45
Change in family members health	YES	NO	44
Pregnancy	YES	NO	40
Sex difficulties	YES	NO	39
Addition to family	YES	NO	39
Business readjustment	YES	NO	39
Change in financial status	YES	NO	38
Death of close friend	YES	NO	37
Change in line of work	YES	NO	36
Change in # of marital arguments	YES	NO	35
Mortgage or loan over \$10,000	YES	NO	31
Foreclosure of mortgage or loan	YES	NO	30
Change in work responsibilities	YES	NO	29
Son or daughter leaving home	YES	NO	29
Trouble with in-laws	YES	NO	29
Outstanding personal achievement	YES	NO	28
Spouse begins or stops work	YES	NO	26
Starting or finishing school	YES	NO	26
Change in living conditions	YES	NO	25
Revision of personal habits	YES	NO	24
Trouble with boss	YES	NO	23
Change in work hours, conditions	YES	NO	20
Change in residence	YES	NO	20
Change in schools	YES	NO	20
Change in recreational habits	YES	NO	19
Mortgage or loan under \$10,000	YES	NO	18
Change in sleeping habits	YES	NO	16
Change in eating habits	YES	NO	15
Vacation	YES	NO	13

POINTS TOTAL:

**150 or less** 37% chance of illness within the next two years.

**151 - 299** 50% chance of illness within the next two years.

**ASI test worth consideration.**

**300 or above** 80% chance of illness within the next two years.

**ASI test recommended.**

\* Holmes, TH and Rahe, RH Booklet for Schedule of Recent Experience (SRE)  
Seattle, University of Washington, 1967