NEWPORT LONGEVITY MEDICAL GROUP, INC.

Adrenal Health Questionnaire *

Please complete if requested by the staff and bring to your next scheduled appointment or fax to: (949) 721-9121.

Name: _____ **Date:** _____

(1 point for each yes)

	YES	NO
1. Do you frequently have a low body temperature? (<98 degrees F)	☐	☐
2. Are you easily irritated?	☐	☐
3. Do you have a poor memory or concentration?	☐	☐
4. Do you notice any palpitations?	☐	☐
5. Do you suffer from allergies or asthma?	☐	☐
6. Do you bruise easily or do wounds heal slowly?	☐	☐
7. Do you get frequent/chronic infections?	☐	☐
8. Do you have dry/thinning skin?	☐	☐
9. Do you get headaches?	☐	☐
10. Do you have unexplained hair loss?	☐	☐
11. Do you skip meals?	☐	☐
12. Do you exercise more than once a week?	☐	☐
13. Do you have thyroid problems?	☐	☐
14. Does your energy last all day?	☐	☐
15. Do you need caffeine in the morning or after lunch?	☐	☐

_____ Total Points: _____

(3 points for each yes)

	YES	NO
16. Are you emotionally overstressed?	☐	☐
17. Do you get tenderness across your lower back?	☐	☐
18. Do you suffer from depression or feeling "down"?	☐	☐
19. Do you have low blood pressure?	☐	☐
20. Do you experience a "second wind" (increased energy) at bedtime?	☐	☐
21. Do you experience recurrent or chronic inflammation?	☐	☐
22. Do you get light headed when sitting or standing up?	☐	☐

_____ Total Points: _____

(5 points for each yes)

	YES	NO
23. Do you suffer from chronic pain?	☐	☐
24. Do you have low blood sugar/hypoglycemia?	☐	☐
25. Do you suffer from insomnia?	☐	☐
(females)		
26. Do you experience symptoms of PMS?	☐	☐
(breast tenderness, abdominal cramping, heavy periods, mood swings)		
27. Are you peri-menopausal or menopausal?	☐	☐
(skipped periods, between 45-55 years old, hot flashes, vaginal dryness)		

_____

*Adapted from ARK