

Patient Name \_\_\_\_\_

**Thyroid Symptom Questionnaire**

Patient Date of Birth \_\_\_\_\_

This questionnaire helps determine the function of thyroid hormone in your body. It does not matter if you have had lab tests that say your thyroid is OK or that you may be taking prescription thyroid medication, you still may have problems with metabolism that directly relates to how thyroid hormone is functioning in your body.

**Scoring: enter the following score:**

10 – If this is a noticeable issue or significant problem

5 – If this is a problem, but not a major issue

2 – If this happens every now and then, but you don't notice it too much

0 – If you seldom or never have this issue. **Make sure to TOTAL ALL POINTS at the bottom right of chart.**

			10	5	2	0
<b>GENERAL</b>		Are you cold? Do your hands/feet feel cold a lot?				
		Are you overweight/obese? (10 if over 20 lbs, 5 if 10-19 lbs, 2 if 5-9 lbs)				
		Do you gain weight easily or struggle to lose weight?				
		Do you have abnormal cholesterol levels? (10 if over 250, 5 if 220-249, 2 if 201-219, OR 10 if under 140, 5 if 141-160) <b>Or elevated triglycerides?</b> (10 if >350, 5 if 250-349, 2 if 150-249)				
<b>MOOD</b> <b>LIBIDO</b>	WOMEN:	Are your moods noticeably worse with/near your menstrual cycle or transition?				
	MEN	Do you lack a morning erection? (never get one=10, sometimes=5, occasionally=2)				
		Do you struggle with depression in the winter/spring/fall?				
		Are you easily depressed, prone to depression, or feel less communicative or more withdrawn?				
		Does stress increase your irritability; keep you "on-edge" often?				
<b>FATIGUE</b> <b>SLEEP</b>		Are you always tired? Do you awaken tired?				
		Do you need a lot of sleep and then still not feel rested?				
		If you sit/slow down in the daytime, do you tend to doze/nap or lose your energy when you stop?				
		Does your energy suddenly drop in the afternoon?				
		Do you rely on caffeine or other stimulants to stay awake during your day?				
<b>SKIN/HAIR</b> <b>NAILS</b>		Are your eyebrows thinning on the outside portions?				
		Do you have dry/itchy skin? Do you have dry/brittle hair?				
		Are your elbows rough or scaly?				
		Is your hair falling out, thinning, or breaking? Have less body hair in general?				
<b>HEAD/NECK</b> <b>THROAT</b>		Are you prone to facial swelling, especially around the eyes, maybe more often in the morning?				
		Do you have frequent early morning headaches that generally improve over time?				
		Does your head feel heavy? Do you have "brain fog" or struggle with memory/concentrating?				
		Do you have a sore throat? Feel like your voice is hoarse or coarse?				
		Do you feel like your neck is swollen or feels full?				
<b>Stomach/digestion:</b>		Do you have reflux/poor appetite/constipation? Strain to have a BM?				
<b>Extremities:</b>		Do you get muscle cramps, charley horses, or general muscle weakness?				
		Do you have numbness in hands/feet or carpal tunnel syndrome?				

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