



Hypothyroidism Questionnaire

Do you have a Low Thyroid Function?

This questionnaire can be used to assess your symptoms and risks of developing hypothyroidism. Complete this questionnaire and bring us your results. A diagnosis of Hypothyroidism may require lab testing and physical exam that our doctors can evaluate.

A - Low Thyroid Function

Check off the symptoms that apply to you and add your total amount below.

- 1. Fatigue
- 2. Low Body Temperature
- 3. Weight Gain
- 4. Brain Fog
- 5. Hard to Concentrate
- 6. Difficulty Thinking
- 7. Poor Memory
- 8. Poor Short Term Memory
- 9. Slow Thinking
- 10. Depression
- 11. Moody & Irritable
- 12. Low Sex Drive
- 13. Restless Sleep
- 14. Outer Eyebrow Thinning
- 15. Hair Loss
- 16. Sensitive to Cold
- 17. Cold Hands & Feet
- 18. Slow Pulse
- 19. Low Blood Pressure
- 20. Less than 1 BM Daily
- 21. Dizziness or Poor Balance
- 22. Fluid Retention
- 23. Recurrent Headaches
- 24. Recurring Infections
- 25. Bags under Eyes
- 26. Bloating Face
- 27. Pasty, Puffy or Pale Skin
- 28. Decreased Body Hair
- 29. Enlarged Tongue
- 30. Teeth Imprints on Tongue
- 31. Thinning Eyelashes
- 32. Yellow Palms & Soles
- 33. Dry Skin
- 34. Skin itch in Winter
- 35. Decreased Sweating
- 36. Elevated Cholesterol
- 37. Sleep Apnea
- 38. Nasal Congestion
- 39. Hand & Feet Numbness
- 40. Hoarse Voice
- 41. Joint Stiffness & Pain
- 42. Muscle Aches

Total for Section A: _____

Calculate your Low Thyroid Symptom Score:

Add 8 to the Total for Section A.

Total for A _____ + 8 = _____ →

Take your **Low Thyroid Symptom Score** and evaluate your results in the chart given.

B- Risks Associated with Low Thyroid Function

Check off any risks that you may have based on health, family history, diet and lifestyle, gender specific that apply to you and add your total amount below.

- 1. Do you have auto-immune disease such as lupus, rheumatoid arthritis or sarcoidosis?
- 2. Have you ever been treated for any type of thyroid disease or thyroid condition?
- 3. Have you ever been on lithium or amiodarone?

Total for Section B: _____

C- More Risks

Check off any risks that you may have based on health, family history, diet and lifestyle, gender specific that apply to you and add your total amount below.

Diet & Lifestyle History

- 1. Have you ever smoked or used tobacco?
- 2. Have you ever taken iodine supplements with 1,000 mcg (1 mg) or more of iodine?
- 3. Do you avoid eating **ALL** of these foods: salt, seafood, dairy and seaweed?
- 4. Do you often eat raw brussel sprouts, broccoli, cabbage, cauliflower, kale, kohlrabi, millet, radishes, rutabagas, soy or turnips? Family History (Genetically related parents, grandparents, siblings, cousins, aunts and uncles.)
- 5. Does any family member have auto-immune disease such as Lupus, Rheumatoid Arthritis or Sarcoidosis?
- 6. Has a family member had thyroid disease?

Women Only

- 7. PMS, PMDD, or PCOS
- 8. Excessive Menstrual Bleeding
- 9. Have you been pregnant at least once?
- 10. Have you ever had a miscarriage?
- 11. Are you 40 years of age or older?

Men Only

- 12. Erectile Dysfunction
- 13. Gynecomastia (enlarged breasts)
- 14. Are you 50 years of age or older?

Total for Section C: _____

Calculate your Low Thyroid Risk Score:

1) Multiply Section B Total by 10. B X 10 = _____.

2) Multiply Section C Total by 5. C X 5 = _____

(Line 1) + (Line 2) = _____

Take your **Low Thyroid Risk Score** and evaluate your results in the chart given. ↓

Evaluate your symptom and risk scores in the chart below:

	Risks <10	Risks >10 & Risks <20	Risks >20
Symptoms <10	Low	Low	Medium
Symptoms >10 & Symptoms <20	Low	Medium	High
Symptoms >20	Medium	High	High