

HYPOTHYROID QUICK CHECK

Patient Name _____

Date _____

Rate the following on a scale of 0 through 5, with 0 being not present, and 5 being severe.

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| 1. _____ Fatigue | 16. _____ Low blood sugar / hypoglycemia |
| 2. _____ Muscle aches and pains | 17. _____ Menstrual problems |
| 3. _____ Joint pains | 18. _____ Heavy bleeding during menses |
| 4. _____ Fibromyalgia | 19. _____ Repeated colds and flu |
| 5. _____ Feelings of weakness | 20. _____ Skin problems (itching, eczema, psoriasis, acne, or coarse, dry, scaly skin) |
| 6. _____ Lethargy, or loss of interest in daily activities | 21. _____ Do not perspire easily |
| 7. _____ Memory loss | 22. _____ Hoarse voice |
| 8. _____ Concentration difficulties | 23. _____ Feeling of fullness in neck |
| 9. _____ Mental sluggishness | 24. _____ Swelling of the eyelids |
| 10. _____ Low moods | 25. _____ Hair loss |
| 11. _____ Depression | 26. _____ Dry, coarse hair |
| 12. _____ Cold hands and feet | 27. _____ Loss of outer 1/3 of eyebrows |
| 13. _____ Sensitivity to cold | 28. _____ I have about as many mental and emotional symptoms as physical symptoms |
| 14. _____ Tendency towards constipation | |
| 15. _____ Weight gain | |

_____ Total

A score of 20-40 suggests mild hypothyroidism; 40-70 suggests moderate hypothyroidism; and over 70 suggests significant hypothyroid problems