

Patient Name: _____

Date: _____

THYROID SYMPTOM SURVEY

INSTRUCTIONS: Grade your symptoms according to the following:

I don't have this. Mild. Moderate. Severe.

0

1

2

3

HYPOTHYROID SYMPTOMS

- _____ 1. More tired and sluggish than normal
- _____ 2. Drier skin or hair than normal.
- _____ 3. Sleep more than usual.
- _____ 4. Weaker muscles.
- _____ 5. Colder than others.
- _____ 6. Muscles cramp more than usual.
- _____ 7. Poorer memory.
- _____ 8. More depressed.
- _____ 9. Slower thinking.
- _____ 10. Eyes are more puffy.
- _____ 11. Math is more difficult.
- _____ 12. Hoarser or deeper voice.
- _____ 13. Constipated more often.
- _____ 14. Coarser hair.
- _____ 15. Puffy hands and feet.
- _____ 16. Unsteady gait.
- _____ 17. Gain weight easily.
- _____ 18. Outer third of eyebrows thin.

The next 2 questions apply to Menstruating Females Only

- _____ 19. Menses more irregular.
- _____ 20. Heavier menses.

_____ **Total**

HYPERTHYROID SYMPTOMS

- _____ 1. Tachycardia (fast pulse, heart racing).
- _____ 2. Palpitations (Skipping of pulse of heart)
- _____ 3. Insomnia (can't sleep).
- _____ 4. Shakiness (tremors).
- _____ 5. Increased sweating.
- _____ 6. Brittle nails.
- _____ 7. Loss of appetite.

_____ **Total**