

Thyroid Symptom Survey

PATIENT NAME: _____ DOB: ___/___/_____

HEIGHT: _____ WEIGHT: _____

Do you suffer from any of the following?

Rate your symptoms below from a scale of 0 to 3

(0 = No symptoms, 1 = Mild symptoms, 2 = Moderate symptoms, 3 = Severe symptoms)

Patients symptoms	Score
• Tired and sluggish	
• Dry hair or skin	
• Increased need for sleep	
• Weak muscles	
• Constant feeling of cold (fingers)	
• Frequent muscle cramps	
• Poor memory	
• More depressed	
• Slow thinker	
• Puffy eyes	
• Difficulty with maths	
• Hoarser or deeper voice	
• Muscle and/or Joint pain	
• Constipation	
• Coarse Hair or Hair loss	
• Low sex drive / Impotence	
• Puffy hands and feet	
• Unsteady gait	
• Gain weight easily	
• Outer third of eyebrows thin	
• Irregular menses (>28 days)	
• Heavy menses	
TOTAL HYPOTHYROID SCORE (8)	

Patients symptoms	Score
• Tachycardia	
• Palpitations	
• Insomnia	
• Shakiness	
• Increased sweating	
• Brittle nails	
• Loss of Appetite	
TOTAL HYPERTHYROID SCORE (0)	

Do you have Fibrocystic Breast Disease?
Yes / No

Are you on thyroid treatment Yes / No

YOUR TEST RESULTS (This section will be filled in by your practitioner)

SYMPTOM SCORE HYPOTHYROID / HYPERTHYROID : _____ / _____

REFLEX TIME : _____

Notes: