

NAME: _____

Date of Birth: ___/___/___ Date: _____

Thyroid Questionnaire

My risk factors for hypothyroidism include:

- I have a family history of thyroid disease
- I have had my thyroid "monitored" in the past to watch for changes
- I had a previous diagnosis of goiters/nodules
- I currently have a goiter
- I was treated for hypothyroidism in the past
- I had post-partum thyroiditis in the past
- I had a temporary thyroiditis in the past
- I have another autoimmune disease
- I have had a baby in the past nine months
- I have a history of miscarriage
- I have had part/all of my thyroid removed due to cancer
- I have had part/all of my thyroid removed due to nodules
- I have had part/all of my thyroid removed due to Graves' Disease/hyperthyroidism
- I have had radioactive iodine due to Graves' Disease/hyperthyroidism
- I have had anti-thyroid drugs due to Graves' Disease/hyperthyroidism

I have the following symptoms of hypothyroidism:

- I am gaining weight inappropriately
- I'm unable to lose weight with diet/exercise
- I am constipated, sometimes severely
- I have hypothermia/low body temperature (I feel cold when others feel hot, I need extra sweaters, etc.)
- I feel fatigued, exhausted
- Feeling run down, sluggish, lethargic

- My hair is coarse and dry, breaking, brittle, falling out
- My skin is coarse, dry, scaly, and thick
- I have a hoarse or gravelly voice
- I have puffiness and swelling around the eyes and face
- I have pains, aches in joints, hands and feet
- I have developed carpal-tunnel syndrome, or it's getting worse
- I am having irregular menstrual cycles (longer, or heavier, or more frequent)
- I am having trouble conceiving a baby
- I feel depressed
- I feel restless
- My moods change easily
- I have feelings of worthlessness
- I have difficulty concentrating
- I have more feelings of sadness
- I seem to be losing interest in normal daily activities
- I'm more forgetful lately