

## 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.