



THYROID SYMPTOM SURVEY

Patient Name: _____

INSTRUCTIONS: Grade your symptoms according to the following:

	I do not have this 0	Mild 1	Moderate 2	Severe 3
Hypothyroid Symptoms				
1) More tired and sluggish than normal				
2) Drier skin or hair than normal				
3) Sleep more than normal				
4) Colder than others				
5) Muscles cramp more than usual				
6) More depressed				
7) Slower thinking				
8) Eyes are puffier				
9) Math is more difficult				
10) Hoarser or deeper voice				
11) Constipation more often				
12) Coarser hair				
13) Puffy hands and feet				
14) Unsteady gait				
15) Gain weight easily				
16) Outer third of eyebrow thin				
17) Menses more irregular (menstruating females only)				
18) Heavier menses (menstruating females only)				
TOTAL: _____ ←				

Hyperthyroid Symptoms				
1) Tachycardia (fast pulse, heart racing)				
2) Palpitations (skipping of pulse, or heart beat)				
3) Insomnia				
5) Shakiness (tremors)				
6) Brittle nails				
7) Loss of appetite				
TOTAL: _____ ←				

R.M.R.: _____ Dosage: _____

Reflexes: _____ Weight: _____ Height: _____

Date: _____