Thyroid Questionnaire

Put a check by the following statements that apply to your family history, your personal history, and the symptoms that you may have

History	
	My family (parent, sibling, child) has a history of thyroid disease I've had a thyroid problem (i.e., hyperthyroidism, Graves' disease, Hashimoto's thyroiditis, post-partum thyroiditis, goiter, nodules, thyroid cancer) in the past A member of my family or I have currently or in the past been diagnosed with an autoimmune disease I have had radiation treatment to my head, neck, chest, tonsil area, etc. I grew up, live, or work near or at a nuclear plant Women: I have a history of infertility or miscarriage Total (out of 5 or 6)
_ `	gns and Symptoms
	I am gaining weight for no clear reason or am unable to lose weight with a diet and exercise programme My "normal" body temperature is low (below 98.2° F / 36.7° C when I take it) My hands and feet are cold to the touch and I frequently feel cold when others do not I feel fatigued or exhausted more than normal I have a slow pulse, and/or low blood pressure I have been told I have high cholesterol My hair is rough, coarse dry, breaking, brittle, or falling out My skin is rough, coarse, dry, scaly, itchy, and thick My nails have been dry and brittle, and break more easily My eyebrows appear to be thinning, particularly the outer portion My voice has become hoarse and/or 'gravelly' I have pains, aches, stiffness, or tingling in joints, muscles, hands and/or feet I have carpal tunnel syndrome, tendonitis, or plantar fasciitis I am constipated (less than 1 bowel movement daily) I feel depressed, restless, moody, sad I have difficulty concentrating or remembering things I have a low sex drive My eyes feel gritty, dry, light-sensitive My eyes feel gritty, dry, light-sensitive My neck or throat feels full, with pressure, or larger than usual, and/or I have difficulty swallowing I have puffiness and swelling around the eyes, eyelids, face, feet, hands and feet Women: I am having irregular menstrual cycles (longer, or heavier, or more frequent)
	Total (out of 20 or 21)