



## THYROID SYMPTOM SURVEY

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Ht: \_\_\_\_ Wt: \_\_\_\_ Date: \_\_\_\_\_

**Do you suffer from any of the following?**

**Rate the following from 0 to 3 (0 - None, 1 - Mild, 2 - Moderate, 3 - Severe)**

### HYPO

- \_\_\_\_\_ Tiredness & Sluggishness, lethargic
- \_\_\_\_\_ Dryer Hair or Skin (Thick, dry, scaly)
- \_\_\_\_\_ Sleep More Than Usual
- \_\_\_\_\_ Weaker Muscles
- \_\_\_\_\_ Constant Feeling of cold (fingers / hands/ feet)
- \_\_\_\_\_ Frequent Muscle Cramps
- \_\_\_\_\_ Poor Memory/Forgetful
- \_\_\_\_\_ Depressed, Anxious, or Mood Changes
- \_\_\_\_\_ Slower Thinking
- \_\_\_\_\_ Puffier Eyes
- \_\_\_\_\_ Difficulty with Math
- \_\_\_\_\_ Hoarser or Deeper Voice
- \_\_\_\_\_ Constipation
- \_\_\_\_\_ Coarse Hair / Hair loss / brittle
- \_\_\_\_\_ Muscle / Joint Pain
- \_\_\_\_\_ Low Sex Drive / Impotence
- \_\_\_\_\_ Puffy Hands and Feet
- \_\_\_\_\_ Unsteady Gait (bump into things)
- \_\_\_\_\_ Gain Weight Easy
- \_\_\_\_\_ Outer Third Of Eyebrows Thin
- \_\_\_\_\_ Irregular Menses ( should be 28 Days)
- \_\_\_\_\_ Heavier Menses (clotting / 3+ days)
- \_\_\_\_\_ Carpel Tunnel Syndrome
- \_\_\_\_\_ **Total HYPO Score**

### HYPER

- \_\_\_\_\_ Tachycardia (Rapid or irregular heart beat)
- \_\_\_\_\_ Palpitations (Skipping of heart beat)
- \_\_\_\_\_ Insomnia
- \_\_\_\_\_ Shakiness
- \_\_\_\_\_ Increased Sweating
- \_\_\_\_\_ Brittle Nails
- \_\_\_\_\_ Loss of Appetite

\_\_\_\_\_ **Total HYPER Score**

#### **Adrenal Involvement (Circle Yes or No)**

- |           |  |
|-----------|--|
| Yes or No | Wake up tired  |
| Yes or No | Wake up full of energy                               |
| Yes or No | 2 to 4 pm feel tired, need snack/Tea/<br>Coffee/coke |
| Yes or No | Fall asleep in front of TV/reading/computer          |
| Yes or No | As soon as I go to bed I fall asleep                 |
| Yes or No | I need to read or watch TV to fall asleep            |

#### **Mineral Involvement (Circle Yes or No)**

- |           |   |
|-----------|---|
| Yes or No | Fibrocystic Breast / lumps or ovarian cysts |
| Yes or No | Goiter Bulge or Band around the Neck        |
| Yes or No | Slow Speech                                 |
| Yes or No | Enlarged tongue                             |
| Yes or No | Puffy Face Puffy Hands                      |
| Yes or No | Do you use iodized salt?                    |
| Yes or No | Do you eat seafood 4 plus times per week?   |

### **RESULTS**

A Thyroid section score of 4 or higher indicates wither clinical or subclinical thyroid dysfunction and targeted supplementation for supporting the thyroid is indicated.

Adrenal Involvement: If you marked "yes" on any, it is likely that adrenal fatigue is present and targeted sup-plementation may be indicated.

Mineral Involvement: If you marked "yes" on any, it is likely that you are not consuming enough Iodine and target supplementation may be indicated.