Thyroid Questionnaire

Symptoms of thyroid dysfunction are diverse and may overlap with those of adrenal function.

General symptoms in this questionnaire can also be caused by other conditions. It is therefore important to enquire about personal and family medical history to establish thyroid dysfunction.

Thyroid questionnaire is not used to diagnose thyroid dysfunction. If you have ticked more than 50% of questions below, is advisable to measure Thyroid status with one of the following tests:

Thyroid blood test - TSH, free T4, free T3; reverse T3, ratios, TPO Ab, ATG Ab, TSH Receptor Ab

Thyroid Bloodspot test - TSH, free T4, free T3, Thyroid peroxidase antibodies

Iodine testing in urine - Iodine (random), Iodine (post loading), Iodine excretion %

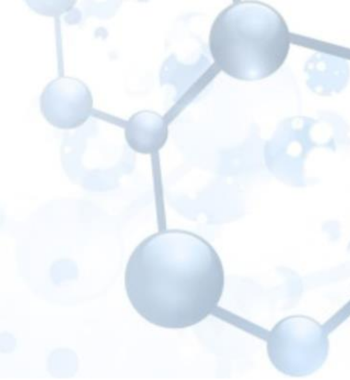
Thyroid Co-factors - Tyrosine, Iodine, Selenium

Consult with your health care practitioner to establish the best assessment and treatment options for you.

Thyroid Questionnaire

Section A - Hypothyroidism	Symptoms
1. Fatigue	☐
2. Low Body Temperature	☐
3. Weight Gain	☐
4. Brain Fog	☐
5. Hard to Concentrate	☐
6. Difficulty Thinking	☐
7. Poor Memory	☐
8. Poor Short Term Memory	☐
9. Slow Thinking	☐
10. Depression	☐
11. Moody & Irritable	☐
12. Low Sex Drive	☐
13. Restless Sleep	☐
14. Outer Eyebrow Thinning	☐
15. Hair Loss	☐
16. Sensitive to Cold	☐
17. Cold Hands & Feet	☐
18. Slow Pulse	☐
19. Low Blood Pressure	☐
20. Recurrent Headaches	☐
21. Dizziness or Poor Balance	☐
22. Fluid Retention	☐
23. Muscle aches and pains	
24. Recurring Infections	☐
25. Bags under Eyes	☐
26. Bloated Face	☐
27. Pasty, Puffy or Pale Skin	☐
28. Decreased Body Hair	☐
29. Enlarged Tongue	☐
30. Teeth Imprints on Tongue	☐
31. Thinning Eyelashes	☐
32. Yellow Palms & Soles	☐
33. Dry Skin	☐
34. Skin itch in Winter	☐

Thyroid Questionnaire



35. Decreased Sweating	☐
36. Elevated Cholesterol	☐
37. Sleep Apnea	☐
38. Nasal Congestion	☐
39. Hand & Feet Numbness	☐
40. Hoarse Voice	☐
41. Joint Stiffness & Pain	☐
42. Muscle Aches	☐
Section A - Hyperthyroidism	
1. Excessive sweating	☐
2. Heat intolerance	☐
3. Increased bowel movements	☐
4. Tremor (usually fine shaking)	☐
5. Nervousness, agitation, anxiety	☐
6. Fatigue, weakness	☐
7. Weight loss	☐
8. Rapid heart rate, palpitations, irregular heart rate	☐
9. Restlessness, anxiety	☐
10. Increased appetite	☐
11. Frequent bowel movements	☐
12. Agitation	☐
13. Grave’s disease	☐

Thyroid Questionnaire

Section B	Risks
Health History	
1. Do you have auto-immune disease such as lupus, rheumatoid arthritis or sarcoidosis?	☐
2. Have you ever been treated for any type of thyroid disease or thyroid condition?	☐
3. Have you ever been on lithium or amiodarone?	☐

Section C	More Risks
Diet & Lifestyle History	
1. do you smoke? If, so how many per day?	☐
2. Are you taking Iodine supplementation? Please provide dose	☐
3. Do you avoid eating ALL of these foods: salt, seafood, dairy and seaweed?	☐
4. Do you often eat cruciferous vegetables? E.g. raw Brussel sprouts, broccoli, cabbage, cauliflower, kale, kohlrabi, millet, radishes, rutabagas, soy or turnips?	☐
Family History (Genetically familiarity)	
5. Does any family member have auto-immune disease such as Lupus, Rheumatoid Arthritis or Sarcoidosis?	☐
6. Has a family member had thyroid disease?	☐
Women Only	
7. PMS, PMDD, or PCOS	☐
8. Excessive Menstrual Bleeding	☐
9. Have you been pregnant at least once?	☐
10. Have you ever had a miscarriage?	☐
11. Are you 40 years of age or older?	☐
Men Only	
12. Erectile Dysfunction	☐
13. Gynecomastia (enlarged breasts)	☐
14. Are you 50 years of age or older?	☐