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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

Signs and Symptoms

- I am gaining weight for no clear reason or am unable to lose weight with a diet and exercise program
- My "normal" body temperature is low (below 98.2° 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 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)