

Name: _____

Date: _____

SYMPTOMS OF HYPOTHYROIDISM

For the following symptoms that you are aware of mark a (1) for mild symptoms (occur only once or twice a year), a (2) for moderate symptoms (occur several times a year), and a (3) for severe symptoms (you are aware of them almost constantly). **Leave blank if symptom does not pertain.**

- ___ Low energy
- ___ Fatigue
- ___ Low ambition/motivation, feeling sluggish
- ___ Disturbed sleep
- ___ Worse in morning then improve through day
- ___ Sensitive to cold
- ___ Repeated infections
- ___ Skin conditions - dry, flaky, cracking, peeling eg. Lips
- ___ Fingernails - brittle/soft or ridges (horizontal or vertical) or white spots
- ___ Eczema/psoriasis
- ___ Hair loss
- ___ Constipation (non-absorption of glucose from GI tract)
- ___ Seasonal troubles especially in spring and fall
- ___ Headaches/dizziness - worse in morning, better in afternoon
- ___ Prolonged menstrual cycle with water retention, miscarriages
- ___ Problem maintaining proper weight
- ___ Short winded
- ___ Swellings, unexplained (like carpal tunnel, puffy eyelids, swollen tongue, bursitis)
- ___ Sensitivity where ribs meet breast bone
- ___ Love handles
- ___ High cholesterol count
- ___ Sudden change of personality
- ___ Depression (manic depression, ups and downs)
- ___ Going to pieces under pressure, can't handle crowds, can't stand being watched, easily distracted, poor concentration

Add up your score out of a possible of 72.

72