

Name \_\_\_\_\_

Date \_\_\_\_\_

### Thyroid Symptom Signature

- |   |   |
|---|---|
| <input type="checkbox"/> Fatigue                          | <input type="checkbox"/> Abnormal throat sensations     |
| <input type="checkbox"/> Headaches                        | <input type="checkbox"/> Sweating abnormalities         |
| <input type="checkbox"/> Migraines                        | <input type="checkbox"/> Heat and/cold intolerance      |
| <input type="checkbox"/> PMS                              | <input type="checkbox"/> Low self esteem                |
| <input type="checkbox"/> Irritability                     | <input type="checkbox"/> Irregular periods              |
| <input type="checkbox"/> Fluid retention                  | <input type="checkbox"/> Severe menstrual cramps        |
| <input type="checkbox"/> Anxiety                          | <input type="checkbox"/> Low blood pressure             |
| <input type="checkbox"/> Panic attacks                    | <input type="checkbox"/> Frequent colds & sore throats  |
| <input type="checkbox"/> Hair loss                        | <input type="checkbox"/> Frequent urinary infections    |
| <input type="checkbox"/> Depression                       | <input type="checkbox"/> Lightheadedness                |
| <input type="checkbox"/> Decreased memory                 | <input type="checkbox"/> Ringing in the ears            |
| <input type="checkbox"/> Decreased concentration          | <input type="checkbox"/> Slow wound healing             |
| <input type="checkbox"/> Decreased sex drive              | <input type="checkbox"/> Easy bruising                  |
| <input type="checkbox"/> Unhealthy nails                  | <input type="checkbox"/> Acid indigestion               |
| <input type="checkbox"/> Low motivation                   | <input type="checkbox"/> Flushing                       |
| <input type="checkbox"/> Constipation                     | <input type="checkbox"/> Frequent yeast Infections      |
| <input type="checkbox"/> Irritable bowel syndrome         | <input type="checkbox"/> Cold hands & feet              |
| <input type="checkbox"/> Inappropriate weight gain        | <input type="checkbox"/> Poor coordination              |
| <input type="checkbox"/> Dry skin                         | <input type="checkbox"/> Slow development as a child    |
| <input type="checkbox"/> Dry hair                         | <input type="checkbox"/> Infertility                    |
| <input type="checkbox"/> Insomnia                         | <input type="checkbox"/> Hypoglycemia                   |
| <input type="checkbox"/> Falling asleep during the day    | <input type="checkbox"/> Increased skin infections      |
| <input type="checkbox"/> Arthritis and joint aches        | <input type="checkbox"/> Abnormal swallowing            |
| <input type="checkbox"/> Allergies                        | <input type="checkbox"/> Changes in skin pigmentation   |
| <input type="checkbox"/> Asthma                           | <input type="checkbox"/> Prematurely gray hair          |
| <input type="checkbox"/> Muscle aches                     | <input type="checkbox"/> Excessively tired after eating |
| <input type="checkbox"/> Itchiness                        | <input type="checkbox"/> Carpel tunnel syndrome         |
| <input type="checkbox"/> Elevated cholesterol             | <input type="checkbox"/> Dry eyes – blurry vision       |
| <input type="checkbox"/> Ulcers                           | <input type="checkbox"/> Hives                          |
| <input type="checkbox"/> Increased nicotine, caffeine use | <input type="checkbox"/> Bad Breath                     |

Total \_\_\_\_\_ (Out of 60 possible)