



# Thyroid Symptom Survey

**Patient Name:** \_\_\_\_\_

INSTRUCTIONS: Grade your symptoms according to the following:

Hypothyroid Symptoms	I do not have this 0	Mild 1	Moderate 2	Severe 3
More tired and sluggish than normal.				
Drier skin or hair than normal.				
Sleep more than normal.				
Colder than others.				
Muscles cramp more than usual.				
More depressed.				
Slower thinking.				
Eyes are more puffy.				
Math is more difficult				
Hoarser or deeper voice.				
Constipation more often.				
Coarser hair.				
Puffy hands and feet.				
Unsteady gait.				
Gain weight easily.				
Outer third of eyebrow thin.				
Menses more irregular. (menstruating females only)				
Heavier menses. (menstruating females only)				

Hyperthyroid Symptoms	I do not have this 0	Mild 1	Moderate 2	Severe 3
Tachycardia. (fast pulse, heart racing)				
Palpatations. (skipping of pulse, or heart beat)				
Insomnia.				
Shakiness. (tremors)				
Brittle Nails.				
Loss of appetite.				

R.M.R. \_\_\_\_\_

Dosage: \_\_\_\_\_

Reflexes: \_\_\_\_\_

Weight: \_\_\_\_\_

Height: \_\_\_\_\_

Date: \_\_\_\_\_  
of Throid Symptom Survey