BioSymmetry
HORMONE & WEIGHTLOSS

Thyroid Assessment Questionnaire

Do you currently have any of these symptoms?		
Palpitations (rapid or forceful heart beat)	☐Yes	☐No
Poor concentration	☐Yes	☐No
Memory Loss	☐Yes	☐No
Difficulty sleeping	☐Yes	☐No
Excessive need for sleep	☐Yes	☐No
Fatigue	☐Yes	☐No
Weak muscles	☐Yes	☐No
Sore muscles	☐Yes	☐No
Agitation/anxiety	☐Yes	☐No
Depression	☐Yes	☐No
Dry Skin	☐Yes	☐No
Itchy Skin	☐Yes	☐No
Unusual hair loss	☐Yes	☐No
Dry hair	☐Yes	☐No
Crackling Nails	☐Yes	☐No
Infrequent bowel movements or hard stools	☐Yes	☐No
Frequent bowel movements of loose stools	☐Yes	☐No
Unexplained weight gain	☐Yes	☐No
Unexplained weight loss	☐Yes	☐No
Persistent pain or swelling at the front of the neck	☐Yes	☐No
Hoarseness	☐Yes	☐No
Sensation of a lump in the throat	☐Yes	☐No
Eye pain or double vision	☐Yes	☐No
Swelling or protrusion of the eyes	☐Yes	☐No
Change in facial appearance	☐Yes	☐No
Sweating	☐Yes	☐No
Difficulty tolerating cold	☐Yes	☐No
Hand tremor	☐Yes	☐No
For Women Before Menopause Only		
Loss of menstrual periods	☐Yes	☐No
Irregular periods	☐Yes	☐No
Excessive menstrual flow	☐Yes	☐No
Have you been pregnant or miscarried during the past 2 years?		
Pregnant	☐Yes	☐No
Miscarried	☐Yes	☐No

Do you have any family members with diagnosed thyroid disease?	☐Yes	☐No
If yes, please indicate the diagnosis which applies to them, if known		
☐ Overactive thyroid gland		
☐ Underactive thyroid gland		
☐ Nodule or enlarged thyroid gland		
☐ Thyroid Cancer		
☐ Unknown thyroid disease		
☐ Other		
Have you ever been diagnosed with a thyroid disease?	☐Yes	☐No
If yes, please indicate		
☐ Overactive thyroid		
☐ Underactive thyroid		
☐ Nodule or enlarged thyroid gland		
☐ Thyroid Cancer		
☐ Other		
Are you currently being treated for a thyroid disease?	☐Yes	☐No
If yes, please indicate		
☐ Thyroid hormone therapy (eg. Synthroid, Eltroxin, Cytomel		
☐ Antithyroid drug therapy (eg. PTU, Tapazole		
☐ Other		
Were you ever treated for a thyroid disease in the past?	☐Yes	☐No
If yes, please indicate all that apply		
☐ Thyroid hormone therapy (eg. Synthroid, Eltroxin, Cytomel)		
☐ Thyroid surgery		
☐ Radioiodine therapy (not the diagnostic scan)		
☐ Antithyroid drug therapy (eg. PTU, Tapazole)		
☐ Other		
Do you currently take any herbal remedies or dietary supplements specifically to benefit your thyroid?	☐Yes	☐No
If yes, please list.		
Do you have any of the following medical problems?		
High Blood Pressure	☐Yes	☐No
High Cholesterol	☐Yes	☐No
Heart Disease or angina (chest pain)	☐Yes	☐No
Do you take any of the following?		
Cholestyramine	☐Yes	☐No
Amiodarone	☐Yes	☐No
Lithium	☐Yes	☐No