Thyroid Screening Questionnaire

Patient Name_____ Date_____

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)