

Back In Action Chiropractic

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Hypothyroid Quick Check

NAME _____ DATE _____

Rate the following on a scale of 0 to 5, with 0 being "not present" and 5 being "severe."

- | | |
|--|--|
| 1. ___ Fatigue | 15. ___ Weight gain |
| 2. ___ Muscle aches and pains | 16. ___ Low blood sugar/hypoglycemia |
| 3. ___ Joint pains | 17. ___ Menstrual problems |
| 4. ___ Fibromyalgia | 18. ___ Heavy bleeding during menses |
| 5. ___ Feelings of weakness | 19. ___ Repeated colds and flu |
| 6. ___ Lethargy, or loss of interest in daily activities | 20. ___ Skin problems (itching, eczema, psoriasis, acne, or coarse/dry/scaly skin) |
| 7. ___ Memory loss | 21. ___ Do not perspire easily |
| 8. ___ Concentration difficulties | 22. ___ Hoarse voice |
| 9. ___ Mental sluggishness | 23. ___ Feelings of fullness in neck |
| 10. ___ Low moods | 24. ___ Swelling of eyelids |
| 11. ___ Depression | 25. ___ Hair loss |
| 12. ___ Cold hands and feet | 26. ___ Dry, coarse hair |
| 13. ___ Sensitivity to cold | 27. ___ Loss of outer 1/3 of eyelids |
| 14. ___ Tendency towards constipation | 28. ___ I have about as many mental and emotional symptoms as physical ones |

Total: _____

A score of 20 to 40 suggests mild hypothyroidism; 40 to 70 suggests moderate hypothyroidism; over 70 suggests significant hypothyroid problems.