

Thyroid Evaluation Worksheet

Please use the following scale to rate each symptom below:

0 1 2 3 4 5
 Do not have Mild Moderate Severe

Headaches	0	1	2	3	4	5
Weakness	0	1	2	3	4	5
Dry Skin	0	1	2	3	4	5
Inability to Concentrate	0	1	2	3	4	5
Fatigue/Tiredness	0	1	2	3	4	5
Slow Speech	0	1	2	3	4	5
Eyelid Swelling/Puffy Eyes	0	1	2	3	4	5
Cold Intolerance	0	1	2	3	4	5
Decreased Sweating	0	1	2	3	4	5
Cold Hands and Feet	0	1	2	3	4	5
Thick Tongue	0	1	2	3	4	5
Muscle Cramps	0	1	2	3	4	5
Muscle Weakness	0	1	2	3	4	5
High Cholesterol	0	1	2	3	4	5
Poor Memory	0	1	2	3	4	5
Constipation	0	1	2	3	4	5
Weight Gain	0	1	2	3	4	5
Hair Loss	0	1	2	3	4	5
Difficulty Breathing	0	1	2	3	4	5
Fluid Retention	0	1	2	3	4	5
Throat Pain	0	1	2	3	4	5
Difficulty Swallowing	0	1	2	3	4	5
Depression	0	1	2	3	4	5
Hoarseness	0	1	2	3	4	5
Nervousness	0	1	2	3	4	5
Menstrual Irregularities	0	1	2	3	4	5
Irritability	0	1	2	3	4	5
Infertility	0	1	2	3	4	5
Brittle Nails	0	1	2	3	4	5

Name: _____ Date: _____