

Thyroid Screening Questionnaire

Patier	nt 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.	
HIS	TORY
	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
010	AND AND OVARDIONS
SIG	SNS 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)