

Hypothyroidism Check List



Patient's Name: _____

Date: _____

Please answer all questions by circling either Yes or No.

- | | | | |
|-----|---|-----|----|
| 1. | Do you have hoarseness of your voice that has not always been present? | Yes | No |
| 2. | Do you have any swelling of your face? | Yes | No |
| 3. | Have you ever had a goiter or swelling in the lower front of your neck? | Yes | No |
| 4. | Are you unusually sensitive to alcoholic beverages or to anesthetic or sedative drugs? | Yes | No |
| 5. | Do you have dry, scaly skin? | Yes | No |
| 6. | Do you have pallor or unusual whiteness of your skin? | Yes | No |
| 7. | Have you ever had a yellow color to your skin or nails? | Yes | No |
| 8. | Do you have decreased sweating? | Yes | No |
| 9. | Has your hair become drier and more coarse? | Yes | No |
| 10. | Do you have a decrease in the amount of scalp hair? | Yes | No |
| 11. | Have you had a decrease in eyebrow hair toward the side of your face? | Yes | No |
| 12. | Have you noticed a "dirty" or thickened skin appearance of your elbows and knees? | Yes | No |
| 13. | Do you have delayed reflexes? | Yes | No |
| 14. | Do you have persistent numbness and tingling in any part of your body and extremities? | Yes | No |
| 15. | Do you tire out easier than you used to? | Yes | No |
| 16. | Have you ever had or been told you have protruding eyes? | Yes | No |
| 17. | Do you have swelling around the eyes or of the eyelids? | Yes | No |
| 18. | Do you often have blood-shot eyes? | Yes | No |
| 19. | Do you have excessive tearing of your eyes? | Yes | No |
| 20. | Have you ever been told you had an enlarged heart? | Yes | No |
| 21. | Do your ankles swell, or do you otherwise notice evidence of body fluid retention? | Yes | No |
| 22. | Have you ever been told you had an abnormal echocardiogram (ECG)? | Yes | No |
| 23. | Do you have 'less than normal' energy? | Yes | No |
| 24. | Have any of your blood relatives had thyroid gland disease? | Yes | No |
| 25. | Do you have headaches? | Yes | No |
| 26. | Does cold temperature bother you in the sense that you like the room temperature higher than other people, or you wear more clothing, or need extra bed covers than others? | Yes | No |
| 27. | Do you have difficulty in pronouncing words? | Yes | No |
| 28. | Have you ever felt pain in the lower front part of your neck? | Yes | No |
| 29. | Have you had any unexplained increase in weight recently? | Yes | No |
| 30. | Have you had a recent unexplained decrease in weight? | Yes | No |