THE INSTITUTE FOR FUNCTIONAL MEDICINE®

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)