## ANew Health

## Health ~ Strength ~ Vitality

## Low Thyroid Questionnaire

This questionnaire is not meant to be diagnostic or prescriptive. It is only used in conjunction with a Comprehensive Health History and indicated laboratory tests. Please carefully consider each question and be as accurate as possible. Thank you. Tricia, FNP

Name	Date
Rate the following on a scale of 0 through the scale of 0 through th	16Low blood sugar/hypoglycemia 17Menstrual problems 18Heavy bleeding during menses 19Repeated colds and flu 20Skin problems (itching, eczema, dry, psoriasis) 21Do not perspire easily 22Hoarse voice 23Feeling of fullness in neck 24Swelling of the eyelids 25Hair Loss 26Dry, coarse hair 27Loss of outer 1/3rd of eyebrows 28I have about the same amt mental/emotional symptoms as physical symptoms
*Total Column 1-15 Score	*Total Column 16-28 Score

## **INTEPRETATION OF SCORES:**

- Score of 20-40: Suggests Possible Mild Low Thyroid
- Score of 40-70: Suggests Possible Moderate Low Thyroid
- Score over 70: Suggests Possible Significant Low Thyroid