

Thyroid Symptom Survey

PATIENT NAME: _____ **DOB:** ___/___/_____

HEIGHT: _____ **WEIGHT:** _____

Do you suffer from any of the following? Rate your symptoms below from a scale of 0 to 3

(0 = No symptoms, 1 = Mild symptoms, 2 = Moderate symptoms, 3 = Severe symptoms)

Patients symptoms	Score
• Tired and sluggish	
• Dry hair or skin	
• Increased need for sleep	
• Weak muscles	
• Constant feeling of cold (fingers)	
• Frequent muscle cramps	
• Poor memory	
• More depressed	
• Slow thinker	
• Puffy eyes	
• Difficulty with maths	
• Hoarser or deeper voice	
• Muscle and/or Joint pain	
• Constipation	
• Coarse Hair or Hair loss	
• Low sex drive / Impotence	
• Puffy hands and feet	
• Unsteady gait	
• Gain weight easily	
• Outer third of eyebrows thin	
• Irregular menses (>28 days)	
• Heavy menses	
TOTAL HYPOTHYROID SCORE (8)	

Patients symptoms	Score
• Tachycardia	
• Palpitations	
• Insomnia	
• Shakiness	
• Increased sweating	
• Brittle nails	
• Loss of Appetite	
TOTAL HYPERTHYROID SCORE (0)	

Do you have Fibrocystic Breast Disease?
Yes / No

YOUR TEST RESULTS (This section will be filled in by your practitioner)

SYMPTOM SCORE HYPOTHYROID / HYPERTHYROID : _____ / _____

REFLEX TIME : _____ **RESTING METABOLIC RATE (RMR) :** _____

Reflex response times:

Optimal thyroid function = 50-100 msec
 Sub Clinical hypothyroid = 100-150 msec
 Hypothyroidism = > 150 msec
 Hyperthyroidism = < 50 msec

Reference Resting Metabolic Rate

RMR (Woman) = 2,250 calories/day
 RMR (Men) = 2,750 calories/day

Note: (add +/- 250 calories/day for an over/under weight or aged patient). If the thyroid is not burning calories fast enough this will result in weight gain, the RMR will be approximately 400 calories below normal eg. Woman 2,250 - 400 = 1850 RMR and is corrected by treatment.