



## Thyroid Questionnaire

Read each question carefully, and record the number next to a question if it applies to you. When you finish, add up the numbers you have recorded.

Do you experience fatigue?	4
Do you have elevated cholesterol?	4
Do you have difficulty losing weight?	2
Do you have cold hands and feet?	2
Are you sensitive to cold?	2
Do you have difficulty thinking?	2
Do you find it hard to concentrate?	2
Do you have poor short-term memory?	2
Are your moods depressed?	2
Are you experiencing hair loss?	2
Do you have fewer than one bowel movement a day?	2
Do you have dry skin?	2
Do you have itchy skin during the winter?	1
Do you experience fluid retention?	2
Do you have recurrent headaches?	1
Do you sleep restlessly?	1
Are you tired when you awaken?	2

Do you have afternoon fatigue?	2
Do you experienced tingling or numbness in your hands or feet?	2
Do you experience decreased sweating?	2
Have you had problems with infertility or miscarriages?	2
Do you have recurrent infections?	2
Do your muscles ache?	2
Do you have joint pain?	2
Do you have thinning of your eyebrows or eyelashes?	2
Is your tongue enlarged?	2
Is your skin pasty, puffy or pale?	2
Do you have decreased body hair?	2
Is your voice hoarse?	1
Do you have a pulse less than 60?	2
Do you have low blood pressure?	2
Is your average early-morning temperature less than 36.6?	4
Do you have sleep apnoea?	2
TOTAL SCORE	_____

<11 unlikely you have low thyroid function

11-30 low thyroid function as a possibility

>30 low thyroid function is very likely

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