

# A-Z SYMPTOM CHECK LIST THYROID SYSTEM DYSFUNCTION (TSD)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTIONS:** Please place an "X" in the box alongside each symptom that you currently experience. For all those that you mark an "X" then rate the severity of the symptoms as: 1=mild; 2=moderate; 3=severe.

**A. GENERAL WELL BEING**

- Decreased Concentration\_\_\_\_\_
- Decreased Memory\_\_\_\_\_
- Decreased Sex Drive\_\_\_\_\_
- Depression\_\_\_\_\_
- Fatigue\_\_\_\_\_
- Irritability\_\_\_\_\_
- Lightheadedness\_\_\_\_\_
- Low Motivation\_\_\_\_\_
- Poor Recall\_\_\_\_\_

**B. ALLERGIES**

- Allergies\_\_\_\_\_
- Hay Fever\_\_\_\_\_
- Sinus Drainage\_\_\_\_\_
- Stuffy Nose\_\_\_\_\_

**C. BLOOD PRESSURE**

- Low Blood Pressure\_\_\_\_\_

**D. BOWELS**

- Acid Indigestion\_\_\_\_\_
- Constipation\_\_\_\_\_
- Irritable Bowel Syndrome\_\_\_\_\_

**E. COORDINATION**

- Clumsy\_\_\_\_\_
- Klutzy\_\_\_\_\_
- Poor Coordination\_\_\_\_\_

**F. DIET**

- Easy Weight Gain\_\_\_\_\_
- Excessively Tired After Eating\_\_\_\_\_
- Food Cravings\_\_\_\_\_
- Food Intolerances\_\_\_\_\_
- Hypoglycemia\_\_\_\_\_

**G. EARS**

- Ringing in the Ears\_\_\_\_\_

**H. EYES**

- Dry Eyes\_\_\_\_\_

**I. FERTILITY**

- Infertility\_\_\_\_\_
- Miscarriage\_\_\_\_\_

**J. FINGERNAILS**

- Brittle Fingernails\_\_\_\_\_
- Unhealthy Nails\_\_\_\_\_

**K. HAIR**

- Dry Hair\_\_\_\_\_
- Hair Loss\_\_\_\_\_

**L. HANDS AND FEET**

- Numbness or Tingling in Hands or Feet\_\_\_\_\_

**M. HEADACHES**

- Headaches\_\_\_\_\_
- Migraines\_\_\_\_\_

**N. INFECTIONS**

- Frequent Sore Throats\_\_\_\_\_

**O. INTOLERANCES**

- Cold Intolerance\_\_\_\_\_
- Heat Intolerance\_\_\_\_\_

**P. JOINTS AND MUSCLES**

- Arthritis Aches\_\_\_\_\_
- Joint Aches\_\_\_\_\_
- Muscular Aches\_\_\_\_\_

**Q. MENSTRUAL PERIODS**

- Heavy Menses\_\_\_\_\_
- Irregular Periods\_\_\_\_\_
- Severe Menstrual Cramps\_\_\_\_\_

**R. MENTAL STATE**

- Anxiety\_\_\_\_\_
- Depression\_\_\_\_\_
- Low Self-Esteem\_\_\_\_\_
- Panic Attacks\_\_\_\_\_

**S. MOUTH AND THROAT**

- Bad Breath\_\_\_\_\_
- Canker Sores\_\_\_\_\_

**T. NICOTINE AND CAFFEINE**

- I Eat Chocolate\_\_\_\_\_
- I Drink Coffee\_\_\_\_\_
- I Drink Colas\_\_\_\_\_
- I Smoke\_\_\_\_\_

**U. PREMENSTRUAL SYNDROME**

- Fluid Retention\_\_\_\_\_
- Mood Swings\_\_\_\_\_
- PMS\_\_\_\_\_

**V. SKIN**

- Acne\_\_\_\_\_
- Dry Skin\_\_\_\_\_
- Easy Bruising\_\_\_\_\_
- Flushing\_\_\_\_\_
- Itchiness\_\_\_\_\_

**W. SLEEP**

- Insomnia\_\_\_\_\_

**X. SWEATING**

- Night Sweats\_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING ADDITIONAL QUESTIONS:**

1. Compared to a normal person what percentage (10-90%) of a normal person do you feel? \_\_\_\_\_
2. Compared to the way you felt before developing all of these symptoms, all things taken together, would you say you feel (10-90%) of what you felt then? \_\_\_\_\_
3. If you could fix three of the symptoms listed above, what would they be: A. \_\_\_\_\_  
B. \_\_\_\_\_ C. \_\_\_\_\_

**FOR OFFICE USE ONLY:**

General Score = \_\_\_\_\_/26 = \_\_\_\_\_%    Raw Score = \_\_\_\_\_/97= \_\_\_\_\_%    Ratio =

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