

NUW Thyroid Assessment – Check ALL that apply

Name _____

Date: _____

- | | |
|--|--|
| <input type="checkbox"/> Dry hair or hair loss | <input type="checkbox"/> Autoimmune disease (Rheumatoid Arthritis, Lupus, Crohn's etc.) |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Reliance on coffee or other stimulants |
| <input type="checkbox"/> Heavy menstrual periods | <input type="checkbox"/> Low sex drive |
| <input type="checkbox"/> Milky discharge from breasts | <input type="checkbox"/> Lumps in breasts |
| <input type="checkbox"/> Joint aches and pains | <input type="checkbox"/> Gum problems |
| <input type="checkbox"/> Sweating less | <input type="checkbox"/> Anemia |
| <input type="checkbox"/> Brittle nails | <input type="checkbox"/> Redness in face with exercise |
| <input type="checkbox"/> Hoarse voice | <input type="checkbox"/> Raynaud's syndrome (Pain and bluing of fingers with exposure to cold) |
| <input type="checkbox"/> Muscle cramps | <input type="checkbox"/> Tongue biting |
| <input type="checkbox"/> Tingling or numbness in fingers or feet | <input type="checkbox"/> Tendonitis/ tennis elbow |
| <input type="checkbox"/> Dry skin | <input type="checkbox"/> Low endurance |
| <input type="checkbox"/> Hearing becomes worse | <input type="checkbox"/> Thick tongue |
| <input type="checkbox"/> Puffy eyes and face | <input type="checkbox"/> No energy for evening activities |
| <input type="checkbox"/> Slow heartbeat | <input type="checkbox"/> Throat clearing |
| <input type="checkbox"/> Cold intolerance | <input type="checkbox"/> Cracking in skin of heels |
| <input type="checkbox"/> Experiencing stiffness | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Weight gain of more than 5 lbs. | <input type="checkbox"/> Alopecia (patches of hair loss) |
| <input type="checkbox"/> Feeling more fatigued | <input type="checkbox"/> Premature graying of hair |
| <input type="checkbox"/> Skin becoming more coarse | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Dry eyes/ mouth | <input type="checkbox"/> Blocked arteries |
| <input type="checkbox"/> Baggy eyelids | <input type="checkbox"/> Polymyalgia |
| <input type="checkbox"/> Shortness of breath during mild exertion | <input type="checkbox"/> Vitiligo (loss of skin pigmentation) |
| <input type="checkbox"/> Slow speech and movement | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Sleep apnea | <input type="checkbox"/> Low HDL |
| <input type="checkbox"/> Low blood pressure | <input type="checkbox"/> Manic depression |
| <input type="checkbox"/> Decrease in memory | <input type="checkbox"/> Dyslexia |
| <input type="checkbox"/> Problems swallowing | <input type="checkbox"/> Inability to lose weight with diet and exercise |
| <input type="checkbox"/> Carpal tunnel syndrome | <input type="checkbox"/> Attention deficit disorder |
| <input type="checkbox"/> Headaches and migraines | <input type="checkbox"/> Melasma (discoloration in face) |
| <input type="checkbox"/> Uterine fibroids | <input type="checkbox"/> Excess ear wax |
| <input type="checkbox"/> Exaggerated PMS/ menopause symptoms | <input type="checkbox"/> Oral temperature consistently below 98.5 |
| <input type="checkbox"/> Yellow skin in palms | <input type="checkbox"/> Neck injury i.e. whiplash |
| <input type="checkbox"/> Scalloped tongue | <input type="checkbox"/> Ligament tears |
| <input type="checkbox"/> Increased cholesterol/ triglycerides/ LDL | <input type="checkbox"/> Family history of hypothyroidism or hyperthyroidism |
| <input type="checkbox"/> Cold hands/ feet | <input type="checkbox"/> Chronic infections |
| <input type="checkbox"/> Yeast infections | <input type="checkbox"/> Skin problems (hives, psoriasis, eczema) |
| <input type="checkbox"/> Loss of outside 1/3 of eyebrows | <input type="checkbox"/> Postpartum depression |
| <input type="checkbox"/> Depression/ anxiety | |
| <input type="checkbox"/> Swelling of hands and feet | |
| <input type="checkbox"/> Infertility | |
| <input type="checkbox"/> Slow thinking | |
| <input type="checkbox"/> Miscarriages | |

Total checked out of 82: _____