

HYPOTHYROIDISM (LOW THYROID FUNCTION) CHECKLIST**YES****SYMPTOMS & SIGNS OF POSSIBLE HYPO-THYROIDISM (LOW THYROID FUNCTION)**

I AM GAINING WEIGHT INAPPROPRIATELY
I AM UNABLE TO LOOSE WEIGHT WITH DIET AND EXERCISE
I HAVE LOW BODY TEMPERATURE OR FEEL COLD ALL THE TIME
I FEEL RUN DOWN, SLUGGISH OR LETHARGIC
MY HAIR IS COARSE, DRY, BREAKING, BRITTLE OR FALLING OUT
MY SKIN IS COARSE, DRY, SCALY AND THICK
MY VOICE IS HOARSE
I HAVE PUFFINESS OR SWELLING AROUND MY EYES AND FACE
I HAVE PAINS AND ACHES IN MY JOINTS, HANDS AND FEET
I HAVE DEVELOPED CARPAL TUNNEL SYNDROME, OR IT IS GETTING WORSE
I HAVE SEVERE MENSTRUAL CRAMPS
I HAVE IRREGULAR MENSTRUAL CYCLES (LONGER, HEAVIER OR MORE FREQUENT)
I HAVE TROUBLE CONCEIVING A BABY
I FEEL DEPRESSED, WORTHLESS OR MORE SADNESS
I HAVE LOST INTEREST IN NORMAL DAILY ACTIVITIES
I FEEL RESTLESS
I AM "MOODY". MY MOOD CHANGES EASILY
I HAVE DIFFICULTY CONCENTRATING
I AM MORE FORGETFUL LATELY
I HAVE REDUCED OR NO SEX DRIVE (LIBIDO)
I HAVE RECURRENT SINUS INFECTIONS
I AM GETTING MORE INFECTIONS. INFECTIONS LAST LONGER
I AM SNORING MORE LATELY
I HAVE OR MAY HAVE SLEEP APNEA
I FEEL SHORTNESS OF BREATH OR TIGHTNESS IN MY CHEST
I FEEL THE NEED TO YAWN TO GET MORE OXYGEN
MY EYES FEEL GRITTY AND DRY
MY EYES ARE MORE SENSITIVE TO LIGHT
MY EYELIDS GET "JUMPY" OR HAVING TICS AND TWITCHING
I HAVE A "LUMP" OR A STRANGE FEELING IN MY NECK AND THROAT
I HAVE RINGING IN MY EARS (TINNITUS)
I HAVE VERTIGO OR LIGHTEADEDNESS

YES**RISK FACTORS FOR HYPOTHYROIDISM (LOW THYROID FUNCTION)**

I HAVE A FAMILY HISTORY OF THYROID DISEASE
I HAVE HAD MY THYROID MONITORED OR BIOPSIED IN THE PAST
I HAD A PREVIOUS DIAGNOSIS OF "GOITER" (ENLARGED THYROID) OR THYROID NODULES
I CURRENTLY HAVE A GOITER OR THYROID NODULES
I HAVE BEEN TREATED FOR HYPOTHYROIDISM (LOW THYROID FUNCTION) IN THE PAST
I HAVE BEEN DIAGNOSED OR TREATED FOR HASHIMOTO'S THYROIDITIS IN THE PAST
I HAD POST PARTUM THYROIDITIS
I HAD TEMPORARY THYROIDITIS IN THE PAST
I HAVE/HAD AN AUTOIMMUNE DISORDER
I HAVE HAD A BABY IN THE LAST 9-12 MONTHS
I HAVE A HISTORY OF MISCARRIAGE
I HAVE HAD A PARTIAL/TOTAL REMOVAL OF MY THYROID GLAND DUE TO CANCER OR NODULES
I HAVE HAD A PARTIAL/TOTAL REMOVAL OF MY THYROID GLAND DUE TO GRAVE'S DISEASE
I HAVE HAD RADIOACTIVE IODINE TREATMENT DUE TO GRAVE'S DISEASE
I HAVE HAD ANTI-THYROID DRUGS TREATMENT DUE TO GRAVE'S DISEASE