

### Low Thyroid Symptom Check Off List

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

	None	Mild	Moderate	Severe
Fatigue	_____	_____	_____	_____
Weight Gain	_____	_____	_____	_____
Depression	_____	_____	_____	_____
Anxiety	_____	_____	_____	_____
Memory Issues	_____	_____	_____	_____
Focus Issues (ADD)	_____	_____	_____	_____
Poor Sleep	_____	_____	_____	_____
Cold Intolerance	_____	_____	_____	_____
Heat Intolerance	_____	_____	_____	_____
Low Body Temperature	_____	_____	_____	_____
Hot Flashes	_____	_____	_____	_____
Cold Hands/Feet	_____	_____	_____	_____
Dry/Itchy Skin	_____	_____	_____	_____
Dry Eyes	_____	_____	_____	_____
Hair Loss	_____	_____	_____	_____
Water Retention	_____	_____	_____	_____
High Blood Pressure	_____	_____	_____	_____
Cravings	_____	_____	_____	_____
Constipation	_____	_____	_____	_____
High Cholesterol	_____	_____	_____	_____
Nasty Periods	_____	_____	_____	_____
Irregular Periods	_____	_____	_____	_____
Fertility Issues	_____	_____	_____	_____
No Sex Drive	_____	_____	_____	_____
Achy Joints	_____	_____	_____	_____
Achy Muscles	_____	_____	_____	_____
Tingling	_____	_____	_____	_____
Sensitive to Medicines	_____	_____	_____	_____
Sensitive to Coffee	_____	_____	_____	_____
Persistent Sock Marks	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Temp: \_\_\_\_\_

Pulse: \_\_\_\_\_

Date	Dose	Mark	TSH	Comments