

# Concerned about your thyroid?



**Fatigue**

**Depression/Anxiety**

**Unexplained Weight  
Changes**

**Difficulty Tolerating  
Heat or Cold**

A few minutes spent  
with this brochure may  
change your life ...



**Thyroid Foundation of Canada**  
**La Fondation canadienne de la Thyroïde**

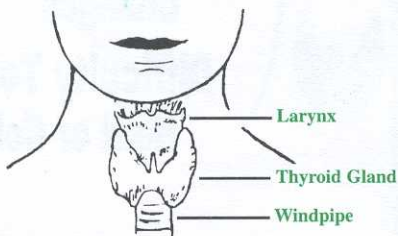
## The next few minutes you spend on this questionnaire could change your life.

This questionnaire was developed by doctors and patients who believe these questions will promote a useful dialogue about the symptoms of thyroid disease.

Once you have completed this questionnaire, if you feel that you may have a thyroid problem, bring this form to your physician on your next visit.

Left untreated thyroid dysfunction can lead to serious health problems, including cardiovascular disease, osteoporosis, anxiety and depression. Early diagnosis is important.

### About Thyroid Disease



- Thyroid disease affects more than 1 million Canadians and many don't know they have it.
- The thyroid is a tiny gland, located in front of the windpipe, that regulates every organ in the body through its hormones. When it's not functioning properly you know something is wrong. Unfortunately, you may not know you have a thyroid disorder.
- Often the signs and symptoms of thyroid disease can mimic many other conditions. Diagnosis may be clear only after several of the symptoms become apparent.

# Thyroid Assessment Questionnaire

1. Do you *currently* have any of these symptoms?

- Palpitations (rapid or forceful heart beat) . . . . .  Yes  No
- Poor concentration . . . . .  Yes  No
- Memory loss . . . . .  Yes  No
- Difficulty sleeping . . . . .  Yes  No
- Excessive need for sleep . . . . .  Yes  No
- Fatigue . . . . .  Yes  No
- Weak muscles . . . . .  Yes  No
- Sore muscles . . . . .  Yes  No
- Agitation / Anxiety . . . . .  Yes  No
- Depression . . . . .  Yes  No
- Dry skin . . . . .  Yes  No
- Itchy skin . . . . .  Yes  No
- Unusual hair loss . . . . .  Yes  No
- Dry hair . . . . .  Yes  No
- Cracking nails . . . . .  Yes  No
- Infrequent bowel movements . . . . .  
or hard stools . . . . .  Yes  No
- Frequent bowel movements  
or loose stools . . . . .  Yes  No
- Unexplained weight gain . . . . .  Yes  No
- Unexplained weight loss . . . . .  Yes  No
- Persistent pain or swelling  
at the front of the neck . . . . .  Yes  No
- Hoarseness . . . . .  Yes  No
- Sensation of a lump in  
the throat . . . . .  Yes  No
- Eye pain or double vision . . . . .  Yes  No
- Swelling or protrusion of eyes . . . . .  Yes  No
- Change in facial appearance . . . . .  Yes  No
- Sweating . . . . .  Yes  No
- Difficulty tolerating cold . . . . .  Yes  No
- Difficulty tolerating heat . . . . .  Yes  No
- Hand tremor . . . . .  Yes  No

## For Women Before Menopause Only

- A. Loss of menstrual periods . . . . .  Yes  No
- Irregular periods . . . . .  Yes  No
- Excessive menstrual flow . . . . .  Yes  No

- B. Have you been pregnant or miscarried during the past 2 years?
- Pregnant . . . . .  Yes  No
- Miscarried . . . . .  Yes  No

2. Name \_\_\_\_\_

3. Were you born in Canada?

Yes      Where \_\_\_\_\_

No      Where \_\_\_\_\_

4. Do you have any family members with diagnosed thyroid disease?

Yes       No       Unsure

*If yes, please indicate the diagnosis which applies to them, if known.*

Overactive thyroid gland

Underactive thyroid gland

Nodule or enlarged thyroid gland

Thyroid cancer

Unknown thyroid disease

Other \_\_\_\_\_

5. Have you ever been diagnosed with a thyroid disease?

Yes       No

*If yes, please indicate.*

Overactive thyroid gland

Underactive thyroid gland

Nodule or enlarged thyroid gland

Thyroid cancer

Other \_\_\_\_\_

6. Are you **currently** being treated for a thyroid disease?

Yes       No

*If yes, please indicate.*

Thyroid hormone therapy

(For example: Synthroid, Eltroxin, Cytomel)

Antithyroid drug therapy

(For example: PTU, Tapazole)

Other \_\_\_\_\_

