

HYPOTHYROIDISM DIAGNOSIS and SYMPTOMS CHECKLIST*

I HAVE THE FOLLOWING RISK FACTORS FOR HYPOTHYROIDISM:

Thyroid-Related

- My family (parent, sibling, child) has a history of thyroid disease.
- My thyroid has been "monitored" in the past due to irregularities.
- I've been treated in the past for thyroid disease.
- I've been previously diagnosed with and/or treated for goiters/nodules.
- In the past, I tested positive for thyroid antibodies.
- In the past, I've been treated for hypothyroidism.
- A doctor has prescribed thyroid hormone for me in the past.
- I had thyroid problems during or after a pregnancy.
- In the past, I have had a problem with my thyroid that resolved itself without further treatment. (I have had a diagnosis of "temporary, or transient, thyroiditis" or "transient hypothyroidism".)
- I currently have a goiter or nodules.
- I have had part/all of my thyroid removed (a thyroidectomy) due to cancer.
- I have had part/all of my thyroid removed due to nodules or goiter.
- I have had part/all of my thyroid removed as a treatment for Graves' disease/hyperthyroidism.
- I have or had a pituitary tumor and/or pituitary disease.
- I have chronic fatigue syndrome (CFS) and/or fibromyalgia.
- Member(s) of my family (parent, sibling, child) have CFS and/or fibromyalgia.
- I have another autoimmune disease (i.e., Crohn's disease, insulin-dependent (type I) diabetes, multiple sclerosis, pernicious anemia, scleroderma, Sjogren's syndrome, lupus, and others).
- Member(s) of my family (parent, sibling, child) has/had another autoimmune disease.

Age

- I am over 60.

Female-Specific

- I am female.
- I am perimenopausal or menopausal.
- I have had a baby in the past nine months.
- I have a history of more than one miscarriage.
- I have a history of infertility.

Smoking

- I am currently a smoker.
- I've recently quit smoking.
- I was a smoker in the past.

Drugs and Supplements

- I have been treated with lithium, amiodarone (Cordarone), or iodine in the past or am currently being treated with these drugs.
- I have been self-treating with iodine, kelp, bladderwrack, and/or bugleweed.

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Radiation or Radium Treatments

- I have had radiation treatment to my head, neck, or chest.
- I have had radiation treatment to treat my tonsils, adenoids, lymph nodes, thymus gland problems, or acne.
- I have had numerous x-ray treatments (not dental or diagnostic x-rays) to the head and neck.
- I had "Nasal Radium Therapy" sometime during the 1940s through 1960s as a treatment for tonsillitis, colds, and other ailments or as a military submariner and/or pilot who had trouble with drastic changes in pressure.

Diet

- I consume substantial quantities of any of the following foods: Brussels sprouts, rutabaga, turnips, Kohlrabi, radishes, cauliflower, African cassava, millet, babassu (a palm-tree coconut fruit popular in Brazil and Africa), cabbage, and kale.
- I eat substantial quantities of soy products, i.e., tofu, soy milk, soy protein, soy capsules, and soy powders.

Snakebite

- I have had severe or life-threatening snakebite in the past.

Neck Trauma

- I have had serious trauma to the neck, such as whiplash from a car accident.

Chemical Exposure

- I live near a plant that produces rocket fuel, or my work exposes me to the chemical perchlorate.

Nuclear Exposure

- I lived, or live, near a nuclear plant.
- I lived, or was visiting, in or around Chernobyl in the weeks after the nuclear accident, which occurred on April 26, 1986. (Main countries at risk included Belarus, Russian Federation, Ukraine. Lesser risk to Poland, Austria, Finland, Germany, Greece, Italy.)
- I lived in, near, or downwind from the former nuclear weapons plant at Hanford in south central Washington State in the 1940s through 1960s, but particularly during the period 1955 to 1965.
- I lived near or in the general region of the Nevada Nuclear Test Site in the 1950s and 1960s. According to the national Cancer Institute, the highest per capita thyroid doses of radiation were obtained in counties of western states located east and north of the NTS, such as Utah, Idaho, Montana, Colorado, and Missouri.

I currently have, or have in the past, been diagnosed with the following diseases or conditions, known to occur more frequently in people with thyroid disease:

- Carpal tunnel syndrome/tendonitis
- Polycystic ovary syndrome (PCOS)
- Mitral valve prolapse (MVP) (heart murmur, palpitations)
- Epstein-Barr virus (EBV)
- Mononucleosis
- Depression
- Fibromyalgia

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I HAVE THE FOLLOWING SYMPTOMS OF HYPOTHYROIDISM:

Weight Gain (or Loss)

- I am gaining weight inappropriately.
- I am unable to lose weight with proper diet/exercise.
- I'm losing weight inappropriately.

Digestive Problems/Constipation

- I am constipated, sometimes severely.

Body Temperature

- I have been diagnosed as having hypothermia (low body temperature).
- My "normal" basal body temperature is lower than 97.8 to 98.2 degrees Fahrenheit.
- I feel cold when others feel hot. I need extra sweaters when others need air conditioning.
- I feel cold, especially in the hands and/or feet.

Tiredness/Weakness

- I feel fatigued more than normal.
- I feel weak.
- I feel run down, sluggish, lethargic.
- I feel like I can't get enough sleep, even though I'm sleeping the amount I honestly need to feel well-rested.

Pulse/Blood Pressure

- I have a slow pulse.
- I have low blood pressure.

Cholesterol Levels

- I have high cholesterol.
- I have high cholesterol that is resistant to diet or drug treatment.

Hair/Skin/Nails

- My hair is rough, coarse, dry, breaking, brittle.
- My hair is falling out more than usual.
- My eyebrows or eyelashes are falling out.
- My skin is rough, coarse, dry, scaly, itchy and thick.
- My nails have been dry, brittle, and break more easily.
- My skin is breaking out.

Voice

- My voice has become hoarse, husky or gravelly.

Aches and Pains

- I have pains, aches and stiffness in various joints, hands and feet.
- I have developed carpal-tunnel syndrome, or my existing carpal-tunnel syndrome is getting worse.

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Fertility/Menstruation

- I am having irregular menstrual cycles (longer, or heavier, or more frequent).
- I am having trouble conceiving a baby.
- I have started to develop ovarian cysts.
- I have a history of one or more miscarriages.

Mood/Depression/Thinking

- I feel depressed.
- I feel restless.
- My moods change easily.
- I have feelings of worthlessness.
- I have difficulty concentrating.
- I have feelings of sadness.
- I'm taking an antidepressant, but it doesn't seem to be working.
- I seem to be losing interest in normal daily activities.
- I'm more forgetful lately.
- My mind feels like I'm in a "fog."

Sex Drive

- I have no sex drive or reduced sex drive.
- I have difficulty reaching orgasm.

Eyes

- My eyes feel gritty and dry.
- My eyes feel sensitive to light.
- My eyes get jumpy (tics in eyes), which makes me dizzy (vertigo) and gives me headaches.

Neck/Throat

- I have strange feelings in my neck or throat, for example, a feeling of "fullness," or pressure, a choking sensation, or difficulty swallowing.
- I have a lump, or what appears to be some sort of fullness or growth in my neck area.

Hearing/Tinnitus

- I have tinnitus (ringing in ears).

Infections/Resistance

- I am getting more frequent infections or infections that last longer.
- I get recurrent sinus infections.

Allergies

- I have developed allergies or my allergies have become worse.

Sleeping/Snoring

- I'm snoring more lately.
- I have (may have) sleep apnea.

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Breathing

- I feel shortness of breath and tightness in the chest.
- I feel the need to yawn to get oxygen.

Dizziness

- I have vertigo.
- I feel lightheaded at times.

Puffiness/Swelling

- I have puffiness and swelling around the eyes and face.
- I have swollen feet.
- I have swollen hands.
- I have swollen eyelids.