



LOW THYROID SYMPTOM CHECKLIST

NAME: _____ DATE: _____ CURRENT DOSE: _____

These symptoms arise from Low Intracellular Thyroid Hormone, not what is in the blood!

Rate the following symptoms based on Severity in last 72 hours – 0 (None) 5 (Severe)

Fatigue		Anxiety	
Depression		Lack of sweating	
Weight gain/difficulty losing weight		Weakness	
Cold extremities		Pale skin	
Dry or coarse skin		Shortness of breath	
Constipation		PMS	
Cold intolerance		Heavy menstrual flow	
Hair loss or dry hair		Muscle or joint aches	
Poor memory		Poor motivation	
Poor concentration		Water retention	
Migraines			

Total Score: _____

Recommendations Resulting:

- Continue Same Dose
- Increase Dose to _____ daily/other
- Decrease Dose to _____ daily/other