

## CENTER FOR MEDICINE, ENDOCRINOLOGY AND DIABETES, LLC

## THYROID QUESTIONAIRE

Have you had any of the following, if so please circle:

SYMPTOM	DESCRIBE if necessary
Overactive thyroid	And the second s
Underactive thyroid	
Radiation to your neck	4.44
Thyroid cancer	
Difficulty swallowing	
Hoarseness	
Change in skin, hair, or nails	
Change in your weight	
Difficulty losing weight	W
Change in appetite	
Colder than other people	
Hotter than other people	
Racing of heart or palpitations	
Change in bowel habits	
Nervousness	
Trembling of hands	
Swelling	
Muscle cramps	
Fatigue	
Sleepiness	
Depression	
Difficulty thinking	
Change in size of neck	
Change in menstrual periods	
Hot flashes	
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When were you first told you had thyroid disease	e?
Have you ever had an Illtrasound of the thyroid?	
Have you ever had an Uptake and Scan of the thyroid?	
Have you ever had a biopsy performed on the thyroid?	
Have you ever had surgery on the thyroid, if so why?	
Have you had any x-rays recently, which involve dye or contrast material? If so,	
describe.	