

## THYROID SYSTEM DYSFUNCTION (TSD)

Phone numbers \_\_\_\_\_  
 \_\_\_\_\_

DATE TREATMENT STARTS: \_\_\_\_\_

CYCLE #: \_\_\_\_\_

### TREATMENT/TEMPERATURE LOG

Total T4 \_\_\_\_\_ Date \_\_\_\_\_ Result \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

NAME: \_\_\_\_\_

1. On each day of treatment, record your basal temperature upon awakening and at 11 am, 2 pm and 5 pm.
2. Average the 11 am, 2 pm and 5 pm temperatures. Record in box.
3. You must take your medicines to the minute (every 12 hours).
4. Using the code numbers below, record any side effects you may be experiencing.
5. Begin a new log with the beginning of each new menstrual cycle and place a "P" in the "Cycle Day" box on your Peak Day.

Date																		
Cycle Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Dose																		
Temp. upon Awakening	Pulse	Pulse	Pulse	Pulse	Pulse	Pulse	Pulse	Pulse	Pulse	Pulse	Pulse	Pulse	Pulse	Pulse	Pulse	Pulse	Pulse	Pulse
11:00 am																		
2:00 pm																		
5:00 pm																		
Average Temp.																		
Side Effects																		
Pt. to Call On																		
Dosage Rec.																		
* Pt. Informed																		

Date																	
Cycle Day	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
Dose																	
Temp. upon Awakening	Pulse	Pulse	Pulse	Pulse	Pulse	Pulse	Pulse	Pulse	Pulse	Pulse	Pulse	Pulse	Pulse	Pulse	Pulse	Pulse	Pulse
11:00 am																	
2:00 pm																	
5:00 pm																	
Average Temp.																	
Side Effects																	
Pt. to Call On																	
Dosage Rec.																	
* Pt. Informed																	

SIDE EFFECTS CODE: 0=No Side Effects 1=Fluid Retention/Puffiness 2=Flu-like Feelings/Achiness 3=Dull Headache 4=Edginess/Irritability 5=Increased Awareness of Heartbeat