A-Z SYMPTOM CHECK LIST
THYROID SYSTEM DYSFUNCTION (TSD)

INSTRUCTIONS: Please place an "X" in the box alongside each symptom that you currently experience. For all those that you mark an "X" then rate the severity of the symptoms as: 1=mild; 2=moderate; 3=severe.

A. GENERAL WELL BEING
- Decreased Concentration____
- Decreased Memory_____
- Decreased Sex Drive___
- Depression_____ 
- Fatigue_____ 
- Irritability_____ 
- Lightheadedness_____ 
- Low Motivation____
- Poor Recall__

B. ALLERGIES
- Allergies___
- Hay Fever____
- Sinus Drainage____
- Stuffy Nose____

C. BLOOD PRESSURE
- Low Blood Pressure____

D. BOWELS
- Acid Indigestion____
- Constipation____
- Irritable Bowel Syndrome____

E. COORDINATION
- Clumsy____
- Klutzy___
- Poor Coordination____

F. DIET
- Easy Weight Gain____
- Excessively Tired After Eating____
- Food Cravings____
- Food Intolerances____
- Hypoglycemia____

G. EARS
- Ringing in the Ears____

H. EYES
- Dry Eyes____

I. FERTILITY
- Infertility____
- Miscarriage____

J. FINGERNAILS
- Brittle Fingernails____
- Unhealthy Nails____

K. HAIR
- Dry Hair____
- Hair Loss___

L. HANDS AND FEET
- Numbness or Tingling in Hands or Feet____

M. HEADACHES
- Headaches____
- Migraines____

N. INFECTIONS
- Frequent Sore Throats____

O. INTOLERANCES
- Cold Intolerance____
- Heat Intolerance____

P. JOINTS AND MUSCLES
- Arthritis Aches____
- Joint Aches____
- Muscular Aches____

Q. MENSTRUAL PERIODS
- Heavy Menses____
- Irregular Periods____
- Severe Menstrual Cramps____

R. MENTAL STATE
- Anxiety____
- Depression____
- Low Self-Esteem____
- Panic Attacks____

S. MOUTH AND THROAT
- Bad Breath____
- Canker Sores____

T. NICOTINE AND CAFFEINE
- I Eat Chocolate____
- I Drink Coffee____
- I Drink Colas____
- I Smoke____

U. PREMENSTRUAL SYNDROME
- Fluid Retention____
- Mood Swings____
- PMS____

V. SKIN
- Acne____
- Dry Skin____
- Easy Bruising____
- Flushing____
- Itchiness____

W. SLEEP
- Insomnia____

X. SWEATING
- Night Sweats____

PLEASE ANSWER THE FOLLOWING ADDITIONAL QUESTIONS:

1. Compared to a normal person what percentage (10-90%) of a normal person do you feel? _____
2. Compared to the way you felt before developing all of these symptoms, all things taken together, would you say you feel (10-90%) of what you felt then? _____
3. If you could fix three of the symptoms listed above, what would they be: A. ______________________
   B. ______________________
   C. ______________________

FOR OFFICE USE ONLY:
General Score = ______/26 = _____%  Raw Score = ______/97=_____%  Ratio = Revised 7/1/03