

## Thyroid Questionnaire

Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Have you been diagnosed with hypothyroidism?    Yes   No
2. Have you ever been tested for thyroid antibodies?    Yes   No   Not Sure
3. Have you been diagnosed with Hashimoto's Disease?    Yes   No
4. Have you been diagnosed with Grave's Disease?    Yes   No
5. Do you have hoarseness?    Yes   No   Difficulty swallowing?    Yes   No
6. Have you been diagnosed with a thyroid enlargement, goiter, or nodule(s)?    Yes   No  
(Please circle all that apply)
7. Have you had a thyroid ultrasound?    Yes   No   Thyroid biopsy?    Yes   No
8. Have you been ever been diagnosed with thyroid cancer?    Yes   No
9. Have you had all or part of your thyroid gland surgically removed?    Yes   No
10. Have you been treated with radioactive iodine?    Yes   No
11. How long have you suffered with thyroid symptoms? \_\_\_\_\_
12. How long did you have thyroid symptoms before you were diagnosed with thyroid disease?  
\_\_\_\_\_
13. How long have you been taking thyroid hormone medication? \_\_\_\_\_
14. List which thyroid medications you have used and how have they worked for you?  
\_\_\_\_\_  
\_\_\_\_\_
15. How many times has your thyroid medication been increased? \_\_\_\_\_ Decreased? \_\_\_\_\_
16. Does anyone in your family have thyroid disease? \_\_\_\_\_
17. Do you or anyone in your family have autoimmune disease such as Hashimoto's, Grave's Disease, Rheumatoid Arthritis, Celiac Disease, Crohn's Disease, Multiple Sclerosis, Lupus, other  
\_\_\_\_\_ (circle all that apply)
18. How does eating chocolate make you feel?    Better   Worse   No Change
19. How does drinking coffee make you feel?    Better   Worse   No Change
20. List everything that has ever made you feel better: \_\_\_\_\_  
\_\_\_\_\_
21. List everything that has ever made you fell worse: \_\_\_\_\_  
\_\_\_\_\_