

Great questionnaire from Dr. Hotze, integrative physician.

If the question addresses a concern that applies to you, record the number.
When done, total the numbers.

- _____ 1. Do you experience fatigue (4)?
- _____ 2. Is your cholesterol elevated (4)?
- _____ 3. Do you have difficulty losing weight (2)?
- _____ 4. Do you have cold hands and feet (2)?
- _____ 5. Are you sensitive to cold (2)?
- _____ 6. Do you have difficulty thinking (2)?
- _____ 7. Do you find it hard to concentrate (2)?
- _____ 8. Do you have poor short-term memory (2)?
- _____ 9. Are your moods depressed (2)?
- _____ 10. Are you experiencing hair loss (2)?
- _____ 11. Do you have fewer than one BM per day (2)?
- _____ 12. Do you have dry skin (2)?
- _____ 13. Do you have itchy skin in winter (1)?
- _____ 14. Do you have fluid retention (2)?
- _____ 15. Do you have recurrent headaches (1)?
- _____ 16. Do you sleep restlessly (1)?
- _____ 17. Do you experience afternoon fatigue (2)?
- _____ 18. Are you tired when you awaken (2)?
- _____ 19. Do you experience tingling in hands or feet (2)?
- _____ 20. Have you had infertility or miscarriages (2)?
- _____ 21. Do you have decreased sweating (2)?
- _____ 22. Do you have muscle aches (2)?
- _____ 23. Have you had recurrent infections (2)?
- _____ 24. Do you have joint pain (2)?
- _____ 25. Do you have thinning of your eyebrows or eyelashes (2)?

_____ TOTAL

Score < 11? You're unlikely to have a thyroid problem.

Score 11-30? Low thyroid function is a possibility.

Score >30? Low thyroid function is probable.

Get tested if your score is > 11, including a free T3 and TSH.



In health,


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