



Thyroid Assessment Scorecard

Thyroid Assessment				
Name				
Based upon your health profile for the past 30 days , please select the appropriate number, from '0 - 3' on all questions (0 as least/never/no and 3 as most/always/yes). Check the number you feel best applies, then add the number of checks in each column to create your score.				
Point Scale: 0 = Never or almost never have the experience/effect. 1 = Mild experiences/effects 2 = Moderate experiences/effects 3 = Severe/chronic experiences/effects For all yes/no questions, 0 = no and 3 = yes				
Low Thyroid (Hypo) Symptom Question	0	1	2	3
Do you have difficulty losing weight?				
Are you mentally sluggish or notice a reduced initiative?				
Are you easily fatigued and/or sleepy during the day?				
Are you sensitive to cold and/or have cold hands and feet?				
Do you have chronic constipation?				
Have you experienced excessive hair loss and/or coarse hair?				
Do you have morning headaches that wear off during the day?				
Do you have a loss of lateral eyebrow hair (about 1/3 of the brow line)?				
Do you experience seasonal sadness?				
Are you tired, sluggish?				
Do you require excessive amounts of sleep to function properly?				
Do you struggle with increase in weight gain even with low-calorie diet?				
Do you ever experience depression, lack of motivation?				
Is there thinning or falling out of hair on your scalp, face, or genitals				
Do you have dryness of skin and/or scalp?				
Do you notice mental sluggishness?				
Total for Each Column (number of checkmarks x value)				
Low Thyroid Total /48				



Excess Thyroid (Hyper) Symptom Question	0	1	2	3
Are you sensitive/allergic to iodine?				
Do you have difficulty gaining weight, even with a large appetite?				
Are you nervous, emotional, can't work under pressure?				
Do you experience inward trembling?				
Do you flush easily?				
Do you have an intolerance to high temperatures?				
Do you experience heart palpitations?				
Do you ever experience increased pulse, even at rest?				
Do you suffer from insomnia?				
Do you experience night sweats?				
Total for Each Column (number of checkmarks x value)				
Excess Thyroid Total /30				
Grand Total /78				

- 0-10%** - Overall good balance. Sound nutrition and healthy habits will maintain good balance.
- 11-20%** - In need of a tune up to restore balance before serious illness sets in. Diet and lifestyle improvements should shift to normal.
- 21-35%** - Things are out of balance and need attention.
- 36-50%** - Very compromised and likely to significantly affect your state of health, well-being and energy level.
- 51-100%** - Severely compromised and requires immediate attention.