

The Institute of Nutritional Endocrinology Dr. Ritamarie LOSCALZO MS,DC,CCN,DACBN

Thyroid Assessment

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). Circle the number you feel best applies, then add the numbers to create your score.

POINT SCALE:

- **0** = NEVER (also: least, no, never tried/experienced)
- 1 = MILD (also: occasionally; symptom occurs rarely i.e. a couple of times a month at most)
- 2 = MODERATE (also: some severity/intensity, and/or frequency, often; symptom occurs weekly)
- **3** = SEVERE/ABSOLUTE (also: frequent, intense, most, always, yes)

For all yes/no questions, 0=no and 3=yes

Low Thyroid Assessment (Hypo)

- **0 1 2 3** Do you have difficulty losing weight? 1.
- 2. **0 1 2 3** Are you mentally sluggish or notice a reduced initiative?
- 0 1 2 3 Are you easily fatigued and/or sleepy during the day? 3.
- **0 1 2 3** Are you sensitive to cold and/or have cold hands and feet?
- **0 1 2 3** Do you have chronic constipation? 5.
- **0 1 2 3** Have you experienced excessive hair loss and/or coarse hair?
- 7. **0 1 2 3** Do you have morning headaches that wear off during the day?
- **0 1 2 3** Do you have a loss of lateral eyebrow hair (about 1/3 of the brow line)?
- 9. **0 1 2 3** Do you experience seasonal sadness?
- 10. **0 1 2 3** Are you tired, sluggish?
- 11. 0 1 2 3 Do you require excessive amounts of sleep to function properly?
- 12. 0 1 2 3 Do you struggle with increase in weight gain even with low-calorie diet?
- 13. **0 1 2 3** Do you ever experience depression, lack of motivation?
- 14. 0 1 2 3 Is there thinning or falling out of hair on your scalp, face, or genitals
- 15. **0 1 2 3** Do you have dryness of skin and/or scalp?
- 16. **0 1 2 3** Do you notice mental sluggishness?

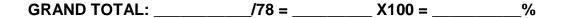
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Excess Thyroid Assessment (Hyper)

- 1. **0 1 2 3** Are you sensitive/allergic to iodine?
- 2. **0 1 2 3** Do you have difficulty gaining weight, even with a large appetite?
- 3. **0 1 2 3** Are you nervous, emotional, can't work under pressure?
- 4. **0 1 2 3** Do you experience inward trembling?
- 5. **0 1 2 3** Do you flush easily?
- 6. **0 1 2 3** Do you have an intolerance to high temperatures?
- 7. **0 1 2 3** Do you experience heart palpitations?
- 8. **0 1 2 3** Do you ever experience increased pulse, even at rest?
- 9. **0 1 2 3** Do you suffer from insomnia?
- 10. **0 1 2 3** Do you experience night sweats?

TOTAL:		/3	0
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- 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.